Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

Jay B. Maready, CPA, P.A. 1508 Military Cutoff Road, Suite 306 Wilmington, NC 28403

March 15, 2014

Adopt An Angel Po Box 15095 Wilmington, NC 28408

Adopt An Angel:

Enclosed is the organization's 2013 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Jay B. Maready, CPA, P.A.

Jay B. Maready, CPA, P.A. 1508 Military Cutoff Road, Suite 306 Wilmington, NC 28403

March 15, 2014

Adopt An Angel Po Box 15095 Wilmington, NC 28408

Adopt An Angel:

Enclosed is the 2013 Exempt Organization return, as follows...

2013 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Jay B. Maready, CPA, P.A.

Prepared for:	Prepared by:			
ADOPT AN ANGEL	JAY B. MAREADY, CPA, P.A.			
PO BOX 15095	1508 MILITARY CUTOFF ROAD, STE 306			
WILMINGTON, NC 28408	WILMINGTON, NC 28403			

2013 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

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 			 _	

13530315 789230 ADOPT6752 2013.03000 ADOPT AN ANGEL

ADOPT671	

ADOPT AN ANGEL 20-0576752 Name and title of officer JILL JONES TREASURER Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b b Total revenue, if any (Form 990-EZ, line 9) _____ 2b _____ 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) _____ 3b _____ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here ► Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize JAY B. MAREADY, CPA, P.A. 64545 to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to

enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 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.

Date 🕨

56705045650

do not enter all zeros

Date 🕨

Officer's signature

ERO's signature

Certification and Authentication Part III

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

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above.
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 Must Retain This Form - See	Instructions
Do Not Submit This Form To the IRS Unless	Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2013)

IRS e-file Signature Authorization for an Exempt Organization

OMB No 1545-1878

3

Employer identification number

Department of the Treasury Internal Revenue Service
Name of exempt organization

Form 8879-EO

ne Treasury	Do not send to the IRS. Keep for your records.
Service	Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

	s.
For calendar year 2013, or fiscal year beginning , 2013, and ending	

Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs gov/form990



Α	For th	e 2013 calendar year, or tax year beginning and	ending	-		
в	Check i applicat	le: C Name of organization	C Name of organization		D Employer identification number	
	Address change ADOPT AN ANGEL Name Doing Business As					
				20-0	576752	
	Initia retur		Room/suite	E Telephone number		
	 ated	PO BOX 15095			620-3783	
	Ame	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	306,163.	
	Appl tion penc	WILMINGION, NC 20400		H(a) Is this a group re		
	penc	F Name and address of principal officer: JLL JONES		for subordinates	? Yes 🗶 No	
		140 MIDWAY RD, SE, BOLIVIA, NC 28422		H(b) Are all subordinates in	Included? Yes No	
		empt status: $X 501(c)(3) = 501(c) () $ (insert no.) 4947(a)(1)	or 527	-	list. (see instructions)	
				H(c) Group exemption		
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2004	State of legal domicile: NC	
Ρ	-	Summary	TDING			
ŝ	1	Briefly describe the organization's mission or most significant activities: PROV VET CARE FOR RESCUED ANIMALS AND FINDING	TDING	TEMPORARI 5	RELTER AND	
Activities & Governance						
veri	2	Check this box if the organization discontinued its operations or dispo		I	sets. 3	
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			3	
ა ა	4	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		·····	1	
itie	6	Total number of volunteers (estimate if necessary)		90		
Sti		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
ĕ	'a	Net unrelated business taxable income from Form 990-T, line 34			0.	
				Prior Year	Current Year	
~	8	Contributions and grants (Part VIII, line 1h)		427,931.	198,054.	
nu	9	Program service revenue (Part VIII, line 2g)	0.	108,067.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		428,215.	306,163.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	14,573.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	30.			
ш	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	154,164.	134,272.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	154,164.	148,845.		
	19	Revenue less expenses. Subtract line 18 from line 12		274,051.	157,318.	
IS OL			B	eginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	······	319,944.	478,571.	
	21	Total liabilities (Part X, line 26)		0.	1,309.	
	22 21	Net assets or fund balances. Subtract line 21 from line 20		319,944.	477,262.	
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						
		atties of perjury, I declare that I have examined this return, including accompanying schedule ct, and complete. Declaration of preparer (other than officer) is based on all information of w			r knowledge and beller, it is	
uut	,	טי, מחת סטרוקוסנס. בכטמומנוטוו טו קובקמוכו (טנווכו נוומוו טוווטכו) ו5 שמסכע טוו מוו ווווטווומנוטוו טו W	mon prepare	i nas any knowieuye.		

	Cimpeture of officer		I									
Sign	Signature of officer		D	ate								
Here	JILL JONES, TREASURER											
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN								
Paid				self-employed P01249598								
Preparer	Firm's name JAY B. MAREADY,	CPA, P.A.	Fi	irm's EIN 22-3893235								
Use Only	Firm's address 1508 MILITARY CU	JTOFF ROAD, STE 306										
	WILMINGTON, NC 2	Р	hone no. (910) 256-2562									
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No								
332001 10-2	332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

<u>or</u> m	ADOPT AN ANGEL	20-0576752	Pag
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		l
1	Briefly describe the organization's mission: TO REDUCE THE NUMBER OF ANIMALS EUTHANIZED IN COUNT		UGH
	ADOPTION EVENTS AND AGGRESSIVE SPAYING AND NEUTERIN	IG CAMPAIGNS.	
2	Did the organization undertake any significant program services during the year which were not listed	 on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		sX
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s If "Yes," describe these changes on Schedule O.	services?Yes	s X
4	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio		
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 109,052. including grants of \$		
4a	(Code:) (Expenses \$ 109,052 • including grants of \$ RESCUE & ADOPTION PROGRAM - RESCUED HOMELESS ANIMAI	_) (Revenue \$ LS _ PROVIDED	
	VETERINARY & OTHER CARE AS NEEDED, RECRUITED FOSTER		ORA
	HOUSING, CONDUCTED MARATHON DAY-LONG ADOPTION EVENT		
	LOCATIONS IN THE AREA THROUGHOUT THE YEAR, PUBLICIZ		
	RESCUED ANIMALS AVAILABLE FOR ADOPTION, WORKED WITH		ANE
	ORGANIZATIONS TO FACILITATE ANIMAL CARE AND ADOPTIC	• GNI	
4b	(Code:) (Expenses \$ 36,350. including grants of \$ SPAY/NEUTER PROGRAM - EXPANDED SPAY PURCHASE OF LAND, BUILDING SPAY/NEUTER PROGRAM THAT WOULD SPAY/NEUTER PROGRAM THAT WOULD SPAY/NEUTER PROGRAM THAT WOULD SPAY/NEUTER PROGRAM THAT WOULD ASSIST	TATE A LOW CAST	
	HIRED ON FULL TIME PERSON.		
4c	(Code:) (Expenses \$ including grants of \$	_) (Revenue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 145,402.		
32002	2	Form	990 (
0-29-	13		
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טכ	315 789230 ADOPT6752 2013.03000 ADOPT AN ANGEL	ADO	1.L.L.6

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			90 (2013)
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
20a		20a	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19	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</i> "Yes," <i>complete Schedule G, Part II</i>	18	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</i>	17	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</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16	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</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15	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</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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</i> "Yes," <i>complete Schedule D, Part X</i>	11f	x

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 7 8 9 ent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X. line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total С assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e

7	Did the organization receive or hold a conservation easement, including easements to preserve open space,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete
	Schedule D, Part III
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?
	If "Yes," complete Schedule D, Part IV
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permane

If "Yes," complete Schedule A

Is the organization required to complete Schedule B, Schedule of Contributors?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

ADOPT AN ANGEL

Form 990 (2013)

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Yes

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No

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public office? If "Yes," complete Schedule C, Part I 4

Part IV Checklist of Required Schedules

ADOPT AN ANGEL

20-0576752 Page

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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	24a		<u>x</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):	200		х
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5		
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 27
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	—		⊢- <u>-</u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2013)

332004 10-29-13

13530315 789230 ADOPT6752

Form	990 (2013) ADOPT AN ANGEL 20-0576	752	Pa	age 5
Pa	t 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 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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 13b			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u></u>
d	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

Form **990** (2013)

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Sec	Check if Schedule O contains a response or note to any line in this Part VI					Σ		
bec	tion A. Governing body and Management				Yes	N		
10	Enter the number of voting members of the governing body at the end of the tax year	1a	1	3	165	F		
Ia	If there are material differences in voting rights among members of the governing body, or if the governing			4				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
h	Enter the number of voting members included in line 1a, above, who are independent	1b		3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		l any other	4				
2	officer, director, trustee, or key employee?			2		2		
3	Did the organization delegate control over management duties customarily performed by or under t					-		
5	of officers, directors, or trustees, or key employees to a management company or other person?			3		2		
4	Did the organization make any significant changes to its governing documents since the prior Form							
5	Did the organization become aware during the year of a significant diversion of the organization's a			·				
6	Did the organization become aware during the year of a significant diversion of the organization as a Did the organization have members or stockholders?					2		
	Did the organization have members, stockholders, or other persons who had the power to elect or			. – •		Ľ		
/ d				7a		2		
h	more members of the governing body?					Ľ		
D				76		2		
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			7b		Ľ		
8		-	-	0.5	x			
	The governing body?				X	┢		
	Each committee with authority to act on behalf of the governing body?			8b		┢		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			9				
~~	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		Ľ		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal i	heveniu	e coue.)		Yes	Γ.		
0-	Did the extensization have lead charters, branches, or efficience			10a	res			
	Did the organization have local chapters, branches, or affiliates?					ť		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
4-	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
			aflicto?					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		┢		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "							
~	in Schedule O how this was done					2		
3	Did the organization have a written whistleblower policy?							
4	Did the organization have a written document retention and destruction policy?			14		Ľ		
5	Did the process for determining compensation of the following persons include a review and appro		ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision							
	The organization's CEO, Executive Director, or top management official							
b	Other officers or key employees of the organization			15b		2		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a					
	taxable entity during the year?			16a		2		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	on's					
	exempt status with respect to such arrangements?			16b				
ec	tion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed NONE							
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sec	tion 501(c)(3)s only) availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website I Upon request Other (explain							
9	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy,	and fina	ncial			
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books	and red	cords of the organi	zation:	▶	-		
	JILL JONES, TREASURER - 910-620-3783							
	140 MIDWAY RD SE, BOLIVIA, NC 28422							
2006	§ 10-29-13			Forn	n 990	(20		
	6							
	315 789230 ADOPT6752 2013.03000 ADOPT AN ANGEI				OPT			

Form 990 (2013	B) ADOPT AN ANGEL	20-0576752	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
En	nployees, and Independent Contractors								
Che	eck if Schedule O contains a response or note to any line in this Part VII								
Section A. Of	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete th	his table for all persons required to be listed. Report compensation for the calendar year enc	ing 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 compensi	sation.						

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 report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(C) Position						(D)	(E)	(F)		
Name and Title	Average hours per week	box offi	, unle cer ar	Position not check more than one unless person is both an cer and a director/trustee)				Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) SHERRY GLOER	25.00											
PRESIDENT	10.00			Х				0.	0.	0.		
(2) JEANNIE LEONARD	10.00			37					0	0		
VICE-PRESIDENT	25.00			Х				0.	0.	0.		
(3) JILL JONES TREASURER	25.00			x				0.	0.	0.		
332007 10-29-13										Form 990 (2013)		

	ADOPT AN	ANGEL								20-05	76	752	P	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	Name and title Average hours per week		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) (E) Reportable Reportable compensation compensatio from from related		on amou d oth			of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	fr org and	pensa om th anizat d relat anizati	e :ion :ed
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
 2	Total (add lines 1b and 1c) Total number of individuals (including but no								• •	000 of reportable	-			0.
	compensation from the organization						-,			,			Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so								highest compensated e			3	100	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-			ed organization or indiv	idual for services		5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t										oens			
	(A) Name and business	address	NC	ONI	Ξ				(B) Description of s	ervices	С	(C ompe		'n
								_						
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lii	mite	d to		se li: 0	stec	above) who received m	nore than				
		F										Form	990 (2013)

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Form 990 (20			DOPT	
Part VIII	Staten	nent of	Reven	ue

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		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut	1c 1d					
ntribution d Other S		All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines	ve 1f	198,054.				
au	h	Total. Add lines 1a-1f		►	198,054.			
	2 a b c			Business Code 541940	108,067.	108,067.		
Program Service Revenue	d e f							
	g	Total. Add lines 2a-2f		🕨	108,067.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond p	proceeds	42.			42.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		►				
enue		Gross income from fundraising including \$	g events (not					
Other Revel	b	contributions reported on line Part IV, line 18 Less: direct expenses	, a					
ö		Net income or (loss) from func		>				
		Gross income from gaming ac Part IV, line 19	tivities. See					
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less and allowances	returns					
	h	Less: cost of goods sold						
	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a			Busiliess Code				
	b							
	C C			├ ─── ├				
	d							
		Total. Add lines 11a-11d Total revenue. See instructions.			306,163.	108,067.	0.	42.
33200	<u>12</u>			····· P	500,105.	100,007.	0.	Form 990 (2013)
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Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 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 governments and		·		•
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. 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	13,292.	13,292.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,281.	1,281.		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	1,675.		1,675.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	5,930. 3,582.	5,930. 3,582.		
12	Advertising and promotion	3,582.	3,582.	0.20	0.20
13	Office expenses	2,336.	1,168.	938.	230.
14	Information technology				
15	Royalties	4,712.	4,112.	600.	
16		1,915.	1,915.	000.	
17 10	Travel	±,9±J•	±,9±J•		
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	346.	346.		
19 20	Interest	510.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,633.	5,633.		
23	Insurance		-		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	VETERINARY, MEDICAL EXPE	67,313.	67,313.		
b	ANIMAL ADOPTION FEES &	12,666.	12,666.		
c	TRAINING & BOARDING	4,326.	4,326.		
d	TELEPHONE	4,212.	4,212.		
е	All other expenses SEE SCH O	19,626.	19,626.		
25	Total functional expenses. Add lines 1 through 24e	148,845.	145,402.	3,213.	230.
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 if following SOP 98-2 (ASC 958-720)				

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Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 58,979. 98,983. 1 Cash - non-interest-bearing 1 91,198. 84,331. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 50,771. Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 261,330. basis. Complete Part VI of Schedule D 10a 6,840. b Less: accumulated depreciation 10b 129,763. 254,490. 10c Investments - publicly traded securities 11 11 30,000. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 319,944. 478,571. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,309. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disgualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 25 Schedule D 1,309. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here b and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Ο. 30 Ο. 30 0. 0. 31 31 Paid in or capital surplus, or land, building, or equipment fund 477,262. 319,944. Retained earnings, endowment, accumulated income, or other funds 32 32 477,262. 319,944. 33 Total net assets or fund balances 33 319,944. 478,571. 34 34 Total liabilities and net assets/fund balances

Form 990 (2013)

ADOPT671

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ADOPT671

Form	1990 (2013) ADOPT AN ANGEL	20-0	576752	Pag	_e 12
Pa	rt 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	306		
2	Total expenses (must equal Part IX, column (A), line 25)	2	148		
3	Revenue less expenses. Subtract line 2 from line 1	3	157		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	319	,94	<u>44.</u>
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			-	
_	column (B))	10	477	,26	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		i		
				/es	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				37
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form 9	JAN (5	2013)

SCHEDULE A

Department of the Treasury

(Form	990	or	990-EZ))
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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.

Open to Public . Inspection

OMB No. 1545-0047

Internal Revenue Service

Attach to Form 990 or Form 990-EZ.		
Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/formation	990.	
		_

Name of	the organizati	on				Emplo	yer ide	entificati	on nui	mber
		ADOPT A					20-	0576	752	
Part I	Reason	for Public Char	ity Status (All organiz	ations must complete	e this part.) See instru	uctions.				
The organ	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)									
1	A church, cor	nvention of churche	s, or association of churc	ches described in se	ction 170(b)(1)(A)(i).					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)						
3	A hospital or	a cooperative hospi	tal service organization of	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 stat	e:								
5	An organizati	on operated for the	benefit of a college or ur	niversity owned or op	erated by a governme	ental unit des	cribed	in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)							
6	A federal, sta	te, or local governm	ent or governmental unit	described in sectio	n 170(b)(1)(A)(v).					
7	An organizati	on that normally rec	eives a substantial part o	of its support from a	governmental unit or	from the gen	eral pul	olic desci	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)							
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	Complete Part II.)						
9 X	An organizati	on that normally rec	eives: (1) more than 33 1	/3% of its support fr	om contributions, me	mbership fee	s, and	gross rec	eipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	in exceptions, and (2) no more than 33 1/3	3% of its sup	port fro	m gross	invest	ment
	income and ι	Inrelated business ta	axable income (less sect	ion 511 tax) from bus	sinesses acquired by	the organizat	tion afte	er June 3	0, 197	'5.
	See section	509(a)(2). (Complete	Part III.)							
10	An organizati	on organized and op	perated exclusively to test	st for public safety. S	ee section 509(a)(4).					
11 🗌	An organizati	on organized and op	perated exclusively for th	e benefit of, to perfo	rm the functions of, a	or to carry out	the pu	irposes o	fone	or
	more publicly	supported organiza	tions described in section	on 509(a)(1) or sectio	n 509(a)(2). See sect i	ion 509(a)(3).	. Check	the box	that	
	describes the	type of supporting	organization and comple	ete lines 11e through	11h.					
	а 🗌 Туре I	b — Ту	rpell c Ty	/pe III - Functionally ir	ntegrated d	Type III -	Non-fu	Inctional	y integ	grated
e 🗌	By checking	this box, I certify tha	t the organization is not			nore disquali	fied per	rsons oth	er tha	n
	foundation m	anagers and other t	han one or more publicly	/ supported organiza	tions described in sec	ction 509(a)(1) or sec	ction 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS that it is a Typ	oe I, Type II, or Type I	III				
	supporting or	ganization, check th	iis box							
g	Since August	17, 2006, has the c	rganization accepted an				?			
	(i) A persor	n who directly or ind	irectly controls, either al	one or together with	persons described in	(ii) and (iii) be	elow,		Yes	No
	the gove	erning body of the s	upported organization?	-				11g(i)		
	(ii) A family	member of a persor	described in (i) above?					11g(ii)		
			person described in (i) c					11g(iii)		
h			about the supported org				-			
		-								
(i) Name	of supported	(ii) EIN		(iv) Is the organization	(v) Did you notify the	(vi) Is the organization in (vi (vi	i) Amount	of mor	netary
• •	organization (described on lines 1-9 in col. (i) listed in your organization in col. (i) organization in col. (i) organized in the support									

(i) Name of supported organization	(ii) EIN	above or IRC section	in col. (i) lis	n col. (i) listed in your		your organization in col. (i) of your support?		on in col. ed in the .?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Concarato	
Part II	Supp

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						_
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4		((-)	(,	(-/=	(7
8	Gross income from interest,						-
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
44	assets (Explain in Part IV.) Total support. Add lines 7 through 10						
		oto (coo instructi	(12	
12 13	Gross receipts from related activities, First five years. If the Form 990 is for	-		d fourth or fifth to			
13					•		
Se	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (I			column (f))		14	%
	Public support percentage from 2012		•			15	%
	1 33 1/3% support test - 2013. If the c			n line 13 and line			
102	stop here. The organization qualifies	-					
F	33 1/3% support test - 2012. If the c		J. J		l line 15 is 33 1/3%		
~	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes						
170							
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-	-	• • • •			
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						ie
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instructio	ns 🏲 📖

Schedule A (Form 990 or 990-EZ) 2013

13530315 789230 ADOPT6752

Schedule A (Form 990 or 990-EZ) 2013 ADOPT AN ANGEL

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

(Complete only if you checked the box on line 9 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.)

Galedary are (of ficel year beginning in) (a) 2000 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 90, 336. 119, 884. 182, 118. 425, 743. 306, 121. 1124202. 2 Grass meetips from admissions, memorbandles and/or services per- formed, or facilities furnished in any activity that in related to the organization's tax exampt purpose 3 Grass meetips from admissions in the organization's tax exampt purpose 4 Tax revenues level of the organization's tax exampt purpose 5 The value of services or facilities furnished by a governmental unit to the organization's tax exampt 5 7 Amounts included miles 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from disqualified persons b homes in ducked on lises 1, 2, and 3 received from similar surves. 2 Additions 1 total sport 0, 336. 119, 884. 182, 118. 425, 743. 306	Sec	ction A. Public Support						
membership less received. (Do not include any "unsult grants". 90, 336. 119, 884. 182, 118. 425, 743. 306, 121. 1124202. 2 Gross receipts from advises between merchandes dor services per- formed, or facilities trainabed in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from advises that are not an unsetted trade or bu- iness under services or facilities furnisation's tax-exempt purpose 4 Tax revenues level of the organization is as under services or facilities furnisation's between the organization is as under services or facilities furnisation's between the organization as a revenues level of the organization or expended on its behalf 90, 336. 119, 884. 182, 118. 425, 743. 306, 121. 1124202. 6 Total, Add lines 1 through 5 a revenues the 182 and 10x the ensemble to the advised on lines 1, 2, ad a revenues the 182 and 10x the ensemble to the advised on lines 1, 2, ad a revenues the 182 and 10x the ensemble to the advised on lines 1, 2, ad a revenues the 182 and 10x the ensemble to the 182 and 10x the ensembl	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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merchandise sold or services per- termed, or facilities furnished to the organization is seevening huppess 3 Gross needpist from activities that are not an unrelated tade of budge iness under section 513 4 Tax revenue elived for the organ- ization is behalf 4 Tax revenue selved for the organ- ization is behalf 4 Tax revenue and services or facilities 5 The value of services or facilities 4 Tax revenue and services or facilities 5 The value of services or facilities 4 Tax revenue and services or facilities 5 The value of services or facilities 4 Tax revenue and services or facilities 5 The value of the services or facilities or facilities 5 The value of the service or facilities 5 The value of the service or facilities or facilities 5 The value of the services or facilities or facilities or facilitie		include any "unusual grants.")	90,336.	119,884.	182,118.	425,743.	306,121.	1124202.
3 Gross receipts from activities that are not an unrelated trade of bur- iness under socien 513 Image: Society	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
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ice allow 5 benefit and either paid to or expended on its behalf		iness under section 513						
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the organization without charge 90,336.119,884.182,118.425,743.306,121.1124202. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons 0. 9 Amounts included on lines 1, 2, and 3 received from disqualified persons 0. 9 Amounts included on lines 1, 2, and 3 received from disqualified persons 0. 9 Amounts included on lines 1, 2, and 3 received from disqualified persons 0. 9 Amounts include on lines 1, 2, and another than disqualified persons 0. 9 Amounts from line 6 0. 9 Amounts from line 6 0. 9 Amounts from line 6 90,336.119,884.182,118.425,743.306,121.1124202. 0 dident year (or listal year bigning in) bignitess and income from lineset. dividends, payments received on securites loans, rents, rynyatiles and income from sinilar sources 284.42.326. 9 Unrelated business taxable income (less section 511 taxe) from businesses activities not included an income (less section 511 taxe) from businesses activities not included an income from sinilar sources 90,336.119,884.182,118.426,027.306,163.1124528. 11 Net income from interest, divident business is regularly calculares, text, ryna 12.9 90,336.119,884.182,118.426,027.306,163.1124528. 12 Other income. Do not include gain or last from the sale of capital asset(Explain in Part IV). 90,336.119,884.182,118.426,027.306,163.1124528. 14 First twe years. If the Form 990 is for the organization first, se	5	The value of services or facilities						
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tem other than discullating persons that exceed the grader of \$5.00 or 1% of the amount on the 13 for the year 0. c. Add lines 7 a and 7b 0. 6 Public support (Subjective Yconings) 111242022. Section B. Total Support 11124202. Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6 90, 336. 119, 884. 182, 118. 425, 743. 306, 121. 1124202. 9 Arrounts from line 6 90, 336. 119, 884. 182, 118. 425, 743. 306, 121. 1124202. 10a Gross income from interest, dividends, payments received on securities baars, entis, royalties and income from similar sources 284. 42. 326. b Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on sective of a sective form similar sources 90, 336. 119, 884. 182, 118. 426, 027. 306, 163. 1124528. 11 Not income. Do not include gain or loss 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 90, 336. 119, 884. 182, 118. 426, 027. 306, 163. 1124528.		3 received from disqualified persons						0.
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b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 284.42.326. c Add lines 10a and 10b 284.42.326. 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 90, 336.119, 884.182, 118.426, 027.306, 163.1124528. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 90, 336.119, 884.182, 118.426, 027.306, 163.1124528. 13 Total support. (Add lines 9, 10c, 11, and 12.) 90, 336.119, 884.182, 118.426, 027.306, 163.1124528. 14 First five 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 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (fi) 15 16 99.97 % 18 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (fi) 17 18 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (fi) 17 19 33 1/3% support tests - 2013. 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 manization X 33 1/3% support tests - 2012. If the organization did not check a box on line 14, or l		Gross income from interest, dividends, payments received on securities loans, rents, royalties						
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Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

332024 09-25-13	16	Schedule A (Form 990 or 990-EZ) 20

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2013

Employer identification number

Name of the organization

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Organization	type (check one):
	- JP - (0110011 0110/1

Filers of:	Section:				
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., religious, charitable, etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

ADOPT AN ANGEL

Employer identification number

20-0576752

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	PAWS ABILITY PO BOX 6174 OCEAN ISLE BEACH, NC 28469	- \$ <u>28,621.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	WILMINGTON FUR BALL 5806 CAMELLIA LANE WILMINGTON, NC 28409	\$24,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	PETSMART CHARITIES 19601 N. 27TH AVENUE PHOENIX, AZ 85027	- \$ <u>88,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	STATE FARM GRANTS P.O. BOX 8559 PRINCETON , NJ 08543	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	JED KOEHN 641 ST. DAVID ST. GRIFTON, NC 28530	- \$\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u> </u>	CYGNUS TECHNOLOGIES 4701 SOUTHPORT SUPPLY ROAD SOUTHPORT, NC 28461 4-13 18	\$5 , 500 . \$Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)				

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Page 3

Employer identification number

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ADOPT AN ANGEL

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
art I		(see instructions)	
_ -			
-		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
=			
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
		\$	
(a) No.	(b)	(C)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		\$	
(a) No.	(b)	(C)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
-		\ \$	

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Name of organ	ization		Employer identification number
ADOPT 3	N ANGEL		20-0576752
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if addition	vidual contributions to section 501(c he following line entry. For organizatio c., contributions of \$1,000 or less for al space is peeded	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once.) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - -	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
323454 10-24-13			Schedule B (Form 990, 990-EZ, or 990-PF) (2013

2013.03000 ADOPT AN ANGEL

(Form 990)

Supplemental Financial Statements

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Information about Schedule D (Form 990) and its instructions is at www irs gov/form9900

OMB No. 1545-0047
0040
2013
Open to Public
Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	ADOPT AN ANGEL	20-0576752
Pa		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes 📖 No
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 confe	
	impermissible private benefit?	
Pa	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Ily important land area
	Protection of natural habitat	nistoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization 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?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	ear►\$
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 state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements.	0
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I	balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items:	
	(i) Revenues included in 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,	
-	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	,
а	Revenues included in Form 990, Part VIII, line 1	► \$
a b	Assets included in Form 990, Part X	··· ► \$
5		► Ψ
НΔ	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2013
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9-20-	¹³ 21	

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Sche	dule D (Form 990) 2013 ADOPT AI	N ANGEL				2	20-05	76752	2 _{Pa}	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	or Othe	r Simila	ar Asse	e ts (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following tha	at are a sig	nificant ι	use of its	collection	n item	IS
	(check all that apply):									
а	Public exhibition	d	Loan or ex	change progra	ams					
b	Scholarly research	е	U Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further	the organizati	ion's exerr	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o				er similar	assets	_	-		-
	to be sold to raise funds rather than to be ma						L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered	"Yes" to F	orm 990,	, Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							٦.,		٦
	on Form 990, Part X?						L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount		
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T 00	Ending balance Did the organization include an amount on Fo							Yes		No
							······ └──			
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it					<u></u>)	<u></u>	<u></u>	L	
		(a) Current year	(b) Prior year	(c) Two yea			ears hack	(a) Four	vears	hack
1a	Beginning of year balance	76,039.	(b) Horyean	(C) 100 you			ouro buon		youro	buok
b	Contributions		200,000							
c c	Net investment earnings, gains, and losses									
b b	Grants or scholarships									
	Other expenditures for facilities									
•	and programs		123,961							
f	Administrative expenses		,							
g	End of year balance	76,039.	76,039							
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a. column	(a)) held as:						
a	Board designated or quasi-endowment	,	%	(,,,						
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	Ild equal 100%.								
3a	Are there endowment funds not in the posse		ation that are held	and administe	ered for th	e organiz	ation			
	by:	-				-		Γ	Yes	No
	(i) unrelated organizations							3a(i)		Х
										Х
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?					. 3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a.	See Form 990), Part X, li	ne 10.				
	Description of property	(a) Cost or of		st or other	(c) Ac	cumulate	d	(d) Bool	value	е
		basis (investr	,	s (other)	depi	reciation			-	
1a	Land			78,212.						12.
b	Buildings		1	18,994.		1,27	71.	11	7,7	23.
с	Leasehold improvements									
d	Equipment									
	Other			64,124.		5,56	59.			55.
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)					-	90.
						5	Schedule	D (Form	ı 990)	2013

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Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" to (a) Description of security or category (including name of security)	o Form 990, Part IV, lin (b) Book value		Part X, line 12. /aluation: Cost or end-o	f voor morket velue
A) The supplied states a				n-year market value
Financial derivatives				
2) Closely-held equity interests 3) Other				
(A) LOAN TO START UP				
(B) OPERATION (VET SERVICES)	30,000	. COST		
(C)	,			
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	30,000	•		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to	o Form 990, Part IV, lin	e 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value		valuation: Cost or end-o	f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" to	o Form 990, Part IV, Iin escription	e 11d. See Form 990,	Part X, line 15.	(b) Book value
	escription			(b) BOOK Value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities.	,		ř .	
Complete if the organization answered "Yes" to	o Form 990, Part IV, lin	e 11e or 11f. See Forn	n 990, Part X, line 25.	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
Liability for uncertain tax positions. In Part XIII, provide t				
organization's liability for uncertain tax positions under F	FIN 48 (ASC 740). Che	ck here if the text of th	<u>e footnote has been pr</u>	ovided in Part XIII
			Sched	lule D (Form 990) 20

ADOPT AN ANGEL

Schedule D (Form 990) 2013

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D (Form 990) 2013	ADOPT	AN	Α
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Sche	edule D (Form 990) 2013 ADOPT AN ANGEL		20-0576752	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Reve		
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	enses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	ne 12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line a	18.)		
Pa	rt 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.

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SCHEDULE O

(Form 990 or 990-EZ)

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service Name of the organization

ADOPT AN ANGEL

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 20-0576752

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SPAYING AND NEUTERING OF ANIMALS AND RESPONSIBLE PET OWNERSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A DRAFT OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S

GOVERNING BODY. THE MEMBERS REVIEW IT THOROUGHLY BEFORE IT IS FINALIZED AND

FILED.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE TREASURER MAINTAINS THESE RECORDS AND MAKES THEM AVAILABLE TO ANYONE WHO REQUESTS THEM.TREASURER: JILL JONES 910-620-3783, 140 MIDWAY ROAD, BOLIVIA, NC 28422

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

TAXES & LICENSES:PROGRAM SERVICE EXPENSES4,148.MANAGEMENT AND GENERAL EXPENSES0.FUNDRAISING EXPENSES0.TOTAL EXPENSES4,148.

REPAIRS & MAINTENANCE:PROGRAM SERVICE EXPENSES4,138.MANAGEMENT AND GENERAL EXPENSES0.FUNDRAISING EXPENSES0.TOTAL EXPENSES4,138.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Scho 332211 09-04-13 2.5

Schedule O (Form 990 or 990-EZ) (2013)

25 2013.03000 ADOPT AN ANGEL

Name of the organization ADOPT AN ANGEL	Employer identification number 20-0576752
AUTO EXPENSE:	
PROGRAM SERVICE EXPENSES	4,074
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	4,074
PRINTING, PUBLICATIONS, POSTAGE:	
PROGRAM SERVICE EXPENSES	3,586
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	3,586
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	1,322
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,322
INTERNET & WEBSITE FEEES:	
PROGRAM SERVICE EXPENSES	853
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	853
RECHECKS:	
PROGRAM SERVICE EXPENSES	670
MANAGEMENT AND GENERAL EXPENSES	0

Name of the organization ADOPT AN ANGEL	Employer identification numl 20-0576752
TOTAL EXPENSES	67
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	52
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	52
SECURITY:	
PROGRAM SERVICE EXPENSES	30
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	30
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COI	LA 19,62
SEE BELOW	
EXPLANATION: ORGANIZATION HAS IT'S OWN WEBSITE WHERE FOR	RMS 1023 AND 990
ARE AVAIABLE AND BY REQUEST OF TREASURER: JILL JONES 92	L0-620-3783 140
MIDWAY RD SE, BOLOVIA, NC 28422	
332212	
332212 09-04-13	hedule O (Form 990 or 990-EZ) (20

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
4	CAMERA	070111	SL	7.00	16	390.			390.	84.		56.
5	PRINTER	070111	SL	5.00	16	303.			303.	91.		61.
-		100111	SL	5.00	16	4,129.			4,129.	1,032.		826.
7	LAND, HWY 17 S, BRUNSWICK CO		ь			78,212.			78,212.			0.
	BUILDING, HWY 17 S, BRUNSWICK CO	080113	SL	39.00	16	47,936.			47,936.			512.
9	DRIVEWAY	080113	SL	15.00	16	7,430.			7,430.			206.
10	BUILDING EXPANSION	080113	SL	39.00	16	71,058.			71,058.			759.
11	CURTAINS/BLINDS	080113	SL	7.00	16	462.			462.			28.
12	SEWER UPGRADE	080113	SL	15.00	16	2,950.			2,950.			82.
13	SIGN	080113	SL	7.00	16	852.			852.			51.
14	FLOOR MATS	080113	SL	7.00	16	378.			378.			23.
	SOFTWARE ANESTHESIA MACHINE	062413	SL	3.00	16	650.			650.			108.
		080113	SL	7.00	16	9,986.			9,986.			594.
17	SIGN	072313	SL	7.00	16	375.			375.			22.
18	KITCHEN EQUIPMENT	080113	SL	7.00	16	3,638.			3,638.			217.
19	ART WORK	080113	SL	7.00	16	128.			128.			8.
20	COMPUTER	060713	SL	5.00	16	363.			363.			42.
21	DESKS, CHAIRS	060713	SL	7.00	16	705.			705.			59.

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FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
22	COMPUTER	060713	SL	5.00	16	886.			886.			103.
		060713	SL	7.00	16	640.			640.			53.
	2 PREP (EXAM) TABLES	080113	SL	7.00	16	1,768.			1,768.			105.
25	DOG AND CAT CAGES	080113	SL	7.00	16	23,634.			23,634.			1,407.
26	COMPUTER	060713	SL	5.00	16	1,094.			1,094.			128.
27	FIXTURES	090613	SL	7.00	16	1,449.			1,449.			69.
	DONOR WALL * TOTAL 990 PAGE 10	080113	SL	7.00	16	1,914.			1,914.			114.
	DEPR					261,330.		0.	261,330.	1,207.	0.	5,633.

(D) - Asset disposed