



TOWN OF EXETER, NEW HAMPSHIRE  
HUMAN SERVICES  
FY 2024

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: bill@anniesangels.org  
Address: 8 Jana Lane Stratham, NH 03885 Phone: 603-686-4224

**Organization's Mission Statement and Statement of Grant Purpose (e.g. This grant will be used...):**

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.

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

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: 108

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

Total Municipal Contributions in 2023: \$4500.00

List each town that contributes and the amount received:

Organization's total projected budget for FY 2024: \$ 615,000.00

Amount Requested: \$ 5,000.00

**Additional Information Required:**

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

1. Provide a narrative, not to exceed two pages in size 12 font
  - a) Organization's overview
  - b) Program changes and/ or highlights from the past year
  
2. FY23 funded organizations must submit a brief summary of how those funds were used to support Exeter residents
  - a) If your organization is requesting an increase in funding for FY24, submit justification of increased need
  
3. Complete financial statements
  - a) Operating budget
  - b) Balance sheet

I certify to the best of my knowledge that the information in this proposal reflects accurate data concerning need and estimates of planned/delivered services. The proposal was considered and approved for submission by the agency Board of Directors on June 22, 2023 (date).

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

Director's (or Designee) Signature: William DaGiau Date: 06/22/2023

Submit no later than July 30, 2023:

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

Annie's Angels Memorial Fund, Inc.  
Town of Exeter, New Hampshire 2024 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:** From June 1, 2022 to June 30, 2023 Annie's Angels awarded over 108 distributions on behalf of Exeter residents totaling nearly \$100,000.00.

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. 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 and Annie's Angels partners regularly with Exeter Hospital to provide basic living necessities the hospital cannot help with.

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 eight years. From 2013 through 2015, Bill DaGiau was a Chamber Ambassador.

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 Overview: 2023

January - December 2023

	TOTAL
<b>Revenue</b>	
Charitable Gaming	90,000.00
Donation Income	
Business Donation	26,100.00
Grant Income	87,975.00
Eventide Trust	25,000.00
<b>Total Grant Income</b>	<b>112,975.00</b>
Individual Donation	108,000.00
<b>Total Donation Income</b>	<b>247,075.00</b>
Fund Administration Fees	
10% Administration Fee	-25,023.22
10% Fund Administration Fee to Angel Fund	25,023.22
<b>Total Fund Administration Fees</b>	<b>0.00</b>
Less Discount Given	3,940.00
Special 1 time Event Income	122,065.00
Special Event - Angel Comedy Night	3,000.00
Special Event - Deck Party	4,900.00
<b>Total Special 1 time Event Income</b>	<b>129,965.00</b>
Special Event - Cause Fore Boz	40,878.00
Special Event - Heavenly Ball	
HB 50/50 Fundraiser	1,500.00
HB Donations	16,625.00
HB Golden Tickets	10,000.00
HB Live Auction	20,000.00
HB Silent Auction	15,000.00
HB Special Appeal	25,000.00
HB Sponsorships/Advertisements	33,750.00
HB Ticket Sales	28,000.00
<b>Total Special Event - Heavenly Ball</b>	<b>149,875.00</b>
Special Event - Michelle's Tees & More	130.00
Special Event - Motorcycle Raffle	
Motorcycle Raffle Sponsors	2,250.00
Motorcycle Raffle Ticket	50,000.00
<b>Total Special Event - Motorcycle Raffle</b>	<b>52,250.00</b>
Special Event - Motorcycle Rally	
Motorcycle Rally Donations	110.00
Motorcycle Rally Rider	1,115.00
<b>Total Special Event - Motorcycle Rally</b>	<b>1,225.00</b>
<b>Total Revenue</b>	<b>\$715,338.00</b>
Cost of Goods Sold	
Direct 1 Time Event Expense	21,862.00
1 Time Event Credit Card Processing Fees	2,070.00

# Annie's Angels Memorial Fund, Inc.

## Budget Overview: 2023

January - December 2023

	TOTAL
Charitable Gaming Expense	4,100.00
Deck Party Credit Card Processing Fees	70.00
Deck Party Direct Expense	3,750.00
<b>Total Direct 1 Time Event Expense</b>	<b>31,852.00</b>
Direct Expense - Arts for Angels	2,700.00
Direct Expense - Cause Fore Boz	16,800.00
Cause Fore Boz Credit Card Processing Fees	695.00
<b>Total Direct Expense - Cause Fore Boz</b>	<b>17,495.00</b>
Direct Expense - Heavenly Ball	21,260.00
Heavenly Ball Credit Card Processing Fee	1,653.00
<b>Total Direct Expense - Heavenly Ball</b>	<b>22,913.00</b>
Direct Expense - Michelle's Tees	300.00
Michelle's Tees - Credit Card Processing Fee	4.00
<b>Total Direct Expense - Michelle's Tees</b>	<b>304.00</b>
Direct Expense - Motorcycle Raffle	26,140.00
M/C Raffle Credit Card Processing Fees	275.00
<b>Total Direct Expense - Motorcycle Raffle</b>	<b>26,415.00</b>
Direct Expense - Motorcycle Rally	625.00
M/C Rally Credit Card Processing Fees	27.00
<b>Total Direct Expense - Motorcycle Rally</b>	<b>652.00</b>
<b>Total Cost of Goods Sold</b>	<b>\$102,331.00</b>
<b>GROSS PROFIT</b>	<b>\$613,007.00</b>
<b>Expenditures</b>	
Advertising	12,000.00
Business Insurance	2,064.00
Credit Card Processing Fees	2,075.00
<b>Distributions</b>	
Event Participation	2,100.00
Eventide Trust Distributions	100,000.00
Household Expense	153,000.00
Indirect Expenses	39,000.00
Medical Expense	178,500.00
Scholarship	2,000.00
<b>Total Distributions</b>	<b>474,600.00</b>
Marketing	275.00
Meeting Expense	600.00
office expense	7,775.00
<b>Payroll Expenses</b>	
Taxes	7,445.00
Wages	94,800.00
<b>Total Payroll Expenses</b>	<b>102,245.00</b>
Postage and Delivery	600.00

# Annie's Angels Memorial Fund, Inc.

## Budget Overview: 2023

January - December 2023

	TOTAL
Professional Services fees	5,940.00
Rent	6,000.00
Vehicle Expense	600.00
<b>Total Expenditures</b>	<b>\$614,774.00</b>
<b>NET OPERATING REVENUE</b>	<b>\$ -1,767.00</b>
Other Revenue	
Commission Earned	1,050.00
Interest Earned	717.00
<b>Total Other Revenue</b>	<b>\$1,767.00</b>
<b>NET OTHER REVENUE</b>	<b>\$1,767.00</b>
<b>NET REVENUE</b>	<b>\$0.00</b>

# Annie's Angels Memorial Fund, Inc.

## Statement of Financial Position

As of June 22, 2023

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Angel Pets for Vets 3335 - Cambridge	50.04
Angel Savings 0985 - Cambridge	105,409.39
Credit Card Checking 2892 - Cambridge	3,746.10
Operations Checking 7972 - Cambridge	884.63
PPP Loan Proceeds	0.00
<b>Total Operations Checking 7972 - Cambridge</b>	<b>884.63</b>
PayPal	731.13
Petty Cash	0.00
Share Savings - Service Credit Union	5.00
Venmo	0.00
<b>Total Bank Accounts</b>	<b>\$110,826.29</b>
Accounts Receivable	
Accounts Receivable	0.00
<b>Total Accounts Receivable</b>	<b>\$0.00</b>
Other Current Assets	
Undeposited Funds	0.00
<b>Total Other Current Assets</b>	<b>\$0.00</b>
<b>Total Current Assets</b>	<b>\$110,826.29</b>
Fixed Assets	
Accumulated Depreciation	-14,599.59
Build Out	10,637.68
Office Equipment	7,091.65
<b>Total Fixed Assets</b>	<b>\$3,129.74</b>
Other Assets	
Long Term Reserve Fund	
Long-Term Reserves - AA	40,000.00
Long-Term Reserves - APV	60,000.00
Long-Term Reserves - Net Activity	-699.87
<b>Total Long Term Reserve Fund</b>	<b>99,300.13</b>
Short-Term Reserves	0.00
Short-Term Reserves - MMA at SCU - AA	76,687.73
<b>Total Short-Term Reserves</b>	<b>76,687.73</b>
<b>Total Other Assets</b>	<b>\$175,987.86</b>
<b>TOTAL ASSETS</b>	<b>\$289,943.89</b>



# Annie's Angels Memorial Fund, Inc.

## Statement of Financial Position

As of June 22, 2023

	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
Direct Deposit Payable	0.00
Payroll Liabilities	0.00
Federal Taxes (941/943/944)	3,634.60
Federal Taxes (941/944)	0.00
NH Unemployment Tax	51.71
<b>Total Payroll Liabilities</b>	<b>3,686.31</b>
<b>Total Other Current Liabilities</b>	<b>\$3,686.31</b>
<b>Total Current Liabilities</b>	<b>\$3,686.31</b>
Long-Term Liabilities	
SBA Loan	0.00
<b>Total Long-Term Liabilities</b>	<b>\$0.00</b>
<b>Total Liabilities</b>	<b>\$3,686.31</b>
Equity	
Opening Bal Equity	0.00
Retained Earnings	298,817.47
Unrealized Gain or Loss	-5,239.86
Net Revenue	-7,320.03
<b>Total Equity</b>	<b>\$286,257.58</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$289,943.89</b>

## Annie's Angels 2023 Board of Directors

### Trustees

William DaGiau, Founder & President  
8 Jana Lane  
Stratham, NH 03885  
Home – 603-772-0886  
Cell – 6036864224  
16 years  
[bill@anniesangels.org](mailto:bill@anniesangels.org)

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

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

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

Matthew Labbe, Trustee  
8 Fox Hollow Drive  
Newmarket, NH 03857  
Home – N/A  
Cell – 207-776-4553  
2 Year  
[mlabbe@rowleyagency.com](mailto:mlabbe@rowleyagency.com)

### Trustees

Diane DaGiau, Secretary &  
Director of Development  
8 Jana Lane  
Stratham, NH 03885  
Home – 603-772-0886  
Cell – 603-686-4226  
16 years  
[diane@anniesangels.org](mailto:diane@anniesangels.org)

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

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

Paul Deschaine, Trustee  
31 Thornhill  
Stratham, NH 03885  
Home – N/A  
Cell – 603-944-3146  
2 Year  
[p.deschaine@comcast.net](mailto:p.deschaine@comcast.net)

Bradley Solomon  
13 Tanglewood Dr  
Dover, NH 03820  
Cell – 603-953-5212  
First Year  
[Brad@scdigital.com](mailto:Brad@scdigital.com)

## Annie's Angels 2023 Board of Directors

Susan Young  
3 Quinn Court  
PO Box 141  
Newfields, NH 03856  
Home – N/A  
Cell – 603-686-6500

[Cleaneacoast@hotmail.com](mailto:Cleaneacoast@hotmail.com)

Chris Young  
3 Quinn Court  
PO Box 141  
Newfields, NH 03856  
Home – N/A  
Cell – 603-860-8024

[chrisyoungsemail@gmail.com](mailto:chrisyoungsemail@gmail.com)

### Advisory Board

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

[mike@mjwelty.com](mailto:mike@mjwelty.com)

James Jubb, Advisor  
22 Goss Road  
North Hampton, NH 03862  
Home – N/A  
Cell – 603-777-2387  
5 years

[jim.jubb@comcast.net](mailto:jim.jubb@comcast.net)

# Form NHCT-12: Annual Report

version 2.6

(Submission #: HPT-K4DR-653VH, version 1)

## Details

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**Originally Started By** jacques wagemaker

**Alternate Identifier** Annie's Angels Memorial Fund, Inc

**Submission ID** HPT-K4DR-653VH

**Status** Draft

## Form Input

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### Charitable Trust Information

#### Charitable Entity Information

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**Entity Name**

Annie's Angels Memorial Fund, Inc

**Registration Number Lookup**

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

[Registration number](#)

**NH Charitable Trusts Unit Registration number**

16811

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

12/31/2022

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

No

**Entity's Address**

8 JANA LANE

STRATHAM, NH 03885

**Has the entity changed its address this year?**

No

**Entity's Website**

<https://www.anniesangels.org/>

**Has the entity changed its name this year?**

No

**Contact Information**

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**Contact Name**

BILL DAGIAU

**Contact Address**8 JANA LANE  
STRATHAM, NH 03885**Contact Telephone Number**

6036864224

**Contact Email Address**

bill@anniesangels.org

**Charitable Trust Questionnaire**

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**1. Did the entity submit a request to extend the deadline to file the annual report with payment of the \$75.00 fee required by RSA 7:28-a, II?**

No

**2. Is the entity a private foundation? (private foundations file Internal Revenue Service Form 990-PF)**

No

**3. Did the entity file with the Internal Revenue Service a Form 990, Form 990-EZ, or Form 990-PF for the reporting period?**

Yes

If yes to the question above, attach the Internal Revenue Service Form 990, 990-EZ or 990-PF. If the entity also files an annual account with the New Hampshire Circuit Court, Probate Division, attach that as well. NOTE: we do not accept the Internal Revenue Service Form 990-N. Entities that file the Form 990-N will need to complete NHCT-12: Schedule A. Please note that the following lines are automatically populated and it is not necessary to complete them: Lines E.7, F.17, G, H.6, I.10, J, and M.

990ez FOR NH ATTACHMENT.pdf - 05/12/2023 04:04 PM

**Comment**

NONE PROVIDED

**4. For New Hampshire-based charitable trusts only, did revenue equal or exceed \$500,000 during the reporting period?**

Yes

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

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

Yes

**6. Does the entity issue/offer Charitable Gift Annuities to New Hampshire citizens? (If yes, complete Form NHCT-12, Schedule D.)**

No

**7. Is this the entity's final report (i.e. is your entity dissolving, withdrawing from registration)? (If yes, complete Form NHCT-12, Schedule E.)**

No

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

**NHCT-12: Schedule B - Governing Board**

**Instructions**

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

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

**Officers and Directors**

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

**Board Members**

ANNIES ANGELS BOARD.docx - 05/12/2023 04:05 PM

**Comment**

NONE PROVIDED

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

**1. Has there been a change to the entity's conflict of interest, and/or pecuniary benefit transaction policies this year? (if yes, attach the new policy below)**

No

**2. Did any officer, director, trustee, or member of his/her immediate family, or his/her employer/business (hereinafter an "interested person") obtain a pecuniary benefit (see RSA 7:19-a) from the entity in the last year?**

No

**3. Did the entity make a real estate transaction with or occupy real estate owned or rented by an interested person?**

No

**4. Was an advance or payment made on a loan to or from an interested person?**

No

**5. For each 'yes' answer to Questions 2, 3, or 4 above, provide the following:**

Name/Relationship of Interested Person	Name of Director/Officer/Trustee	Description of Transaction (i.e., car sale, salary, etc.)	Amount

**6. Did any of the pecuniary benefit transactions listed in No. 5 above amount to \$5,000 or more in the aggregate during the fiscal year?**

No

**7. Has the organization amended its formation documents (articles of agreement, declaration of trust, constitution) or its bylaws within the reporting period?**

No

**8. How many times did the board of directors meet during the reporting period?**

More than 4 Times

**9. Did the entity use a professional solicitor, fund raising counsel, or commercial co-venturer to solicit contributions on the entity's behalf during the reporting period?**

No

**10. Was the entity the subject of any fine, penalty, or adverse judgment?**

No

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

No

### Third-Party Filing

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

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

[form-nhct-50-authorization-SIGNED.pdf - 05/12/2023 04:07 PM](#)

**Comment**

NONE PROVIDED

### Certification

I hereby certify that the information in this report is true and correct to the best of my knowledge and belief subject to the penalty of making unsworn false statements under RSA 641:3 and RSA 641:8. The certification must be signed by the president or treasurer of the governing board, or a trustee of an express trust.

**Electronically signed by**  
JACQUES P WAGEMAKER

**Title**  
CPA

**Date**  
05/12/2023

**NHCT-12 (September 2022)**

### Attachments

Date	Attachment Name	Context	Confidential?	User
5/12/2023 4:07 PM	form-nhct-50-authorization-SIGNED.pdf	Attachment	No	jacques wagemaker
5/12/2023 4:05 PM	ANNIES ANGELS BOARD.docx	Attachment	No	jacques wagemaker

Date	Attachment Name	Context	Confidential?	User
5/12/2023 4:04 PM	990ez FOR NH ATTACHMENT.pdf	Attachment	No	jacques wagemaker



**Filing Instructions**

**ANNIE'S ANGELS MEMORIAL FUND INC**

**Exempt Organization Tax Return**

**Taxable Year Ended December 31, 2022**

COPY

**Date Due:** May 15, 2023

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, 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-TE 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.

Form **8879-TE**

### IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning ..... 2022, and ending ..... 20 .....

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2022**

Department of the Treasury  
Internal Revenue Service

Name of filer

**ANNIE'S ANGELS MEMORIAL FUND INC**

EIN or SSN

**20-8562444**

Name and title of officer or person subject to tax **WILLIAM DAGIAU  
PRESIDENT**

#### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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>658,948</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 V, line 5) .....	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c) .....	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) .....	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) .....	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) .....	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) .....	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..	10b	

#### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**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 tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

Signature of officer or person subject to tax

Date **05/10/23**

#### 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 2022 electronically filed return 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**

Date **05/10/23**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2022 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**

**D Employer identification number**  
**20-8562444**

Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**8 JANA LANE**

**E Telephone number**  
 \_\_\_\_\_

City or town, state or province, country, and ZIP or foreign postal code  
**STRATHAM NH 03885**

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

**G Gross receipts \$** **658,948**

**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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FINANCIAL SUPPORT FOR ORGANIZATIONS AND INDIVIDUALS FIGHTING DISEASE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>12</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>10</b>	
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>2</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>31</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>276,814</b>	<b>324,880</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>234,184</b>	<b>330,125</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,246</b>	<b>3,943</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>513,244</b>	<b>658,948</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>	<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>65,275</b>	<b>98,265</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>62,304</b>	<b>62,304</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>480,989</b>	<b>595,490</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>546,264</b>	<b>693,755</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-33,020</b>	<b>-34,807</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>346,702</b>	<b>294,296</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,870</b>	<b>1,844</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>344,832</b>	<b>292,452</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **WILLIAM DAGIAU** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **Jacques P. Wagemaker** Preparer's signature: *Jacques P. Wagemaker* Date: **5/12/2023** Check  if self-employed 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

For Paperwork Reduction Act Notice, see the separate instructions.



**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

**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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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

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

4a (Code: ) (Expenses \$ **607,449** including grants of \$ ) (Revenue \$ **330,125** )

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

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

**N/A**

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

**N/A**

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **607,449**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 the 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 line 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	<b>Section 501(c)(3) organizations.</b> 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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 on 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?		

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

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 2		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>3b</b>			
<b>4a</b>	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)?		<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>5c</b>			
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>7h</b>			
<b>8</b>	<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?		
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**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**

		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.		
1a	12		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	10		
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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	X	
b	Other officers or key employees of the organization		X
15b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM DAGIAU	40.00									
PRESIDENT	0.00	X		X			49,500	0	0	
(2) DIANE DAGIAU	40.00									
SECRETARY	0.00	X		X			41,600	0	0	
(3) CHRIS BELIVEAU	2.00									
TRUSTEE	0.00	X					0	0	0	
(4) PAUL DESCHAIINE	2.00									
TRUSTEE	0.00	X					0	0	0	
(5) CHRISTINE GOUDIN	2.00									
TRUSTEE	0.00	X					0	0	0	
(6) JAMES JUBB	2.00									
ADVISOR	0.00	X					0	0	0	
(7) TONYA KNIGHTLY	2.00									
TRUSTEE	0.00	X					0	0	0	
(8) MATTHEW LABE	2.00									
TRUSTEE	0.00	X					0	0	0	
(9) KELLY MARION	5.00									
TREASURER	0.00	X		X			0	0	0	
(10) MATT SHAW	2.00									
TRUSTEE	0.00	X					0	0	0	
(11) BRADLEY SOLOMAN	2.00									
ADMIN	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MIKE WELTY	2.00									
ADVISOR	0.00	X						0	0	
(13) CHRIS YOUNG	2.00									
ADVISOR	0.00	X						0	0	
(14) SUSAN YOUNG	2.00									
ADVISOR	0.00	X						0	0	
<b>1b Subtotal</b>								<b>91,100</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>91,100</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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)	94,850				
	1f	All other contributions, gifts, grants, and similar amounts not included above	230,030				
	1g	Noncash contributions included in lines 1a-1f	\$				
	1g						
	h	<b>Total. Add lines 1a-1f</b>		324,880			
<b>Program Service Revenue</b>	Business Code						
	2a	MISCELLANEOUS EVENTS <\$5K		127,016	127,016		
	b	HEAVENLY BALL		107,478	107,478		
	c	CAUSE FOR BOZ		40,878	40,878		
	d	MOTORCYCLE GIVEAWAY		34,403	34,403		
	e	EBIKE GIVEAWAY		20,350	20,350		
	f	All other program service revenue					
	g	<b>Total. Add lines 2a-2f</b>		330,125			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		2,093	2,093		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	6b	Less: rental expenses					
	6c	Rental inc. or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		1,850		
			7a				
			7b	Less: cost or other basis and sales exps.			
	7c	Gain or (loss)		1,850			
	d	Net gain or (loss)		1,850	1,850		
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
8b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	Business Code						
	11a						
	b						
	c						
	d	All other revenue					
e	<b>Total. Add lines 11a-11d</b>						
12	<b>Total revenue. See instructions</b>		658,948	334,068	0	0	

**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	91,100	36,440	9,110	45,550
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,165	2,865	717	3,583
11 Fees for services (nonemployees):				
a Management				
b Legal	600	600		
c Accounting	5,108		5,108	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	538	538		
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	15,091	7,545		7,546
13 Office expenses	8,670	1,423	7,247	
14 Information technology				
15 Royalties				
16 Occupancy	6,000	2,400	1,200	2,400
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	554	167	55	332
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	793			793
23 Insurance	1,793	1,614	179	
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 DISTRIBUTIONS	451,722	451,722		
b COGS	100,635	100,635		
c BANK/CREDIT CARD FEES	2,003			2,003
d SCHOLARSHIPS	1,500	1,500		
e All other expenses	483		386	97
25 Total functional expenses. Add lines 1 through 24e	693,755	607,449	24,002	62,304
26 Joint costs. 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	6,138	1	31,780
	2	Savings and temporary cash investments	224,518	2	160,086
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	17,730		
	10b	Less: accumulated depreciation	14,600		
	10c		1,923		3,130
	11	Investments—publicly traded securities	114,123	11	99,300
	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. Add lines 1 through 15 (must equal line 33)</b>	<b>346,702</b>	<b>16</b>	<b>294,296</b>	
<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	1,870	25	1,844
	26	<b>Total liabilities. Add lines 17 through 25</b>	<b>1,870</b>	<b>26</b>	<b>1,844</b>
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	344,832	27	292,452
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	<b>344,832</b>	<b>32</b>	<b>292,452</b>
33	<b>Total liabilities and net assets/fund balances</b>	<b>346,702</b>	<b>33</b>	<b>294,296</b>	

**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	658,948
2	Total expenses (must equal Part IX, column (A), line 25)	2	693,755
3	Revenue less expenses. Subtract line 2 from line 1	3	-34,807
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	344,832
5	Net unrealized gains (losses) on investments	5	-17,573
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	292,452

**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 on 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
b	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
c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
b	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)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

**ANNIE'S ANGELS MEMORIAL FUND INC**

Employer identification number

**20-8562444**

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

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

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

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

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

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	270,732	246,329	349,872	276,814	324,880	1,468,627
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	270,732	246,329	349,872	276,814	324,880	1,468,627
<b>5</b> 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)						210,325
<b>6 Public support.</b> Subtract line 5 from line 4						1,258,302

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	270,732	246,329	349,872	276,814	324,880	1,468,627
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	327					327
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						1,468,954
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,009,535
<b>13</b> First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	85.66%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	84.45%
<b>16a</b> 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b</b> 33 1/3% support test—2021. 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a</b> 10%-facts-and-circumstances test—2022. 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 stop here. 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</b> 10%-facts-and-circumstances test—2021. 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 stop here. 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>18</b> Private foundation. 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Amount, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Amount, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2022. 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—2021. 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 on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 1i, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

**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	Discount 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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		



**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

**ANNIE'S ANGELS MEMORIAL FUND INC****20-8562444**

Organization type (check one):

Filters 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 foundationCheck 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year .....

\$

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

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

Schedule B (Form 990) (2022)

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	RMH NH LLC 275 MESA BLVD MESQUITE NV 89027	\$ 80,520	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA COMMUNITY FOUNDATION 211 S. FIGUEROA ST STE 400 LOS ANGELES CA 90012	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TARA NOLAN 7 OLD COLONY SR WESTFORD MA 01886	\$ 21,445	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	EVENTIDE HOME 81 HIGH STREET EXETER NH 03833	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GIBBS GARAGE 3612 LAFAYETTE ROAD PORTSMOUTH NH 03801	\$ 15,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ROB EBERLE 325 CORPORATE DR PORTSMOUTH NH 03801	\$ 15,000	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
7	ENVIROVANTAGE 629 CALEF HIGHWAY EPPING NH 03042	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FRANK PETRUNO 85 OCEAN CREST WAY APT 632 PALM COAST FL 32137	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	LOIS RAY DICKERMAN FUND 37 PLEASANT STREET CONCORD NH 03301	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ROUND ROOM GIVES 10300 KINCAID DR FISHERS IN 46037	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DANIEL ROCCONI 23 IDYLLWOOD DRIVE BRENTWOOD NH 03833	\$ 8,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	SCOTT & TONYA KNIGHTLY 25 PARK COURT DURHAM NH 03824	\$ 8,250	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	GAY BOUTIN 1 TAYLOR CT STRATHAM NH 03885	\$ 6,780	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	GIVE WITH LIBERTY PO BOX 7228 PRINCETON NJ 08543	\$ 6,656	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.)
		\$	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

ANNIE'S ANGELS MEMORIAL FUND INC

20-8562444

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue and Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....		17,730	14,600	3,130
e Other .....				
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)</b>				<b>3,130</b>

**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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)</b>		

**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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)</b>		

**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. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</b>	

**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	1,844
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	<b>1,844</b>

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

Series of horizontal dotted lines for providing supplemental information.



**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Employer identification number

**ANNIE'S ANGELS MEMORIAL FUND INC****20-8562444****Form 990, Part III, Line 4d - All Other Accomplishments****SUPPORT CANCER FOUNDATIONS, AIDS FOUNDATIONS, MUSCULAR****DYSTROPHY FOUNDATION, NATIONAL KIDNEY FOUNDATION AND****INDIVIDUALS****Form 990, Part VI, Line 2 - Related Party Information Among Officers****WILLIAM DAGIAU****DIANE DAGIAU****PRESIDENT****BOARD MEMBER****SPOUSE****Form 990, Part VI, Line 6 - Classes of Members or Stockholders****BOARD MEMBERS****Form 990, Part VI, Line 7a - Election of Members and Their Rights****BOARD MEMBERS ARE ELECTED BY THE BOARD.****Form 990, Part VI, Line 11b - Organization's Process to Review Form 990****990 IS REVIEWED BY THE BOARD BEFORE MAILING.****Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy****CONFLICTS OF INTERST ARE REVIEWED ON AN ANUAL BASIS.****Form 990, Part VI, Line 15a - Compensation Process for Top Official****COMPENSATION IS REVIEWED BY THE FULL BOARD.**



Name of the organization

Employer identification number

**ANNIE'S ANGELS MEMORIAL FUND INC**

**20-8562444**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**No documents available to the public**

Form **4562**

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

OMB No. 1545-0172

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

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

Attachment Sequence No. **179**

Name(s) shown on return

**ANNIE'S ANGELS MEMORIAL FUND INC**

Identifying number

**20-8562444**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	<b>1,080,000</b>
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	<b>2,700,000</b>
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 2021 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 2023. 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	<b>200</b>

**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 2022	17	<b>593</b>
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		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2022 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	<b>793</b>
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.

DAA