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## Request for Funding

1 message

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William DaGiau <bill@anniesangels.org>  
To: "pmcelroy@exeternh.gov" <pmcelroy@exeternh.gov>

Tue, Jun 2, 2020 at 8:52 AM

Hi Pam,

Please find attached our 2021 Request for Funding as well as a copy of Annie's Angels Form 990 & Annual Report, all in pdf format. Please let me know if you need anything else from me and I will be happy to provide it! Please advise receipt for my records.

Have a great day!

"Annie's Angels is Angel Hands, Angel Hearts working together to help friends in need"

Bill DaGiau, Founder & President  
Annie's Angels Memorial Fund Inc.  
www.anniesangels.org a 501(c)(3) charity  
Lori Breard Achievement in Leadership Award  
Hampton Area Chamber of Commerce Community Service Award  
TownSquare Media Year of Service Award Winner?  
Exeter Area Chamber of Commerce Nonprofit Business of the Year  
Cumulus Year of Service Award Winner  
Exeter Area Chamber of Commerce Ambassador  
Hampton Chamber of Commerce Member  
President of the United States Award for Volunteerism  
Like us on Facebook Follow us on Twitter  
603-686-4224

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### 2 attachments

 **2019 Annual Report and Form 990\_pdf.html**  
1K

 **2021 Funding Request - Town of Exeter\_pdf.html**  
1K



TOWN OF EXETER, NEW HAMPSHIRE  
HUMAN SERVICES  
FY 2021

May 30, 2020

Re: Human Service Agencies seeking inclusion in the Town of Exeter 2021 Town Budget

Dear Friend,

The 2021 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, 2020**.
- 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 2021 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



TOWN OF EXETER, NEW HAMPSHIRE  
HUMAN SERVICES  
FY 2020

Organization's Name: Annie's Angels Memorial Fund Inc. Year Founded: 2007  
Address: 8 Jana Lane, Stratham, NH 03885  
Executive Director/ Board Chair: William DaGiau Tax ID Number: 20-8562444  
Applicant Contact: William DaGiau  
Email Address: bill@anniesangels.org Phone: 603-686-4224

**Organization's Mission Statement:**

To help local families struggling through a life-threatening disease, illness or disability connecting neighbor to neighbor, friend to friend, and business to business in a caring fundraising network.

**Statement of Grant Purpose; e.g. This grant will be used...:**

Annie's Angels provides assistance to families struggling through life-threatening disease, illness or disability. Priorities include household and medical expenses, travel and stays for medical services, holistic therapeutic services for cancer patients, and companion animals for veterans.

% of overall services that goes to Exeter residents: 15%  
# of Exeter residents served: over 600 residents

List all geographic area(s) served by organization: New Hampshire Southern Maine

**Brief Detailed description of how the money will be specifically utilized for Exeter residents:**

In addition to providing assistance to Exeter families with direct requests, Annie's Angels also partners with Exeter's Human Services Department, Womenade of Greater Squamscott, and Families First to support Exeter residents in their time of need

**Amount received from the Town of Exeter (by year) for the last 3 (three) years:**

2017 - \$4500.00                      2018 - \$4500.00                      2019 - \$4500.00

Total Municipal Contributions in 2019: \$4500.00

List each town that contributes and the amount received: Exeter \$4500.00, Stratham \$2500.00

Organization's total projected budget for FY 2020: \$ 500,000.00 Amount Requested: \$ 5,000.00

**Additional Information Required:**

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

- Provide a narrative, not to exceed two pages in size 12 font
  - Organization's overview
  - Program's impact on Exeter residents
  - Program changes and/ or highlights from the past year
  
- Complete financial statements (Please note: the organization's 990 may be requested)
  - Operating budget
  - Balance sheet
  
- Board of Directors List
  
- 2019 Funding recipients must submit an Annual Report prior to consideration of 2020 application

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 June 1, 2020 (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 Board of Selectmen and the Budget Review Committee and subsequent contract award.

Director's (or Designee) Signature: William DaGiau Date: June 1, 2020

Submit no later than July 31, 2019:

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

Annie's Angels Memorial Fund, Inc.  
Town of Exeter, New Hampshire 2021 Grant Request

**NARRATIVE**

**Organization Overview:** Annie's Angels Memorial Fund, Inc. is a 501(c)(3) charity serving New Hampshire and Southern Maine communities. The organization is dedicated to helping families and individuals experiencing life-threatening disease, illness or disability. Our support comes in many forms including individual and business contributions, grants and fiscal sponsorships.

Annie's Angels offers one-time grants for specific needs, and ongoing support to families with long-term medical necessities in the form of fiscal sponsorship for their fundraising needs. In addition to grants and fiscal sponsorships, Annie's Angels also offers programs designed to supply heating wood to families during the winter, ease the emotional and physical pain of cancer, and connect veterans with shelter animals to fight Post Traumatic Stress Disorder.

**Mission Statement:** Our mission is to help local families struggling financially through a life-threatening disease, illness or disability connecting neighbor to neighbor, friend to friend, and business to business in a caring fundraising network.

**Vision Statement:** Annie's Angels goal is to be among the most compassionate charitable organizations in New England offering the most innovative and significant services and support to those in need. Our vision is that one day all families will be able to focus on taking care of each other during trying times and getting back on their feet instead of worrying about affording the basic essentials.

**Impact on Exeter Residents:** Last year alone, Annie's Angels awarded over 45 distributions on behalf of Exeter residents totaling nearly \$17,500.00. That brought the number of Exeter residents served to over 500 since our formation, totaling more than \$100,000.00 in financial and program assistance.

These distributions have been applied to rent payments, medical and dental expenses, and utility bills. Hundreds of gift certificates for grocery stores and gasoline stations have been given to Exeter families to help with basic necessities. And Annie's Helping Hands oncology program has provided dozens of hours of free holistic therapies to help improve the physical and emotional wellbeing of Exeter residents battling cancer.



Annie's Angels takes pride in being part of the Exeter community. The organization has been an ongoing member of the Exeter Area Chamber of Commerce for the past seven years. From 2013 through 2015, Bill DaGiau was a Chamber Ambassador. The charity has also hosted events in Exeter, including the Dancing Through the Decades fundraiser to

benefit Annie's Helping Hands oncology program, which was held at The Exeter Inn / Epoch in 2015.

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.



Annie's Angels Memorial Fund, Inc.  
Budget F-Y 2021

**Revenue**

<b>Individual/Business Donations</b>	\$215,000.00
<b>Event Income</b>	\$205,000.00
<b>Foundation Grants</b>	\$72,500.00
<b>Government Grants</b>	\$7,000.00
<b>Other contributions</b>	
<b>Earned income</b>	\$500.00
<b>Endowment income</b>	
<b>Total Revenue</b>	<u>\$500,000.00</u>

**Expenditures**

<b>Direct Event Expense</b>	\$66,000.00
<b>Distributions</b>	\$325,300.00
<b>Marketing and Advertising Expense</b>	\$20,800.00
<b>Payroll Tax/Benefits Expense</b>	\$5,100.00
<b>Professional Services fees</b>	\$1,800.00
<b>Salaries and Related Expenses</b>	\$54,000.00
<b>Staff &amp; Volunteer Training/Develop.</b>	\$4,000.00
<b>Supplies and Materials</b>	\$23,000.00
<b>Total Expenditures</b>	<u>\$500,000.00</u>
<b>Net Revenue</b>	<u><u>\$0.00</u></u>

# Annie's Angels Memorial Fund, Inc.

## STATEMENT OF FINANCIAL POSITION

As of May 31, 2020

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Angel Savings 0985 - Cambridge	170,115.33
Chris Pets for Vets 0490 - Cambridge	150.35
Credit Card Checking 2892 - Cambridge	222.54
Operations Checking 7972 - Cambridge	4,940.94
PPP Loan Proceeds	11,250.00
<b>Total Operations Checking 7972 - Cambridge</b>	<b>16,190.94</b>
PayPal	237.21
Petty Cash	91.63
TD Bank Affinity Checking	0.00
<b>Total Bank Accounts</b>	<b>\$187,008.00</b>
Accounts Receivable	
Accounts Receivable	4,400.00
<b>Total Accounts Receivable</b>	<b>\$4,400.00</b>
Other Current Assets	
Undeposited Funds	0.00
<b>Total Other Current Assets</b>	<b>\$0.00</b>
<b>Total Current Assets</b>	<b>\$191,408.00</b>
Fixed Assets	
Accumulated Depreciation	-11,151.58
Build Out	10,637.68
Office Equipment	5,091.65
<b>Total Fixed Assets</b>	<b>\$4,577.75</b>
Other Assets	
Long Term Reserve Fund	
Long-Term Reserves - AA	10,000.00
Long-Term Reserves - CPV	50,000.00
<b>Total Long Term Reserve Fund</b>	<b>60,000.00</b>
<b>Total Other Assets</b>	<b>\$60,000.00</b>
<b>TOTAL ASSETS</b>	<b>\$255,985.75</b>

# Annie's Angels Memorial Fund, Inc.

## STATEMENT OF FINANCIAL POSITION

As of May 31, 2020

	TOTAL
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	0.00
<b>Total Accounts Payable</b>	<b>\$0.00</b>
Other Current Liabilities	
Default Tax Agency Payable	0.00
Payroll Liabilities	0.00
Federal Taxes (941/944)	1,081.20
NH Unemployment Tax	-27.00
<b>Total Payroll Liabilities</b>	<b>1,054.20</b>
<b>Total Other Current Liabilities</b>	<b>\$1,054.20</b>
<b>Total Current Liabilities</b>	<b>\$1,054.20</b>
Long-Term Liabilities	
SBA Loan	12,250.00
<b>Total Long-Term Liabilities</b>	<b>\$12,250.00</b>
<b>Total Liabilities</b>	<b>\$13,304.20</b>
Equity	
Opening Bal Equity	0.00
Retained Earnings	259,126.43
Net Revenue	-16,444.88
<b>Total Equity</b>	<b>\$242,681.55</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$255,985.75</b>

## **Annie's Angels 2020 Board of Directors**

### **Advisory Board**

**William DaGiau, Founder & President**

**8 Jana Lane**

**Stratham, NH 03885**

**Home – 603-772-0886**

**Cell – 603-686-4224**

**[bill@anniesangels.org](mailto:bill@anniesangels.org)**

**Candie Wright, Trustee**

**391 Wadleigh Falls Road #3**

**Newmarket, NH 03857**

**Home – N/A**

**Cell – 603-244-6420**

**[candiewright@anniesangels.org](mailto:candiewright@anniesangels.org)**

**Matt Shaw, Trustee**

**11 Emery Lane**

**Hampton, NH 03842**

**Home – 603-929-4983**

**Cell – 603-918-6920**

**[swlake90@comcast.net](mailto:swlake90@comcast.net)**

**Tonya Knightly, Trustee**

**15 Brown Road**

**Northwood, NH 03261**

**Home – N/A**

**Cell – 603-231-7050**

**[tonyak@envirovantage.com](mailto:tonyak@envirovantage.com)**

**Diane DaGiau, Secretary**

**8 Jana Lane**

**Stratham, NH 03885**

**Home – 603-772-0886**

**Cell – 603-686-4226**

**[chefdi1@comcast.net](mailto:chefdi1@comcast.net)**

**Kelly Marion, Trustee**

**26 Pleasant View Drive**

**Exeter, NH 03833**

**Home – N/A**

**Cell – 603-686-6359**

**[kellymarion33@yahoo.com](mailto:kellymarion33@yahoo.com)**

**Christine Goudin, Treasurer**

**391 Wadleigh Falls Rd #6**

**Newmarket, NH 03857**

**Home – N/A**

**Cell – 603-706-8136**

**[sgoudin1@comcast.net](mailto:sgoudin1@comcast.net)**

**Chris Beliveau, Trustee**

**1620 Greenland Road**

**Portsmouth, NH 03801**

**Home – N/A**

**Cell – 603-828-8874**

**[chrisbeliveau51@gmail.com](mailto:chrisbeliveau51@gmail.com)**

**Annie's Angels 2020 Board of Directors**

**Advisory Board**

Jo Ann Clark  
16 Crestview Terrace  
Stratham, NH 03885  
Home – 603-773-8455  
Cell – 603-380-0560  
[joannclark@anniesangels.org](mailto:joannclark@anniesangels.org)  
Administrator – Chris Pets for Vets

Mike Welty, Advisor  
6 Walters Way  
Stratham, NH 03885  
Home – 603-772-3109  
Cell – 603-502-7930  
[mike@mijwelty.com](mailto:mike@mijwelty.com)

James Jubb, Advisor  
22 Goss Road  
North Hampton, NH 03862  
Home – N/A  
Cell – 603-777-2387  
[jim.jubb@comcast.net](mailto:jim.jubb@comcast.net)

John St Pierre, Advisor  
33 Bayside Road  
Greenland, NH 03840  
Work – 603-422-0402  
Cell – 603-249-6837  
[john.stpierre@edwardjones.com](mailto:john.stpierre@edwardjones.com)

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

May 13, 2020

**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.

a Control number		For Official Use Only ▶ OMB No. 1545-0008						
b Kind of Payer	941 <input checked="" type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944 <input type="checkbox"/>	Kind of Employer	None apply <input type="checkbox"/>	501c non-govt. <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
	CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>			State/local non-501c <input type="checkbox"/>	State/local 501c <input type="checkbox"/>	
c Total number of Forms W-2 1		d Establishment number		1 Wages, tips, other compensation \$54,000.00		2 Federal income tax withheld \$4,712.40		
e Employer identification number (EIN) 20-8562444				3 Social security wages \$54,000.00		4 Social security tax withheld \$3,348.00		
f Employer's name ANNIE'S ANGELS MEMORIAL FUND INC. 8 JANA LANE STRATHAM, NH 03885				5 Medicare wages and tips \$54,000.00		6 Medicare tax withheld \$783.00		
				7 Social security tips \$0.00		8 Allocated tips \$0.00		
				9		10 Dependent care benefits \$0.00		
				11 Nonqualified plans \$0.00		12a Deferred compensation \$0.00		
g Employer's address and ZIP code				13 For third-party sick pay use only		12b		
h Other EIN used this year				14 Income tax withheld by payer of third-party sick pay \$0.00				
15 State	Employer's state ID number				18 Local wages, tips, etc. \$0.00		19 Local income tax \$0.00	
16 State wages, tips, etc. \$0.00		17 State income tax \$0.00		18 Local wages, tips, etc. \$0.00		19 Local income tax \$0.00		
Employer's contact person CANDRA WRIGHT		Employer's telephone number 603-244-6420		Ext.		For Official Use Only		
Employer's fax number		Employer's email address CANDIE@CANDIESBOOKKEEPING.COM						

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

YOUR COPY

Signature ▶

Title ▶

Date ▶

Form **W-3** Transmittal of Wage and Tax Statements

2019

Department of the Treasury  
Internal Revenue Service

**Purpose of Form**

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.



**For employer records only!**

Do not send this form to the Social Security Administration.

The information contained on this form was submitted to the Social Security Administration on 01/17/2020.  
The Wage File ID (WFID) assigned to this submission is: M3JCYG.

		a Employee's social security number <b>141-62-5405</b>	OMB No. 1545-0008			
b Employer identification number (EIN) <b>20-8562444</b>			1 Wages, tips, other compensation <b>\$54,000.00</b>	2 Federal income tax withheld <b>\$4,712.40</b>		
c Employer's name, address, and ZIP code <b>ANNIE'S ANGELS MEMORIAL FUND INC. 8 JANA LANE STRATHAM, NH 03885</b>			3 Social security wages <b>\$54,000.00</b>	4 Social security tax withheld <b>\$3,348.00</b>		
			5 Medicare wages and tips <b>\$54,000.00</b>	6 Medicare tax withheld <b>\$783.00</b>		
			7 Social security tips <b>\$0.00</b>	8 Allocated tips <b>\$0.00</b>		
d Control number			9	10 Dependent care benefits <b>\$0.00</b>		
e Employee's first name and Initial <b>WILLIAM</b>	Last name <b>DAGIAU</b>	Suff.	11 Nonqualified plans <b>\$0.00</b>		12a <b>\$0.00</b>	
f Employee's address and ZIP code <b>8 JANA LANE STRATHAM, NH 03885</b>			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b <b>\$0.00</b>		
			14 Other <b>\$0.00</b>		12c <b>\$0.00</b>	
			<b>\$0.00</b>		12d <b>\$0.00</b>	
15 State	Employer's state ID Number	16 State wages, tips, etc. <b>\$0.00</b>	17 State income tax <b>\$0.00</b>	18 Local wages, tips, etc. <b>\$0.00</b>	19 Local income tax <b>\$0.00</b>	20 Locality name
		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Form **W-2** Wage and Tax Statement

**2019**

Department of the Treasury—Internal Revenue Service

Copy D — For Employer

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

### Employers, Please Note—

Specific information needed to complete Form W-2 is available in a separate booklet titled the 2019 General Instructions for Forms W-2 and W-3. You can order those instructions and additional forms at [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms).

**Need help?** If you have questions about reporting on Form W-2, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment for persons who are deaf, hard of hearing, or have a speech disability, call 304-579-4827 (not toll free).

**Due dates.** By January 31, 2020, furnish Copies B, C, and 2 to each person who was your employee during 2019.

### For employer records only!

Do not send this form to the Social Security Administration.

The information contained on this form was submitted to the Social Security Administration on 01/17/2020.  
The Wage File ID (WFID) assigned to this submission is: M3JCYG.

2019 G-1

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**  
(Rev. January 2019) Department of the Treasury - Internal Revenue Service

950117  
OMB No. 1545-0029

Employer Identification number (EIN) **20-8562444**

Name (not your trade name) **Annie's Angels Memorial Fund inc**

Trade name (if any)

Address **8 Jana Lane**  
Number Street Suite or room number

**Stratham** **NH** **03885**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2019  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 04/02/19 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<b>1</b>
2	Wages, tips, and other compensation	2	<b>13,500.00</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>1,178.10</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<b>13,500.00</b> × 0.124 =	<b>1,674.00</b>
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips	<b>13,500.00</b> × 0.029 =	<b>391.50</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<b>2,065.50</b>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<b>3,243.60</b>
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>3,243.60</b>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<b>3,243.60</b>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13	<b>3,243.60</b>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
15	Overpayment. If line 13 is more than line 12, enter the difference	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

▶ You MUST complete both pages of Form 941 and SIGN it.

trade name)

s Angels Memorial Fund inc

Employer identification number (EIN)  
20-8562444

950217

**Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 Pub. 15.

16 Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages . . . . .  Check here, and enter the final date you paid wages

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . .  Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

No.

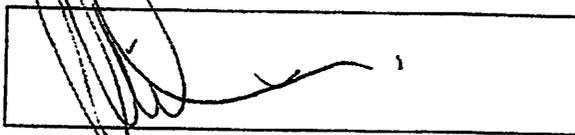
**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

REV 04/02/19 OSP

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 taxpayer) is based on all information of which preparer has any knowledge.

**X**

Sign your name here



Print your name here

Print your title here

Date

Best daytime phone

**Paid Preparer Use Only**

Check if you are self-employed . . .

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City  State

ZIP code

# 941 for 2019: Employer's QUARTERLY Federal Tax Return

(Rev. January 2019)

Department of the Treasury — Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN) **20-8562444**

Name (not your trade name) **Annie's Angels Memorial Fund inc**

Trade name (if any) \_\_\_\_\_

Address **8 Jana Lane**

Number **8** Street **Jana Lane** Suite or room number \_\_\_\_\_

**Stratham** **NH** **03885**

City State ZIP code

Foreign country name \_\_\_\_\_ Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**Report for this Quarter of 2019**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 07/09/19 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)</i>	1	<b>1</b>
2	Wages, tips, and other compensation	2	<b>13,500.00</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>1,178.10</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<b>13,500.00</b> × 0.124 =	<b>1,674.00</b>
5b	Taxable social security tips	_____ × 0.124 =	_____
5c	Taxable Medicare wages & tips	<b>13,500.00</b> × 0.029 =	<b>391.50</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	_____ × 0.009 =	_____
5e	Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<b>2,065.50</b>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	_____
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<b>3,243.60</b>
7	Current quarter's adjustment for fractions of cents	7	_____
8	Current quarter's adjustment for sick pay	8	_____
9	Current quarter's adjustments for tips and group-term life insurance	9	_____
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>3,243.60</b>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	_____
12	Total taxes after adjustments and credits. Subtract line 11 from line 10	12	<b>3,243.60</b>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13	<b>3,243.60</b>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	_____
15	Overpayment. If line 13 is more than line 12, enter the difference	15	_____

Check one:  Apply to next return.  Send a refund.

▶ You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. BAA

Next ▶

Form 941 (Rev. 1-2019)

(Trade name)

950217

Angels Memorial Fund inc

Employer identification number (EIN)

20-8562444

Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 1146.15.

16 Check one: [ ] Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[X] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 1,081.20

Month 2 1,081.20

Month 3 1,081.20

Total liability for quarter 3,243.60

Total must equal line 12.

[ ] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages . . . . . [ ] Check here, and enter the final date you paid wages [ ]

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . . . [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ]

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. [ ]

[ ] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

REV 07/09/19 OSP

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 taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Candice J Wright

Print your name here

Candice J. Wright

Print your title here

Trustee

Date 7/12/19

Best daytime phone 603 244-6420

Paid Preparer Use Only

Preparer's name [ ]

Preparer's signature [ ]

Firm's name (or yours if self-employed) [ ]

Address [ ]

City [ ] State [ ]

Check if you are self-employed . . . . . [ ]

PTIN [ ]

Date [ ]

EIN [ ]

Phone [ ]

ZIP code [ ]

Form 941 for 2019: Employer's QUARTERLY Federal Tax Return
Department of the Treasury - Internal Revenue Service

950117
OMB No. 1545-0029

Employer identification number (EIN) 20-8562444
Name (not your trade name) Annie's Angels Memorial Fund inc
Trade name (if any)
Address 8 Jana Lane
Stratham NH 03885

Report for this Quarter of 2019
(1) January, February, March
(2) April, May, June
(3) July, August, September
(4) October, November, December
Go to www.irs.gov/Form941 for instructions and the latest information.

REV 10/01/19 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 1
2 Wages, tips, and other compensation 2 13,500.00
3 Federal income tax withheld from wages, tips, and other compensation 3 1,178.10
4 If no wages, tips, and other compensation are subject to social security or Medicare tax [ ] Check and go to line 6.
5a Taxable social security wages . . . 13,500.00 x 0.124 = 1,674.00
5b Taxable social security tips . . . x 0.124 =
5c Taxable Medicare wages & tips. . . 13,500.00 x 0.029 = 391.50
5d Taxable wages & tips subject to Additional Medicare Tax withholding x 0.009 =
5e Add Column 2 from lines 5a, 5b, 5c, and 5d . . . 5e 2,065.50
5f Section 3121(q) Notice and Demand-Tax due on unreported tips (see instructions) . . . 5f
6 Total taxes before adjustments. Add lines 3, 5e, and 5f . . . 6 3,243.60
7 Current quarter's adjustment for fractions of cents . . . 7
8 Current quarter's adjustment for sick pay . . . 8
9 Current quarter's adjustments for tips and group-term life insurance . . . 9
10 Total taxes after adjustments. Combine lines 6 through 9 . . . 10 3,243.60
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11
12 Total taxes after adjustments and credits. Subtract line 11 from line 10 . . . 12 3,243.60
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter 13 3,243.60
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions . . . 14
15 Overpayment. If line 13 is more than line 12, enter the difference [ ] Check one: [ ] Apply to next return. [ ] Send a refund.

You MUST complete both pages of Form 941 and SIGN it.



(Trade name)  
s Angels Memorial Fund inc

950217

Employer identification number (EIN)  
20-8562444

**Tell us about your deposit schedule and tax liability for this quarter.**

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1	1,081.20
Month 2	1,081.20
Month 3	1,081.20
Total liability for quarter	3,243.60

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

17 If your business has closed or you stopped paying wages . . . . .  Check here, and enter the final date you paid wages

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . .  Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS.

No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

REV 10/01/19 OSP

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 taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

**Paid Preparer Use Only**

Preparer's name

Preparer's signature

Firm's name (or yours if self-employed)

Address

City  State

Check if you are self-employed . . .

PTIN

Date

EIN

Phone

ZIP code

Form **941 for 2019: Employer's QUARTERLY Federal Tax Return**  
 (Rev. January 2019) Department of the Treasury — Internal Revenue Service

950117

OMB No. 1545-0029

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address

Number  Street  Suite or room number

City  State  ZIP code

Foreign country name  Foreign province/county  Foreign postal code

**Report for this Quarter of 2019**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 12/23/19 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)

2 Wages, tips, and other compensation

3 Federal income tax withheld from wages, tips, and other compensation

4 If no wages, tips, and other compensation are subject to social security or Medicare tax  Check and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	<input type="text" value="13,500.00"/>	$\times 0.124 =$	<input type="text" value="1,674.00"/>
5b Taxable social security tips	<input type="text"/>	$\times 0.124 =$	<input type="text"/>
5c Taxable Medicare wages & tips	<input type="text" value="13,500.00"/>	$\times 0.029 =$	<input type="text" value="391.50"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	$\times 0.009 =$	<input type="text"/>
5e Add Column 2 from lines 5a, 5b, 5c, and 5d			
			<input type="text" value="2,065.50"/>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			
			<input type="text"/>
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			
			<input type="text" value="3,243.60"/>
7 Current quarter's adjustment for fractions of cents			
			<input type="text"/>
8 Current quarter's adjustment for sick pay			
			<input type="text"/>
9 Current quarter's adjustments for tips and group-term life insurance			
			<input type="text"/>
10 Total taxes after adjustments. Combine lines 6 through 9			
			<input type="text" value="3,243.60"/>
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			
			<input type="text"/>
12 Total taxes after adjustments and credits. Subtract line 11 from line 10			
			<input type="text" value="3,243.60"/>
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter			
			<input type="text" value="3,243.60"/>
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions			
			<input type="text"/>
15 Overpayment. If line 13 is more than line 12, enter the difference <input type="text"/>			

Check one:  Apply to next return.  Send a refund.

**You MUST complete both pages of Form 941 and SIGN it.**

(not your trade name) Annie's Angels Memorial Fund inc Employer identification number (EIN) 20-8562444

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: [ ] Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[X] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Table with 2 columns: Tax liability: Month and Amount. Rows for Month 1, 2, 3, and Total liability for quarter.

[ ] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages . . . . . [ ] Check here, and enter the final date you paid wages [ ]

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . . [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ]

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. [ ]

[ ] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

REV 12/23/19 OSP

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 taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Condra J Wright

Print your name here

Condra J Wright

Print your title here

Trustee

Date 1/14/20

Best daytime phone 603 244 6420

Paid Preparer Use Only

Check if you are self-employed . . . [ ]

Preparer's name

[ ]

PTIN

[ ]

Preparer's signature

[ ]

Date

[ ]

Firm's name (or yours if self-employed)

[ ]

EIN

[ ]

Address

[ ]

Phone

[ ]

City

[ ]

State

[ ]

ZIP code

[ ]

State of New Hampshire  
**Department of Employment Security**



*NHES Web Tax System*

**ANNIE'S ANGELS MEMORIAL FUND INC**  
 Employer Account Number: 0000226900  
 The Current Quarter End Date: 03/31/2019  
 Due Date: 05/02/2019

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**FINAL VOUCHER for Electronic Funds Transfer (EFT)**

Your Payment Confirmation Number is: **T04051987949**

Your Payment Date is: **04-05-2019**

**Note:** This page is your confirmation voucher.  
 It is proof that your payment was received.  
 Please print/save a copy for your records.

**Note:** It may take up to two business days for your report to be processed and reflected on your account.

**Tax Summary**

	1st Month	2nd Month	3rd Month
Total employees as of the 12th of the month:	1	1	1
Total gross wages paid this quarter \$13,500.00			
Wages paid this quarter in excess of \$14000 per employee this year			\$0.00
Net taxable wages			\$13,500.00
Unemployment Insurance (UI) tax due [UI Tax Rate 0.0 %]			\$0.00
Administrative Contribution (AC) due [AC Rate 0.2 %]			\$27.00
<b>Do not include this amount when filing Federal Unemployment Tax return (FUTA)</b>			
Total tax due			\$27.00
Interest 1% per month on total tax due			\$0.00
Late Filing Fee 10% , MINIMUM OF \$25			\$0.00
Prior Balance Due			\$0.00
<b>CURRENT PAYMENT DUE</b>			<b>\$27.00</b>
<i>(If under \$1.00, no payment due.)</i>			

**Payment Information Summary**

**Payment Method:** Electronic Funds Transfer  
**Bank Account type:** Checking  
**Payment Amount:** \$27.00  
**Bank Routing Number:** 011402079  
**Bank Account Number:** 20057972

**Employee Wage Summary**

SSN	Last Name	First Initial	Quarterly Wages
XXXXX5405	DAGIAU	W	\$ 13500.00

email: [WEBTAX@nhes.nh.gov](mailto:WEBTAX@nhes.nh.gov)

Or Phone: 603-228-4048 for non technical questions & issues.

<https://www2.nhes.nh.gov/webtax/EmployeesDataToDb>

State of New Hampshire  
**Department of Employment Security**



*NHES Web Tax System*

**ANNIE'S ANGELS MEMORIAL FUND INC**  
 Employer Account Number: 0000226900  
 The Current Quarter End Date: 06/30/2019  
 Due Date: 08/02/2019

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FINAL VOUCHER for **Electronic Funds Transfer (EFT)**  
 Your Filing Confirmation Number is: **T08011902310**  
 Your Filing Date is: **08-01-2019**

**Note:** This page is your confirmation voucher.  
 It is proof that your filing and payment information has been submitted.  
 Please print/save a copy for your records.

**Note:** It may take up to two business days for your report to be processed and reflected on your account.

**Tax Summary**

	1st Month	2nd Month	3rd Month
Total employees as of the 12th of the month:	1	1	1
Total gross wages paid this quarter			\$13,500.00
Wages paid this quarter in excess of \$14000 per employee this year			\$13,000.00
Net taxable wages			\$500.00
Unemployment Insurance (UI) tax due [UI Tax Rate 0.0 %]			\$0.00
Administrative Contribution (AC) due [AC Rate 0.2 %]			\$1.00
<b>Do not include this amount when filing Federal Unemployment Tax return (FUTA)</b>			
Total tax due			\$1.00
Interest 1% per month on total tax due			\$0.00
Late Filing Fee 10% , MINIMUM OF \$25			\$0.00
Prior Balance Due			\$0.00
<b>CURRENT PAYMENT DUE</b>			<b>\$1.00</b>
<b>(If under \$1.00, no payment due.)</b>			

**Payment Information Summary**

**Payment Method:** Electronic Funds Transfer  
**Bank Account type:** Checking  
**Payment Amount:** \$1.00  
**Bank Routing Number:** 011402079  
**Bank Account Number:** 20057972

**Employee Wage Summary**

SSN	Last Name	First Initial	Quarterly Wages
XXXXX5405	DAGIAU	W	\$ 13500.00

ANNIE'S ANGELS MEMORIAL FUND INC  
Employer Account Number: 0000226900  
The Current Quarter End Date: 09/30/2019  
Due Date: 11/04/2019

Amount Remitted: \$ 28.00

Make check payable to **State of NH - UC**.  
Write your account number on your check and return this portion *only* with your payment.  
For timeliness of payments made via mail, please refer to NHES Rule EMP 304.01 (f) and (g)

*pd  
Candies Bookkeeping  
ck #1068  
11/18/19  
\$28.00*

Make check payable to: **State of NH - UC**

Mail check to: **New Hampshire Employment Security**  
PO Box 2058  
Concord, New Hampshire 03302-2058

clip >-----< clip  
Write your account number on your check and return this portion *only* with your payment.

Print Page

Save Page

Home

Exit

ANNIE'S ANGELS MEMORIAL FUND INC  
Employer Account Number: 0000226900  
The Current Quarter End Date: 09/30/2019  
Due Date: 11/04/2019

FINAL VOUCHER for Payment by Check  
Your Filing Confirmation Number is: T11181910854  
Your Filing Date is: 11-18-2019

**Tax Summary**

	1st Month	2nd Month	3rd Month
Total employees as of the 12th of the month:	1	1	1
Total gross wages paid this quarter			\$13,500.00
Wages paid this quarter in excess of \$14000 per employee this year			\$13,500.00
Net taxable wages			\$0.00
Unemployment Insurance (UI) tax due [UI Tax Rate 0.0 %]			\$0.00
Administrative Contribution (AC) due [AC Rate 0.2 %]			\$0.00
<i>Do not include this amount when filing Federal Unemployment Tax return (FUTA)</i>			
Total tax due			\$0.00
Interest 1% per month on total tax due			\$0.00
Late Filing Fee 10% , MINIMUM OF \$25			\$25.00
Prior Balance			\$3.00
<b>CURRENT BALANCE DUE</b>			<b>\$28.00</b>
<i>(If under \$1.00, no payment due.)</i>			

**Employee Wage Summary**

SSN	Last Name	First Initial	Quarterly Wages
XXXXX5405	DAGIAU	W	\$ 13500.00

email: [WEBTAX@nhes.nh.gov](mailto:WEBTAX@nhes.nh.gov)

Or Phone: 603-228-4048 for non technical questions & issues.

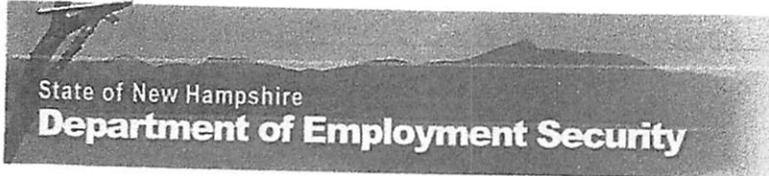


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Page Opened: Mon Nov 18 15:35:29 EST 2019

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Revised: 10/01/2019



NHES Web Tax System

ANNIE'S ANGELS MEMORIAL FUND INC  
Employer Account Number: 0000226900  
The Current Quarter End Date: 12/31/2019  
Due Date: 02/04/2020

[Print Page](#)

[Save Page](#)

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[Exit](#)

FINAL VOUCHER for No Payment (No Pay)  
Your Filing Confirmation Number is: T01232016867  
Your Filing Date is: 01-23-2020

Note: This page is your confirmation voucher.  
It is proof that your Report was received.  
Please print/save a copy for your records.

Tax Summary

	1st Month	2nd Month	3rd Month
Total employees as of the 12th of the month:	1	1	1
Total gross wages paid this quarter			\$13,500.00
Wages paid this quarter in excess of \$14000 per employee this year			\$13,500.00
Net taxable wages			\$0.00
Unemployment Insurance (UI) tax due [UI Tax Rate 0.0 %]			\$0.00
Administrative Contribution (AC) due [AC Rate 0.2 %]			\$0.00
<i>Do not include this amount when filing Federal Unemployment Tax return (FUTA)</i>			
Total tax due			\$0.00
Interest 1% per month on total tax due			\$0.00
Late Filing Fee 10% , MINIMUM OF \$25			\$0.00
Prior Balance Due			\$0.00
CURRENT BALANCE DUE			\$0.00
<i>(If under \$1.00, no payment due.)</i>			

Employee Wage Summary

SSN	Last Name	First Initial	Quarterly Wages
XXXXX5405	DAGIAU	W	\$ 13500.00

email: [WEBTAX@nhes.nh.gov](mailto:WEBTAX@nhes.nh.gov)

Or Phone: 603-228-4048 for non technical questions & issues.



**YOU CAN FILE THIS REPORT ONLINE  
AT www2.nhes.nh.gov/webtax**

# EMPLOYER QUARTERLY TAX REPORT

1. EMPLOYER NAME & ADDRESS

73 ANNIE'S ANGELS MEMORIAL FUND INC  
8 JANA LN  
STRATHAM NH 03885-2150

2. STATE EMPLOYER NUMBER  
000226900

3. FOR CALENDAR QUARTER  
09/30/2019

4. NAME CONTROL  
ANNI

5. DUE DATE  
10/31/2019

6. FEDERAL ID NUMBER  
20-8562444

**NO EMPLOYMENT - IF NO EMPLOYMENT WAS FURNISHED  
DURING THE QUARTER, ENTER ZEROS ON LINE 8.**

See more instructions on separate sheet. Must send back original (no photocopies). Must be typewritten or printed in black ink in all capital letters.  
Do not print commas, decimals, \$ signs, or dashes.

7. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR ANY PART OF THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE ENTER ZERO.	
8. TOTAL GROSS WAGES PAID THIS QUARTER (MUST AGREE WITH LINE 24)	
9. WAGES PAID THIS QUARTER IN EXCESS OF PER EMPLOYEE THIS YEAR (see instructions)	\$14,000
10. NET TAXABLE WAGES (SUBTRACT LINE 9 FROM LINE 8)	
11. UNEMPLOYMENT INSURANCE (UI) TAX DUE (MULTIPLY LINE 10 BY TAX RATE)	UI TAX RATE 0.00 %
12. ADMINISTRATIVE CONTRIBUTION (AC) DUE (MULTIPLY LINE 10 BY RATE)	AC RATE 0.20 %
<small>DO NOT INCLUDE THIS AMOUNT WHEN FILING FEDERAL UNEMPLOYMENT TAX RETURN (FUTA)</small>	
13. TOTAL TAX DUE (ADD LINES 11 AND 12)	
14. IF PAYMENT IS DELINQUENT ADD 1% PER MONTH ON TOTAL TAX DUE	
15. IF REPORT IS DELINQUENT ADD FEE FOR LATE FILING	10% OF TAX DUE - MINIMUM \$25.00
16. PRIOR BALANCE AT DATE OF THIS MAILING	\$3
17. PAY THIS AMOUNT (TOTAL LINES 13 THROUGH 16) (IF UNDER \$1.00 NO PAYMENT DUE)	
18. PREPARED BY _____ SIGNATURE	
PREPARERS TELEPHONE NO. ( ) _____	
TAXPAYER _____ AUTHORIZED SIGNATURE	TITLE _____ DATE _____

300

**MAKE CHECK PAYABLE TO: STATE OF NH - UC**

MAIL CHECK, ORIGINAL COPIES OF BOTH PARTS OF THE REPORT TO:  
NH EMPLOYMENT SECURITY  
ATTN: CASHIER  
PO BOX 2058  
CONCORD, NH 03302-2058

ANY BUSINESS CHANGES/CORRECTIONS SHOULD BE MADE ON THE ATTACHED CHANGE NOTICE





**YOU CAN FILE THIS REPORT ONLINE  
AT [www2.nhes.nh.gov/webtax](http://www2.nhes.nh.gov/webtax)**

# EMPLOYER QUARTERLY TAX REPORT

**1. EMPLOYER NAME & ADDRESS**

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

<b>2. STATE EMPLOYER NUMBER</b> 000226900	<b>3. FOR CALENDAR QUARTER</b> 09/30/2019
<b>4. NAME CONTROL</b> ANNI	<b>5. DUE DATE</b> 10/31/2019
<b>6. FEDERAL ID NUMBER</b> 20-8562444	

**NO EMPLOYMENT - IF NO EMPLOYMENT WAS FURNISHED DURING THE QUARTER, ENTER ZEROS ON LINE 8.**

See more instructions on separate sheet. Must send back original (no photocopies). Must be typewritten or printed in black ink in all capital letters. Do not print commas, or \$ signs.

<b>7. FOR EACH MONTH, REPORT THE NUMBER OF COVERED WORKERS WHO WORKED DURING OR RECEIVED PAY FOR ANY PART OF THE PAYROLL PERIOD WHICH INCLUDES THE 12TH OF THE MONTH. IF NONE ENTER ZERO.</b>	1	1	1				
<b>8. TOTAL GROSS WAGES PAID THIS QUARTER (MUST AGREE WITH LINE 24)</b>	1	3	5	0	0	0	0
<b>9. WAGES PAID THIS QUARTER IN EXCESS OF PER EMPLOYEE THIS YEAR (see instructions)</b> \$14,000	1	3	5	0	0	0	0
<b>10. NET TAXABLE WAGES (SUBTRACT LINE 9 FROM LINE 8)</b>				0	0	0	
<b>11. UNEMPLOYMENT INSURANCE (UI) TAX DUE (MULTIPLY LINE 10 BY TAX RATE)</b> UI TAX RATE 0.00%				0	0	0	
<b>12. ADMINISTRATIVE CONTRIBUTION (AC) DUE (MULTIPLY LINE 10 BY RATE)</b> AC RATE 0.20% <small>DO NOT INCLUDE THIS AMOUNT WHEN FILING FEDERAL UNEMPLOYMENT TAX RETURN (FUTA)</small>				0	0	0	
<b>13. TOTAL TAX DUE (ADD LINES 11 AND 12)</b>				0	0	0	
<b>14. IF PAYMENT IS DELINQUENT ADD 1% PER MONTH ON TOTAL TAX DUE</b>							
<b>15. IF REPORT IS DELINQUENT ADD FEE FOR LATE FILING (10% OF TAX DUE - MINIMUM \$25)</b>							
<b>16.</b>							
<b>17. PAY THIS AMOUNT (TOTAL LINES 13 THROUGH 16) (IF UNDER \$1.00 NO PAYMENT DUE)</b>				0	0	0	
<b>18. PREPARED BY</b> <u>Candra J. Wright</u> SIGNATURE PREPARERS TELEPHONE NO. <u>(603) 686-4224</u> TAXPAYER <u>Candra J. Wright, trustee</u> 11/1/19 AUTHORIZED SIGNATURE TITLE DATE							

**MAKE CHECK PAYABLE TO: STATE OF NH - UC**

MAIL CHECK, ORIGINAL COPIES OF BOTH PARTS OF THE REPORT TO:  
NH EMPLOYMENT SECURITY  
ATTN: CASHIER  
PO BOX 2058  
CONCORD, NH 03302-2058

ANY BUSINESS CHANGES/CORRECTIONS SHOULD BE MADE ON THE ATTACHED CHANGE NOTICE





TEP398800\_6213\_12425 1 of 2

A ANGELS MEMORIAL FUND INC  
 8 JANA LANE  
 STRATHAM, NH 03885

**Instructions for Payee**

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form.

Payee's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account number or other unique number the PSE assigned to distinguish your account.

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a-5l. Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Shows state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099K](http://www.irs.gov/Form1099K).

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>HEARTLAND PAYMENT SYSTEMS LLC</b> 10 GLENLAKE PKWY NE, N TOWER ATLANTA, GA 30328 1-866-976-1323		FILER'S TIN 81-2340430	OMB No. 1545-2205  <b>2019</b>  Form 1099-K	<b>Payment Card and Third Party Network Transactions</b>
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/>		PAYEE'S TIN 208562444	2 Merchant category code 8398	
Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		1a Gross amount of payment card/third party network transactions \$ 9,195.00	3 Number of payment transactions 71	<b>Copy B For Payee</b>  This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
Check to indicate transactions reported are: Payment card <input checked="" type="checkbox"/>		1b Card Not Present transactions \$ 9,195.00	4 Federal income tax withheld \$	
Third party network <input type="checkbox"/>		5a January \$ 750.00	5b February \$ 1,500.00	
PAYEE'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>A ANGELS MEMORIAL FUND INC</b> 8 JANA LANE STRATHAM, NH 03885		5c March \$ 880.00	5d April \$ 1,115.00	
PSE'S name and telephone number		5e May \$ 750.00	5f June \$ 750.00	
Account number (see instructions)   Tracking #: 2007850T9		5g July \$ 750.00	5h August \$ 750.00	
		5i September \$ 750.00	5j October \$ 750.00	
		5k November \$ 225.00	5l December \$ 225.00	
		6 State NH	7 State identification no.	
			8 State income tax withheld \$	



CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>PayPal Inc.</b> <b>2211 North First Street</b> <b>San Jose, California 95131</b> <b>Ph No :877-569-1129</b>		FILER'S TIN <b>770510487</b>		OMB No. 1545-2205  <b>2019</b>			
		PAYEE'S TIN <b>XXXXX2444</b>		Form 1099-K			
		1a Gross amount of payment card/third party network transactions <b>\$ 83,255.83</b>					
Check to indicate if FILER is a (an): Payment settlement entity (PSE) Electronic Payment Facilitator (EPF)/Other third party		Check to indicate transactions reported are: Payment card Third party network		2 Merchant category code			
<input checked="" type="checkbox"/> Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party		<input type="checkbox"/> Payment card <input checked="" type="checkbox"/> Third party network		3 Number of payment transactions <b>539</b>			
PAYEE'S name <b>Annies Angels Memorial Fund Inc</b>  Street address (including apt. no.) <b>8 Jana Lane</b>  City or town, state or province, country, and ZIP or foreign postal code <b>Stratham, NH 03885</b>  PSE'S name and telephone number <b>PayPal Inc.</b> <b>Ph No :877-569-1129</b>  Account number (see instructions) <b>2107630119347294344</b>		1b Card Not Present transactions <b>\$ 83,255.83</b>		4 Federal income tax withheld <b>\$</b>			
		5a January <b>\$ 7,622.00</b>		5b February <b>\$ 7,312.00</b>			
		5c March <b>\$ 4,942.00</b>		5d April <b>\$ 4,027.00</b>			
		5e May <b>\$ 4,887.00</b>		5f June <b>\$ 9,151.00</b>			
		5g July <b>\$ 13,832.00</b>		5h August <b>\$ 677.00</b>			
		5i September <b>\$ 6,367.29</b>		5j October <b>\$ 2,752.12</b>			
		5k November <b>\$ 8,617.09</b>		5l December <b>\$ 13,069.33</b>			
		6 State <b>NH</b>		7 State identification no.		8 State income tax withheld <b>\$</b>	
						<b>\$</b>	

**Payment Card and Third Party Network Transactions**

**Copy B For Payee**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

# Instructions for Payee

You have received this form because you have either: (a) accepted payment cards for payments, or (b) received payments through a third party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSE), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form.

**Payee's identification number.** For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

**Account number.** May show an account number or other unique number the PSE assigned to distinguish your account.

**Box 1a.** Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

**Box 1b.** May show the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, card not present transactions will not be reported.

**Box 2.** Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

**Box 3.** Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

**Box 4.** Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Publication 505, Tax Withholding and Estimated Tax, for information on backup withholding. Include this amount on your income tax return as tax withheld.

**Boxes 5a-5l.** Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

**Boxes 6-8.** Shows state and local income tax withheld from the payments.

**Future developments.** For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/form1099k](http://www.irs.gov/form1099k).

Form <b>1096</b> Department of the Treasury Internal Revenue Service	<b>Annual Summary and Transmittal of          U.S. Information Returns</b>	OMB No 1545-0108 <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">2019</div>
----------------------------------------------------------------------------	--------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

<b>FILER'S name</b> Annie's Angels Memorial Fund, Inc.  <b>Street address (including room or suite number)</b> 8 Jana Lane  <b>City or town, state or province, country, and ZIP or foreign postal code</b> Stratham, NH 03885	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

<b>Name of person to contact</b> Candie Wright	<b>Telephone number</b> 603 686-4224	<b>For Official Use Only</b> 
<b>Email address</b> candiesbkkg@yahoo.com	<b>Fax number</b>	

<b>1 Employer identification number</b> 20-8562444	<b>2 Social security number</b>	<b>3 Total number of forms</b> 1	<b>4 Federal income tax withheld</b> \$	<b>5 Total amount reported with this Form 1096</b> \$ 2055.00
-------------------------------------------------------	---------------------------------	-------------------------------------	--------------------------------------------	------------------------------------------------------------------

<b>6 Enter an "X" in only one box below to indicate the type of form being filed.</b>										<b>7 Form 1099-MISC with NEC in box 7, check</b> <input type="checkbox"/>						
W-2G 32	1097-BTC 50	1098 81	1098-C 76	1098-E 84	1098-F 03	1098-Q 74	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-INT 92	1099-K 70	1099-LS 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-LTC 93	1099-MISC 95	1099-OID 96	1099-PATR 97	1099-Q 31	1099-QA 1A	1099-R 98	1099-S 75	1099-SA 94	1099-SB 43	3921 25	3922 26	5498 23	5498-ESA 72	5498-QA 2A	5498-SA 27	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

**Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.**

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature *Candie Wright* Title *Treasurer* Date *1/27/2020*

**Instructions**

**Future developments.** For the latest information about developments related to Form 1096, such as legislation enacted after it was published, go to [www.irs.gov/Form1096](http://www.irs.gov/Form1096).

**Reminder.** The only acceptable method of electronically filing information returns listed on this form in box 6 with the IRS is through the FIRE system. See Pub. 1220.

**Purpose of form.** Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the IRS.

**Caution:** If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2019 General Instructions for Certain Information Returns.

Forms 1099-QA and 5498-QA can be filed on paper only, regardless of the number of returns.

**Who must file.** Any person or entity who files any of the forms shown in line 6 above must file Form 1096 to transmit those forms to the IRS.

Enter the filer's name, address (including room, suite, or other unit number), and taxpayer identification number (TIN) in the spaces provided on the form. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1097, 1098, 1099, 3921, 3922, 5498, or W-2G.

**When to file.** File Form 1096 as follows.  
 • With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28, 2020.

**Caution:** We recommend you file Form 1099-MISC, as a stand-alone shipment, by January 31, 2020, if you are reporting nonemployee compensation (NEC) in box 7. Also, check box 7 above.

• With Forms 5498, file by June 1, 2020.

**Where To File**

Send all information returns filed on paper with Form 1096 to the following.

<b>If your principal business, office or agency, or legal residence in the case of an individual, is located in</b>	<b>Use the following address</b>
---------------------------------------------------------------------------------------------------------------------	----------------------------------

Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia	Department of the Treasury Internal Revenue Service Center Austin, TX 73301
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## Tax Asset Detail 1/01/19 - 12/31/19

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
1		C COMPUTER	7/12/13	1,271.91	0.00	635.96	1,271.91	0.00	1,271.91	0.00	S/L	5.0
2		PRINTER	1/16/13	199.95	0.00	99.98	199.95	0.00	199.95	0.00	S/L	5.0
3		Tom Tom	8/04/13	128.64	0.00	64.32	128.64	0.00	128.64	0.00	S/L	5.0
4		LEASEHOLD IMPROVEMENTS	4/17/15	10,637.68	0.00	5,318.84	7,180.42	531.88	7,712.30	2,925.38	S/L	10.0
5		OFFICE EQUIPMENT	9/05/15	1,699.95	0.00	849.98	1,274.95	121.42	1,396.37	303.58	S/L	7.0
6		Acrobat program	2/18/16	449.00	0.00	224.50	336.75	44.90	381.65	67.35	S/L	5.0
7		chain saw	2/29/16	36.00	0.00	18.00	33.00	3.00	36.00	0.00	S/L	3.0
8		tom tom	4/06/16	49.95	0.00	24.98	37.46	4.99	42.45	7.50	S/L	5.0
9		cooler trailer	4/14/16	169.99	0.00	85.00	127.50	17.00	144.50	25.49	S/L	5.0
10		chain saw	9/06/16	534.99	0.00	267.50	401.25	53.50	454.75	80.24	S/L	5.0
11		leaf blower	11/09/16	213.00	0.00	106.50	159.75	21.30	181.05	31.95	S/L	5.0
<b>Grand Total</b>				<u>15,391.06</u>	<u>0.00c</u>	<u>7,695.56</u>	<u>11,151.58</u>	<u>797.99</u>	<u>11,949.57</u>	<u>3,441.49</u>		

5 ADVERTISING	4,289
10 AUTO EXPENSE	748
15 BANK/CREDIT CARD FEES	3,972
20 DISTRIBUTIONS	155,008
25 INSURANCE	1,964
30 OFFICE EXPENSES	10,640
35 POSTAGE AND DELIVERY	157
40 PRINTING EXPENSE	42
45 SCHOLARSHIPS	1,375
50 WEBSITE	128

9595

VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>Annie's Angels Memorial Fund, Inc.</b> 8 Jana Lane Stratham, NH 03885 US tax id #20-8562444			1 Rents \$	OMB No. 1545-0115 <b>2019</b> Form 1099-MISC	<b>Miscellaneous Income</b>
			2 Royalties \$		
			3 Other income \$	4 Federal income tax withheld \$	<b>Copy A</b> For Internal Revenue Service Center File with Form 1096.
PAYER'S TIN 20-8562444	RECIPIENT'S TIN 031-46-8582		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name <b>Candra J Wright</b> dba Candies Bookkeeping and More			7 Nonemployee compensation \$ 2055.00	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.
Street address (including apt. no.) 391 Wadleigh Falls Rd #3			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	
City or town, state or province, country, and ZIP or foreign postal code Newmarket, NH 03857			11 \$	12 \$	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

Form 1099-MISC 36-1004130 www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service  
**Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page**

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VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Rents \$	OMB No. 1545-0115 <b>2019</b> Form 1099-MISC	<b>Miscellaneous Income</b>
			2 Royalties \$		
			3 Other income \$	4 Federal income tax withheld \$	<b>Copy A</b> For Internal Revenue Service Center File with Form 1096.
PAYER'S TIN	RECIPIENT'S TIN		5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name			7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2019 General Instructions for Certain Information Returns.
Street address (including apt. no.)			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	
City or town, state or province, country, and ZIP or foreign postal code			11 \$	12 \$	
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$

Form 1099-MISC 36-1004130 www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

FOR MAILING RETAIN RIGHT STUB ON COPIES B AND 2

FOR MAILING RETAIN RIGHT STUB ON COPIES B AND 2

Annie's Angels Memorial  
Fund Inc

COPY

Attached is your Original

NOTE: Duplicate is for your files

( ) Federal Income

NH

( ) State Income

( ) Federal Estimate

( ) Annual Report Certificate

( ) State Estimate

DUE DATE Now 20    

Amount due Estimate #1

Due date \_\_\_\_\_ \$ \_\_\_\_\_

MAKE PAYMENTS PAYABLE TO:

Amount due Estimate #2

Due date \_\_\_\_\_ \$ \_\_\_\_\_

Amount due Estimate #3

Due date \_\_\_\_\_ \$ \_\_\_\_\_

Amount due Estimate #4

Due date \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DUE THIS RETURN \$ 75.<sup>00</sup>/100

State of NH

REFUND DUE THIS RETURN \$ \_\_\_\_\_

MAIL TO:

-----  
\_\_\_\_\_  
\_\_\_\_\_  
**OFFICE OF THE NH ATTORNEY GENERAL**  
**CHARITABLE TRUSTS UNIT**  
**33 CAPITOL STREET**  
**CONCORD, NH 03301-6397**  
\_\_\_\_\_

TO BE SIGNED BY:

( ) CORPORATE OFFICER

( ) INDIVIDUAL

( ) MARRIED COUPLE

TRUSTEE

( ) UNION OFFICER

( ) NOTARIZE PRIOR TO MAILING

**DO NOT MAIL THIS SHEET WITH YOUR RETURN**

Office of the New Hampshire Attorney General - Charitable Trusts Unit  
33 Capitol Street, Concord, NH 03301-639

**ANNUAL REPORT CERTIFICATE**

Annie's Angels Memorial Fund, Inc.  
8 Jana Lane  
Stratham, NH 03885

Fiscal Year End: December - 2019  
State Registration # 16811

Under the penalties of perjury (RSA 641:1-3), I declare that I have examined this annual report, including all attachments, and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
**Signature of**  
PRESIDENT, TREASURER OR TRUSTEE

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**( Print or Type ) Name of Officer/Trustee**

\_\_\_\_\_  
**Title**

**THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE.** (If the organization does not have the office of "President" or "Treasurer", attach an explanation of the signer's authority)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Signed and sworn to (or affirmed) before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the above named officer or trustee.

My Commission Expires: \_\_\_\_\_  
[Seal] \_\_\_\_\_  
**Notary Public**

**DON'T FORGET TO ATTACH:**

- NH APPENDIX (conflicts of interest)  FILING FEE (\$75)  DIRECTOR LIST (name, street address, telephone)

- One of the following:  NHCT-2A  IRS Form 990  990-EZ or  990-PF  
 Probate account (for testamentary trusts)

Are your revenues over \$500,000? If yes, include GAAP financial statement plus 990 (not for 990-PFs)

Are your revenues over \$1,000,000? If yes, include audited financial statement plus 990 (not for 990-PFs)

ANNUAL FILING FEE: \$75.00 Make check payable to: State of New Hampshire

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL  
CHARITABLE TRUSTS UNIT  
33 Capitol Street, Concord, NH 03301-6397

**MUST BE COMPLETED**  
**AND ATTACHED TO FILING**

**APPENDIX TO ANNUAL REPORT**

Name of Organization: ANNIES ANGEL'S MEMORIAL FUND INC

1. Is there currently a conflict of interest policy in effect? Yes  No   
A Conflict of Interest Policy is required by law. (see RSA 7:19, II)

If No, please provide explanation for not adopting a Conflict of Interest Policy (attach extra pages if necessary): \_\_\_\_\_

2. Did any officer, Director, Trustee or member of the immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services rendered and expenses incurred in connection with their official duties? (see RSA 7:19-a) Yes \_\_\_\_\_ No

**If Yes, complete the following:**

A. Was any real estate transaction involved? Yes \_\_\_\_\_ No

B. Was a loan made to any director, officer or trustee? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Was a pecuniary benefit paid in excess of \$500? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, attach copy of Meeting Minutes.

D. Was a pecuniary benefit paid in excess of \$5,000? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, attach a copy of each of the following:

- Public Notice made pursuant to RSA 7:19-a, II (d)
- Meeting Minutes
- Employment Contract

E. Provide a list of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).

Name of Trustee: \_\_\_\_\_ Nature & Amount of Benefit: \_\_\_\_\_

Name of Trustee: \_\_\_\_\_ Nature & Amount of Benefit: \_\_\_\_\_

**NOTE:** The Director of Charitable Trusts may request copies of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as authorized under RSA 7:24.

## Annie's Angels 2019 Board of Directors

### Program Administrators

#### Advisory Committee

William DaGiau, Founder & President  
8 Jana Lane  
Stratham, NH 03885  
Home – 603-772-0886  
Cell – 603-686-4224  
[bill@anniesangels.org](mailto:bill@anniesangels.org)

Candie Wright, Trustee  
391 Wadleigh Falls Road #3  
Newmarket, NH 03857  
Home – N/A  
Cell – 603-244-6420  
[candiewright@anniesangels.org](mailto:candiewright@anniesangels.org)

Matt Shaw, Trustee  
11 Emery Lane  
Hampton, NH 03842  
Home – 603-929-4983  
Cell – 603-918-6920  
[swlake90@comcast.net](mailto:swlake90@comcast.net)

Tonya Knightly, Trustee  
15 Brown Road  
Northwood, NH 03261  
Home – N/A  
Cell – 603-231-7050  
[tonyak@envirovantage.com](mailto:tonyak@envirovantage.com)

Diane DaGiau, Secretary  
8 Jana Lane  
Stratham, NH 03885  
Home – 603-772-0886  
Cell – 603-686-4226  
[chefdi1@comcast.net](mailto:chefdi1@comcast.net)

Kelly Marion, Treasurer  
26 Pleasant View Drive  
Exeter, NH 03833  
Home – N/A  
Cell – 603-686-6359  
[kellymarion33@yahoo.com](mailto:kellymarion33@yahoo.com)

Christine Goudin, Trustee  
391 Wadleigh Falls Rd #6  
Newmarket, NH 03857  
Home – N/A  
Cell – 603-706-8136  
[sgoudin1@comcast.net](mailto:sgoudin1@comcast.net)

Chris Beliveau, Trustee  
1620 Greenland Road  
Portsmouth, NH 03801  
Home – N/A  
Cell – 603-828-8874  
[chrisbeliveau51@gmail.com](mailto:chrisbeliveau51@gmail.com)

Buddy Hampson, Trustee  
18 Cushman Way  
Greenland, NH 03840  
Home – N/A  
Cell – 603-686-4985  
[buddyhamp@gmail.com](mailto:buddyhamp@gmail.com)

**Annie's Angels 2019 Board of Directors**

**Program Administrators**

**Advisory Committee**

Jo Ann Clark  
16 Crestview Terrace  
Stratham, NH 03885  
Home – 603-773-8455  
Cell – 603-380-0560  
[joannclark@anniesangels.org](mailto:joannclark@anniesangels.org)  
Administrator – Chris Pets for Vets

James Jubb, Advisor  
22 Goss Road  
North Hampton, NH 03862  
Home – N/A  
Cell – 603-777-2387  
[jim.jubb@comcast.net](mailto:jim.jubb@comcast.net)

Mike Welty, Advisor  
6 Walters Way  
Stratham, NH 03885  
Home – 603-772-3109  
Cell – 603-502-7930  
[mike@mjewelty.com](mailto:mike@mjewelty.com)

John St Pierre, Advisor  
33 Bayside Road  
Greenland, NH 03840  
Home – N/A  
Cell – 603-422-0402  
[john.stpierre@edwardjones.com](mailto:john.stpierre@edwardjones.com)

## Filing Instructions

### ANNIE'S ANGELS MEMORIAL FUND INC

#### Exempt Organization Tax Return

Taxable Year Ended December 31, 2019

COPY

**Date Due:** July 15, 2020

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/19 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

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

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

**IRS e-file Signature Authorization  
for an Exempt Organization**

Department of the Treasury  
Internal Revenue Service  
Name of exempt organization

For calendar year 2019, or fiscal year beginning ..... 2019, and ending ..... 20 .....

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2019**

Name and title of officer  
**ANNIE'S ANGELS MEMORIAL FUND INC**  
**WILLIAM DAGIAU**  
**PRESIDENT**

Employer identification number  
**20-8562444**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>408,110</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **WEIDEMA, LAVIN & GROTT ACCOUNTING,** to enter my PIN **62444** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **05/13/20**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**02161921444**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **Jacques P. Wagemaker, CPA** Date ▶ **05/13/20**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

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

May 13, 2020

**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 this 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.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by

the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

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, therefore, should review them carefully before you sign and file them. In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws and regulations.

We may encounter instances where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In those instances, we will outline for you each of the reasonable alternative courses of action, including the risks and consequences of each such alternative. In the end, we will adopt, on your behalf, the alternative which you select after having considered the information provided by us.

Our fee includes only incidental research. Such research will often provide us with only a "reasonable basis" for the position taken on the return. In that event, it may be necessary, in order to avoid possible penalties, to also include with the return a disclosure statement on IRS Form 8275. We will inform you of any such situations before we finalize the return.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

Our fees for this engagement are not contingent on the results of our services. Rather, our fees for this engagement, including preparation of your returns and any representation of your interests during an examination by a taxing authority and/or any subsequent appeal, will be based on our standard hourly rates. In addition, you agree to reimburse us for any of our out-of-pocket costs incurred in connection with the performance of our services.

You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

You agree that any dispute that may arise regarding the meaning, performance or enforcement of this engagement will, prior to resorting to litigation, be submitted to mediation, and that they will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement.

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: \_\_\_\_\_

Date: \_\_\_\_\_

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

OMB No. 1545-0047

**2019**  
Open to Public Inspection

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

**A For the 2019 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

**G** Gross receipts \$ **408,110**

**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**

**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: <b>FINANCIAL SUPPORT FOR ORGANIZATIONS AND INDIVIDUALS FIGHTING DISEASE.</b>		
	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)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, line 39		
Revenue	8	Prior Year	Current Year
	9	270,732	246,329
	10	132,896	158,360
	11	327	3,421
	12	403,955	408,110
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11a)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>0</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	
	20	Beginning of Current Year	End of Year
	21	223,577	259,305
	22	1,081	1,081
		222,496	258,224

**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**  
 Type or print name and title **PRESIDENT**

Date

**Paid Preparer Use Only**

Print/Type preparer's name  
**Jacques P. Wagemaker, CPA**

Preparer's signature  
*Jacques P. Wagemaker*

Date  
**5/13/2020**

Check  if self-employed  if PTIN  
**P02272720**

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 III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

FINANCIAL SUPPORT FOR ORGANIZATIONS AND INDIVIDUALS FIGHTING DISEASE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 236,610 including grants of \$ ) (Revenue \$ )

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

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ 135,440 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 372,050

**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		
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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	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		X
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		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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c 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		X
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 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
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), line 1? If "Yes," complete Schedule I, Parts I and II		X

	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		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		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 Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

**Part 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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	1
1b	0

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a   1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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 account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand	13b   13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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? <i>If "Yes," see instructions and file Form 4720, Schedule N.</i>	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16	X

**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

**Section A. Governing Body and Management**

	1a	13	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		13		
b Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 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	X
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	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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

**Section 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
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NH**
- 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)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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, and financial 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 ►

**WILLIAM DAGIAU**  
**STRATHAM**

**8 JANA LANE**

**NH 03885**

**603-418-0740**

**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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) CHRIS BELIVEAU TRUSTEE	2.00 0.00	X					0	0	0	
(3) JO ANN CLARK ADMIN	2.00 0.00	X					0	0	0	
(4) DIANE DAGIAU SECRETARY	5.00 0.00	X		X			0	0	0	
(5) CHRISTINE GOUDIN TRUSTEE	2.00 0.00	X					0	0	0	
(6) BUDDY HAMPSON TRUSTEE	2.00 0.00	X					0	0	0	
(7) JAMES JUBB ADVISOR	2.00 0.00	X					0	0	0	
(8) TONYA KNIGHTLY TRUSTEE	2.00 0.00	X					0	0	0	
(9) KELLY MARION TREASURER	2.00 0.00	X		X			0	0	0	
(10) JOHN ST PIERRE ADVISOR	2.00 0.00	X					0	0	0	
(11) MATT SHAW TRUSTEE	2.00 0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(12) <b>MIKE WELTY</b>										
ADVISOR	2.00 0.00	X					0	0	0	
(13) <b>CANDACE WRIGHT</b>										
TRUSTEE	2.00 0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>54,000</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>54,000</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **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	143,043			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	103,286			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,140			
	h	<b>Total. Add lines 1a-1f</b>		<b>246,329</b>			
Program Service Revenue			Business Code				
	2a	HEAVENLY BALL		76,620	76,620		
	b	CAUSE FOR BOZ		34,730	34,730		
	c	RYE BY THE SEA 5K		22,066	22,066		
	d	LUAU		21,739	21,739		
	e	MISCELLANEOUS EVENTS		3,205	3,205		
	f	All other program service revenue					
g	<b>Total. Add lines 2a-2f</b>		<b>158,360</b>				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,421	3,421		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
			b	Less: cost or other basis and sales exps.	7b		
c	Gain or (loss)	7c					
d	Net gain or (loss)						
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	<b>Total. Add lines 11a-11d</b>						
12	<b>Total revenue. See instructions</b>		<b>408,110</b>	<b>161,781</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	54,000	54,000		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,159	4,159		
11	Fees for services (nonemployees):				
a	Management				
b	Legal	50	50		
c	Accounting	2,730	2,730		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	3,770	3,770		
13	Office expenses	8,850	8,850		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	677	677		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	798	798		
23	Insurance	1,624	1,624		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>DISTRIBUTIONS</b>	232,829	232,829		
b	<b>COGS</b>	55,481	55,481		
c	<b>BANK/CREDIT CARD FEES</b>	3,781	3,781		
d	<b>SCHOLARSHIPS</b>	2,713	2,713		
e	All other expenses	588	588		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	372,050	372,050	0	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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	
<b>Assets</b>	1 Cash—non-interest-bearing	11,862	1	14,967	
	2 Savings and temporary cash investments	207,475	2	180,999	
	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	10a 15,392			
	b Less: accumulated depreciation	10b 11,950	4,240	10c 3,442	
	11 Investments—publicly traded securities		11	59,897	
	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		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		223,577	16	259,305	
<b>Liabilities</b>	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		1,081	25	1,081
	26 <b>Total liabilities.</b> Add lines 17 through 25		1,081	26	1,081
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27 Net assets without donor restrictions		27		
	28 Net assets with donor restrictions		28		
	<b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b>				
	29 Capital stock or trust principal, or current funds	222,496	29	258,224	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 <b>Total net assets or fund balances</b>	222,496	32	258,224		
33 <b>Total liabilities and net assets/fund balances</b>	223,577	33	259,305		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	408,110
2	Total expenses (must equal Part IX, column (A), line 25)	2	372,050
3	Revenue less expenses. Subtract line 2 from line 1	3	36,060
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	222,496
5	Net unrealized gains (losses) on investments	5	-332
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	258,224

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.

**2019**

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](http://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 or 990-EZ).)
- 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 in 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)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	172,522	198,744	201,166	270,732	246,329	1,089,493
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3	172,522	198,744	201,166	270,732	246,329	1,089,493
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						1,089,493

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	172,522	198,744	201,166	270,732	246,329	1,089,493
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	256	226	180	327		989
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 <b>Total support.</b> Add lines 7 through 10						1,090,482
12 Gross receipts from related activities, etc. (see instructions)					12	431,894
13 <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.91%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.86%
16a <b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> 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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <span style="float: right;"><input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
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.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
11. Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

**Section 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 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 the supported organization(s).		

**Section 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 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?		
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 the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section 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 year (see instructions).
  - a  The organization satisfied the Activities Test. Complete line 2 below.
  - 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 government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below. <ul style="list-style-type: none"> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</li> </ul>		

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

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.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	
6	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j <b>Remainder.</b> Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c <b>Remainder.</b> Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 <b>Breakdown of line 7:</b>			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**ANNIE'S ANGELS MEMORIAL FUND INC**

**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 33<sup>1</sup>/<sub>3</sub>% 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) 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, 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

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
1	BARRETTE FAMILY FUND PO BOX 898 HANOVER NH 03755	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BAUER HOCKEY 100 DOMAIN DRIVE EXETER NH 03833	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BAUMAN FAMILY FOUNDATION ONE WEST FOURTH STREET WINSTON-SALEM NC 27101	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BLUE WATER MORTGAGE CORP 7 MERRILL INDUSTRIAL DRIVE HAMPTON NH 03842	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BOTTOMLINE TECHNOLOGIES INC. 325 CORPORTE DRIVE PORTSMOUTH NH 03801	\$ 13,680	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DANIEL & KATHERINE ROCCONI 23 IDYLLWOOD DRIVE BRENTWOOD NH 03833	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
13	SEACOAST BOARD OF REALTORS 110 CORPORATE DRIVE SUITE 4 PORTSMOUTH NH 03801	\$ 23,344	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	THE WIRELESS ZONE FOUNDATION FOR GIV 795 BROOK STREET BLDG 5 ROCKY HILL CT 06067	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	TOWN OF EXETER DHHS 10 FRONT STREET EXETER NH 03833	\$ 5,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	WILLIAM J GRIMES 41197 GOLDEN GATE CIRCLE SUITE 104 MURRIETA CA 92562	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Payroll Taxes Payable	1,081
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,081

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII



**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

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	1,020,000
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	2,550,000
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 2018 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 2020. 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	

**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 2019	17	798
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 2019 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2019 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	798
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.