



TOWN OF EXETER, NEW HAMPSHIRE
HUMAN SERVICES
FY 2025

July 8, 2024

Re: Human Service Agencies seeking inclusion in the Town of Exeter 2025 Town Budget

Dear Friend,

The 2025 Exeter Human Services budget process has begun. Please submit your funding application if you wish to be considered.

- All applicants must complete the enclosed application and return it along with the additional information no later than **July 31, 2024**.
- Late or incomplete applications may eliminate your funding request. Please fill out all items on the forms completely. DO NOT enter “see audit” or “see attached” in any space on the forms.
- Agencies are not prohibited from submitting requests for increased funding. However, please be advised that such requests should be supported with evidence of increased need and a detailed description of projected outcomes if increased funding is granted. Specific references should be made to benefits for Exeter residents.
- Mail completed application to Town Manager’s Office, 10 Front Street, Exeter, NH 03833.

Please note these general guidelines regarding the 2025 Town of Exeter process.

- The Human Services Committee will review your application. The committee may contact you or ask for a meeting if a question arises concerning your application, amount requested, or your program.
- Please remember that budget priorities change from year to year according to local factors and past funding is not an assurance of future funding. Your funding request will be reviewed by the committee in September, subsequently considered for recommendation by the Budget Recommendations Committee in November, and finally acted on by the Select Board in December.

If you have questions, please call 773-6102. Thank you for your cooperation and the effort you make in serving the residents of Exeter.

Sincerely,

Russell Dean
Town Manager

Additional Information Required:

Please supply the following items for a complete application to be considered:

1. Provide a narrative, not to exceed two pages in size 12 font
 - a) Organization's overview
 - b) Program changes and/ or highlights from the past year
2. FY24 funded organizations must submit a brief summary of how those funds were used to support Exeter residents
 - a) If your organization is requesting an increase in funding for FY25, submit justification of increased need
3. Complete financial statements
 - a) Operating budget
 - b) Balance sheet

I certify to the best of my knowledge that the information in this proposal reflects accurate data concerning need and estimates of planned/delivered services. The proposal was considered and approved for submission by the agency Board of Directors on July 11, 2024 (date).

By signing this application, the undersigned offers and agrees, if the proposal is accepted, to furnish items or services that is quoted. This agreement is subject to final negotiation and acceptance by the Select Board and the Budget Review Committee and subsequent contract award.

Director's (or Designee) Signature: William Dajiau Date: July 12, 2024

Submit no later than July 31, 2024:

Town of Exeter
Town Manager
10 Front Street
Exeter, NH 03833

Annie's Angels 2024 Board of Directors

Advisory Board

Mike Welty, Advisor
6 Walters Way
Stratham, NH 03885
Home – 603-772-3109
Cell – 603-502-7930
5 years
mike@mjwelty.com

James Jubb, Advisor
22 Goss Road
North Hampton, NH 03862
Home – N/A
Cell – 603-777-2387
5 years
jim.jubb@comcast.net



Annie's Angels has been honored to receive several community service awards. These awards include the 2015 Exeter Area Chamber of Commerce Non-Profit Business of the Year, TownSquare Media Year of Service Award in 2016, and the Hampton Area Chamber of Commerce 2016 Community Service Award. At the annual Exeter Chamber of Commerce Community Awards Dinner in 2016, Bill DaGiau received the Lori Breard Achievement in Leadership Award, and Rejuvenations Professional Massage, LLC, one of the founding members of Annie's Helping Hands Oncology Program, received the Business of the Year in Healthcare.

	TOTAL
Charitable Gaming Expense	4,097.00
Total Direct 1 Time Event Expense	33,647.00
Direct Expense - Arts for Angels	2,400.00
Direct Expense - Cause Fore Boz	17,700.00
Cause Fore Boz Credit Card Processing Fees	690.00
Total Direct Expense - Cause Fore Boz	18,390.00
Direct Expense - Heavenly Ball	32,000.00
Heavenly Ball Credit Card Processing Fee	4,150.00
Total Direct Expense - Heavenly Ball	36,150.00
Direct Expense - Michelle's Tees	300.00
Michelle's Tees - Credit Card Processing Fee	4.00
Total Direct Expense - Michelle's Tees	304.00
Direct Expense - Motorcycle Raffle	0.00
M/C Raffle Credit Card Processing Fees	0.00
Total Direct Expense - Motorcycle Raffle	0.00
Direct Expense - Motorcycle Rally	0.00
M/C Rally Credit Card Processing Fees	0.00
Total Direct Expense - Motorcycle Rally	0.00
Direct Expense - Walter Burns Fishing Day	4,050.00
Total Cost of Goods Sold	\$94,941.00
GROSS PROFIT	\$716,059.00
Expenditures	
Advertising	5,040.00
Bank Service Charge	24.00
Business Insurance	2,064.00
Credit Card Processing Fees	2,075.00
Distributions	
Eventide Trust Distributions	100,000.00
Household Expense	170,656.00
Indirect Expenses	43,725.00
Medical Expense	263,000.00
Scholarship	2,000.00
Total Distributions	579,381.00
Meeting Expense	700.00
office expense	5,500.00
Payroll Expenses	
Taxes	7,445.00
Wages	94,800.00
Total Payroll Expenses	102,245.00
Postage and Delivery	600.00
Professional Services fees	14,275.00
Rent	6,000.00
Vehicle Expense	650.00
Total Expenditures	\$718,554.00
NET OPERATING REVENUE	\$ -2,495.00
Other Revenue	
Commission Earned	1,720.00
Interest Earned	775.00

Annie's Angels Memorial Fund, Inc.

Statement of Financial Position

As of July 10, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Angel Pets for Vets 3335 - Cambridge	50.05
Angel Savings 0985 - Cambridge	90,591.98
Credit Card Checking 2892 - Cambridge	618.75
Operations Checking 7972 - Cambridge	5,080.06
PPP Loan Proceeds	0.00
Total Operations Checking 7972 - Cambridge	5,080.06
PayPal	5,026.43
Petty Cash	0.00
Share Savings - Service Credit Union	5.00
Total Bank Accounts	\$101,372.27
Accounts Receivable	
Accounts Receivable	1,250.00
Total Accounts Receivable	\$1,250.00
Other Current Assets	
Item Donated	0.00
Undeposited Funds	0.00
Total Other Current Assets	\$0.00
Total Current Assets	\$102,622.27
Fixed Assets	
Accumulated Depreciation	-15,531.47
Build Out	10,637.68
Office Equipment	9,943.65
Total Fixed Assets	\$5,049.86
Other Assets	
Long Term Reserve Fund	
Long-Term Reserves - AA	40,000.00
Long-Term Reserves - APV	60,000.00
Long-Term Reserves - Net Activity	14,626.88
Total Long Term Reserve Fund	114,626.88
Short-Term Reserves	0.00
Short-Term Reserves - MMA at SCU - AA	15,044.29
Total Short-Term Reserves	15,044.29
Total Other Assets	\$129,671.17
TOTAL ASSETS	\$237,343.30

WEIDEMA, LAVIN & GROTT ACCOUNTING, P.C.
Two International Drive Suite 225
Portsmouth, NH 03801-6810
603-766-1968

May 14, 2024

CONFIDENTIAL

ANNIE'S ANGELS MEMORIAL FUND INC
8 JANA LANE
STRATHAM, NH 03885

Dear Bill:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,



WEIDEMA, LAVIN & GROTT ACCOUNTING, P.C.

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

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 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: **ANNIE'S ANGELS MEMORIAL FUND INC**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): **8 JANA LANE** Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **STRATHAM NH 03885**

D Employer identification number: **20-8562444**
E Telephone number: **603-686-4224**
G Gross receipts \$: **773,641**

F Name and address of principal officer:
WILLIAM DAGIAU
8 JANA LANE
STRATHAM NH 03885

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

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

J Website: **www.anniesangels.net** **H(c)** Group exemption number:

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FINANCIAL SUPPORT FOR ORGANIZATIONS AND INDIVIDUALS FIGHTING DISEASE.		
	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)	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	2
	6	Total number of volunteers (estimate if necessary)	35
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 324,880 Current Year: 328,680
	9	Program service revenue (Part VIII, line 2g)	330,125 368,198
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,943 755
	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)	658,948 697,633
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	98,265 103,013
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0
16b		Total fundraising expenses (Part IX, column (D), line 25)	63,246
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	595,490 701,120
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	693,755 804,133	
19	Revenue less expenses. Subtract line 18 from line 12	-34,807 -106,500	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 294,296 End of Year: 204,031
	21	Total liabilities (Part X, line 26)	1,844 2,050
	22	Net assets or fund balances. Subtract line 21 from line 20	292,452 201,981

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: **WILLIAM DAGIAU** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only
 Print/Type preparer's name: **Jacques P. Wagemaker** Preparer's signature: *[Signature]* Date: **5/13/24**
 Check if PTIN self-employed: **P 02272720**
 Firm's name: **WEIDEMA, LAVIN & GROTT ACCOUNTING, P.C.** Firm's EIN: **45-3636258**
 Firm's address: **Two International Drive Suite 225**
Portsmouth, NH 03801-6810 Phone no.: **603-766-1968**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 contain various questions about organizational activities and financial reporting, with 'X' marks in the Yes/No columns.

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

Yes No

Table with 3 main columns: Question, Yes, No. Rows include: 2a Employees reported on Form W-3 (2); 2b Federal employment tax returns (X); 3a Unrelated business gross income (\$1,000 or more) (X); 3b Form 990-T filed (O); 4a Interest in foreign account (X); 4b Foreign country name; 5a Prohibited tax shelter transaction (X); 5b Taxable party notification (X); 5c Form 8886-T filed; 6a Annual gross receipts > \$100,000 (X); 6b Express statement on contributions; 7 Organizations receiving deductible contributions; 7a-7g Various contribution questions; 8 Sponsoring organizations with excess holdings; 9 Sponsoring organizations with distributions; 10 Section 501(c)(7) organizations; 11 Section 501(c)(12) organizations; 12a Section 4947(a)(1) trusts; 12b Tax-exempt interest; 13 Section 501(c)(29) health insurers; 13a-13c Licensing and reserves; 14a-14b Indoor tanning services; 15 Section 4960 tax on parachute payments (X); 16 Section 4968 excise tax (X); 17 Section 501(c)(21) organizations.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM DAGIAU PRESIDENT	40.00 0.00	X		X			54,000	0	0	
(2) DIANE DAGIAU SECRETARY TO BOARD	40.00 0.00	X		X			41,600	0	0	
(3) CHRIS BELIVEAU TRUSTEE	2.00 0.00	X					0	0	0	
(4) ROD BRUNO TRUSTEE	2.00 0.00	X					0	0	0	
(5) PAUL DESCHAIINE TRUSTEE	2.00 0.00	X					0	0	0	
(6) JAMES JUBB ADVISOR	2.00 0.00	X					0	0	0	
(7) TONYA KNIGHTLY TREASURER	5.00 0.00	X		X			0	0	0	
(8) KELLY MARION TRUSTEE	2.00 0.00	X		X			0	0	0	
(9) MOLLY MCNEIL TRUSTEE	2.00 0.00	X					0	0	0	
(10) BRADLEY SOLOMAN TRUSTEE	2.00 0.00	X					0	0	0	
(11) MIKE WELTY ADVISOR	2.00 0.00	X					0	0	0	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	119,185			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	209,495			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 4,962			
	h Total. Add lines 1a-1f			328,680			
Program Service Revenue			Business Code				
	2a	HEAVENLY BALL		144,905	144,905		
	b	BLAZING TRAILS FOR JIM		120,751	120,751		
	c	CAUSE FOR BOZ		41,445	41,445		
	d	GOLF TOURNAMENT FBO A.R.		34,240	34,240		
	e	MISCELLANEOUS EVENTS <\$5K		26,857	26,857		
	g Total. Add lines 2a-2f			368,198			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	3,514	3,514		
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a			(i) Real			
				(ii) Personal			
		6a	Gross rents				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d		Net rental income or (loss)				
	7a			(i) Securities			
				(ii) Other			
		7a	Gross amount from sales of assets other than inventory	73,249			
	b	Less: cost or other basis and sales exps.	7b	76,008			
	c	Gain or (loss)	7c	-2,759			
d		Net gain or (loss)	-2,759	-2,759			
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
b		Less: direct expenses	8b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities. See Part IV, line 19	9a				
b		Less: direct expenses	9b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	10a				
b		Less: cost of goods sold	10b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			697,633	368,953	0	0	

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	31,780	1	10,784
	2	Savings and temporary cash investments	160,086	2	72,622
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	17,730		
	10b	Less: accumulated depreciation	15,532		
	10c		3,130		2,198
	11	Investments—publicly traded securities	99,300	11	114,627
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	3,800	
16	Total assets. Add lines 1 through 15 (must equal line 33)	294,296	16	204,031	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,844	25	2,050
	26	Total liabilities. Add lines 17 through 25	1,844	26	2,050
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	292,452	27	201,981
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	292,452	32	201,981	
33	Total liabilities and net assets/fund balances	294,296	33	204,031	

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

ANNIE'S ANGELS MEMORIAL FUND INC

Employer identification number

20-8562444

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

Table with 10 rows and 2 columns: Description and Current Year. Rows include amounts paid to supported organizations, administrative expenses, and total annual distributions.

Table with 4 columns: Description, (i) Excess Distributions, (ii) Underdistributions Pre-2023, and (iii) Distributable Amount for 2023. Rows include distributable amount for 2023, underdistributions, and excess distributions carryover.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization ANNIE'S ANGELS MEMORIAL FUND INC	Employer identification number 20-8562444
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

ANNIE'S ANGELS MEMORIAL FUND INC

Employer identification number

20-8562444

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	ENVIROVANTAGE 629 CALEF HIGHWAY EPPING NH 03042	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	LOIS RAY DICKERMAN FUND 37 PLEASANT STREET CONCORD NH 03301	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SEWALL FOUNDATION 15 MAIN ST #230 FREEPORT ME 04032	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DANIEL ROCCONI 23 IDYLLWOOD DRIVE BRENTWOOD NH 03833	\$ 8,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	JOANN & DAVID BURCHUK 29 GARRISON LANE MADBURY NH 03823	\$ 7,503	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	T&K CHAPPEL FAMILY FUND 446 MARKET ST PORTSMOUTH NH 03801	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,453	1,453	
e Other		16,277	14,079	2,198
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,198

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

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

Large area of horizontal dotted lines for providing supplemental information.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ANNIE'S ANGELS MEMORIAL FUND INC

Employer identification number

20-8562444

Form 990, Part III, Line 4d - All Other Accomplishments

SUPPORT CANCER FOUNDATIONS, AIDS FOUNDATIONS, MUSCULAR
DYSTROPHY FOUNDATION, NATIONAL KIDNEY FOUNDATION AND
INDIVIDUALS

Form 990, Part VI - Material Differences in Voting Rights Explanation

THE BOARD MEMBERS BILL DAGIAU AND DIANE DAGIAU ARE NON-VOTING MEMBERS. BILL
IS THE FOUNDER OF THE ORGANIZATION AND HOLDS THE TIELE OF EXECUTIVE
DIRECTOR, AND DIANE IS ALSO EMPLOYED BY THE ORGANIZATION. THEIR BOARD
TITLES ARE HONORARY, AND IN ORDER TO AVOID A CONFLICT OF INTEREST,
THEIR BOARD SEATS ARE NON-VOTING IN NATURE.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

WILLIAM DAGIAU	DIANE DAGIAU
PRESIDENT	BOARD MEMBER
SPOUSE	

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

BOARD MEMBERS

Form 990, Part VI, Line 7a - Election of Members and Their Rights

BOARD MEMBERS ARE ELECTED BY THE BOARD.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

990 IS REVIEWED BY THE BOARD BEFORE MAILING.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2023

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

ANNIE'S ANGELS MEMORIAL FUND INC

Identifying number

20-8562444

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	400

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	532
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	932
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

Form NHCT-12: Annual Report

version 2.12

(Submission #: HQ3-M35V-H30G7, version 1)

COPY

Details

Submitted 5/14/2024 (0 days ago) by jacques wagemaker

Alternate Identifier ANNIE'S ANGELS MEMORIAL FUND INC

Submission ID HQ3-M35V-H30G7

Status Submitted

Fees

Fee \$75.00

Payments/Adjustments (\$75.00)

Balance Due \$0.00 (Paid)

- By WCGA Incl ⁷⁵ as Invoice us
inc. item

Form Input

Charitable Trust Information

Charitable Entity Information

Entity Name

ANNIE'S ANGELS MEMORIAL FUND INC

Registration Number Lookup

If you don't remember your registration number click on the link

[Registration number](#)

NH Charitable Trusts Unit Registration number

16811

Report is for fiscal year end date (MM/DD/YYYY)

12/31/2023

Is this report a consolidated report for multiple years because you received a suspension of your annual requirement?

No

Entity's Address

8 JANA LANE
STRATHAM, NH 03885

If you answered 'yes' to the question above and revenue equaled or exceeded \$500,000 but was less than \$2 million, you must submit a GAAP financial statement, pursuant to RSA 7:28, III-a. This financial statement may be prepared by the entity in-house or may be prepared by an accountant and reviewed and approved by the entity. If revenue equaled or exceeded \$2 million, you must file an audited financial statement examined by a certified public accountant, pursuant to RSA 7:28, III-b. Note: this requirement does not apply to entities that file Form 990-PF with the Internal Revenue Service.

[Statement of Financial Position 2023 \(NH\).pdf - 05/14/2024 01:30 PM](#)

[Statement of Activity \(NH\).pdf - 05/14/2024 01:30 PM](#)

Comment

NONE PROVIDED

5. Is the entity a New Hampshire nonprofit corporation (RSA 292) or otherwise headquartered in New Hampshire? (If yes, and the entity is not a private foundation, complete Form NHCT-12, Schedule C.)
Yes

6. Does the entity issue/offer Charitable Gift Annuities to New Hampshire citizens? (If yes, complete Form NHCT-12, Schedule D.)
No

7. Is this the entity's final report (i.e. is your entity dissolving, withdrawing from registration)? (If yes, complete Form NHCT-12, Schedule E.)
No

8. Note that all charitable trusts are required to submit a governing board list (see Form NHCT-12, Schedule B.)

NHCT-12: Schedule B - Governing Board

Instructions

For entities based in New Hampshire, provide all of the information set forth below either by entering requested information in the table below or uploading a pre-established list containing the same information.

For entities not based in New Hampshire, complete the names and titles of the governing board on this Schedule B or upload a board list containing the names and titles of the governing board.

Officers and Directors

Name	Title	Home address-street	City/Town	State	Zip Code	Daytime telephone number	Email address	Average hours per week devoted to position	Compensation and benefits paid (enter 0 if none)

Board Members

[2024 Board Contacts.docx - 05/14/2024 01:30 PM](#)

Comment

NONE PROVIDED

NHCT-12: Schedule C - Conflict of Interest and Governance Report

1. Has there been a change to the entity's conflict of interest, and/or pecuniary benefit transaction policies this year? (if yes, attach the new policy below)
No

11. Is the organization a "fiscal sponsor" for another organization?

No

Third-Party Filing

If you are a third-party filer filing on behalf of a charitable entity, please have an authorized representative complete Form NHCT-50: Authorization for Electronic Filing by Agent, and attach.

Yes

Upload Form NHCT-50: Authorization for Electronic Filing by Agent

SIGNED - NH CT50 Annies Angels Memorial Fund Inc 12-31-23.PDF - 05/14/2024 01:39 PM

Comment

NONE PROVIDED

Certification

I hereby certify that the information in this report is true and correct to the best of my knowledge and belief subject to the penalty of making unsworn false statements under RSA 641:3 and RSA 641:8.

The certification must be signed by the president or treasurer of the governing board, or a trustee of an express trust.

Electronically signed by

WILLIAM DAGIAU

Title

PRESIDENT

Date

05/13/2024

NHCT-12 (September 2022)

Attachments

Date	Attachment Name	Context	Confidential?	User
5/14/2024 1:39 PM	SIGNED - NH CT50 Annies Angels Memorial Fund Inc 12-31-23.PDF	Attachment	No	jacques wagemaker
5/14/2024 1:33 PM	BudgetOverview2023.pdf	Attachment	No	jacques wagemaker
5/14/2024 1:33 PM	2024Budget.pdf	Attachment	No	jacques wagemaker
5/14/2024 1:30 PM	2024 Board Contacts.docx	Attachment	No	jacques wagemaker
5/14/2024 1:30 PM	Statement of Financial Position 2023 (NH).pdf	Attachment	No	jacques wagemaker
5/14/2024 1:30 PM	Statement of Activity (NH).pdf	Attachment	No	jacques wagemaker
5/14/2024 1:22 PM	ANNIE'S ANGELS MEMORIAL FUND INC_2023_US_Tax Return_990E NH.pdf	Attachment	No	jacques wagemaker

WEIDEMA, LAVIN & GROTT ACCOUNTING, P.C.
Two International Drive Suite 225
Portsmouth, NH 03801-6810
603-766-1968

May 14, 2024

COPY

CONFIDENTIAL

ANNIE'S ANGELS MEMORIAL FUND INC
8 JANA LANE
STRATHAM, NH 03885

Dear Bill:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

We will also consult with you on a periodic, as needed basis if requested.

The tax compliance engagement pertains only to the 2015 tax year, and our responsibilities do not include preparation of any other tax returns that may be due to any taxing authority. Our engagement will be complete upon the delivery of the completed returns to you. Thereafter, you will be solely responsible to file the returns with the appropriate taxing authorities.

If, during our work, we discover information that affects your prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue.

Certain communications involving tax advice may be privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you (or other employees) may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice.

Our engagement cannot be relied upon to disclose errors, fraud, or other illegal acts that may exist. However, we will inform you of any material errors that come to our attention.

You are responsible for adopting sound accounting policies, for maintaining an adequate and efficient accounting system, for safeguarding assets, for authorizing transactions, for retaining supporting documentation for those transactions, and for devising a system of internal controls that will, among other things, help assure the preparation of proper income tax returns. Furthermore, you are responsible for management decisions and functions, for designating a competent employee to oversee any of the services we provide, and for evaluating the adequacy and results of those services. You have the final responsibility for the income tax returns and,

This engagement letter is contractual in nature, and includes all of the relevant terms that will govern the engagement for which it has been prepared. The terms of this and the costs of any mediation proceeding shall be shared equally by the participating parties.

Any litigation arising out of this engagement, except actions by us to enforce payment of our professional invoices, must be filed within one year from the completion of the engagement, notwithstanding any statutory provision to the contrary. In the event of litigation brought against us, any judgment you obtain shall be limited in amount, and shall not exceed the amount of the fee charged by us, and paid by you, for the services set forth in this engagement letter.

This letter supersedes any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,



WEIDEMA, LAVIN & GROTT ACCOUNTING, P.C.

Accepted By: William Dajiau

Date: 05/15/2024