

Return of Organization Exempt From Income Tax

2021

Department of the Treasury
Internal Revenue Service

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/Form990EZ for instructions and the latest information.

Open to Public
Inspection

A For the 2021 calendar year, or tax year beginning

and ending

B Check if applicable:

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

C Name of organization

AUGUSTA DOG ADOPTIONS

D Employer identification number

45-1878094

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

4224 WAKEFIELD ROAD

Room/suite

E Telephone number
(540) 487-8385

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

RICHMOND, VA 23235

F Group Exemption Number

Number

G Accounting Method: Cash Accrual Other (specify) _____

I Website: **AUGUSTADOGADOPTIONS.ORG**

H Check If the organization is not required to attach Schedule B (Form 990).

J Tax-exempt status (check only one) 501(c)(3) 501(c)(1) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

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\$ 137,951.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	Salaries, other compensation, and employee benefits	18	Excess or (deficit) for the year (subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	Professional fees and other payments to independent contractors	19	Net assets or fund balances at beginning of year (from line 27, column (A))
3	Membership dues and assessments	3	Occupancy, rent, utilities, and maintenance	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	Printing, publications, postage, and shipping	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	Other expenses (describe in Schedule O)		
5b	Less: cost or other basis and sales expenses	5b	SEE SCHEDULE O		
6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	6d	SEE SCHEDULE O		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
8	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8	SEE SCHEDULE O		
10	Grants and similar amounts paid (list in Schedule O)	9	SEE SCHEDULE O		
11	Benefits paid to or for members	10			
12	Salaries, other compensation, and employee benefits	11			
13	Professional fees and other payments to independent contractors	12			
14	Occupancy, rent, utilities, and maintenance	13			
15	Printing, publications, postage, and shipping	14			
16	Other expenses (describe in Schedule O)	15			
17	Total expenses. Add lines 10 through 16	16	SEE SCHEDULE O		
18	Excess or (deficit) for the year (subtract line 17 from line 9)	17			
19	Net assets or fund balances at beginning of year (from line 27, column (A))	18			
20	Other changes in net assets or fund balances (explain in Schedule O)	19			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	20			
		21			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2021)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	132,185.	22 162,673.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	132,185.	25 162,673.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	132,185.	27 162,673.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE SCHEDULE O

29 (Grants \$ _____) If this amount includes foreign grants, check here 28a 107,463.

SEE SCHEDULE O

30 (Grants \$ _____) If this amount includes foreign grants, check here 29a

(Grants \$ _____) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O) _____) If this amount includes foreign grants, check here 30a

(Grants \$ _____) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) 107,463.

Part IV List of Officers, Directors, Trustees, and Key Employees

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
AMY HAMMER PRESIDENT	15.00	0.	0.	0.
SALLY WILLIAMS VICE PRESIDENT	15.00	0.	0.	0.
ALISHA HAMMER SECRETARY/TREASURER	15.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a**

b Did the organization file Form 1120-POL for this year? **37b**

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II, and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	38b	N/A
b Gross receipts, included on line 9, for public use of club facilities	39a	N/A
	39b	N/A

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on **40b**

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization **40c**

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e**

41 List the states with which a copy of this return is filed **VA** Telephone no. ZIP + 4

42 a The organization's books are in care of **ALISHA HAMMER** Located at Telephone no. ZIP + 4

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)?

If "Yes," enter the name of the foreign country **42b**

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? **42c**

If "Yes," enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **43**

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44a**

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44b**

c Did the organization receive any payments for indoor tanning services during the year? **44c**

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **44d**

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a**

b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions **45b**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
 If "Yes," complete Schedule C, Part I Yes No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
 If "Yes," complete Sch. C, Part II Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47 48 49a 49b

49a Did the organization make any transfers to an exempt non-charitable related organization?
 b If "Yes," was the related organization a section 527 organization? 49a 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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: ALISHA HAMMER, TREASURER Date: _____

Type or print name and title

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Paid Preparer Use Only KATHERINE HOFFMANN, CPA	<i>Katherine Hoffmann</i>	5-12-22	<input type="checkbox"/>	P00127235
Firm's name ▶ KOSITZKA, WICKS AND COMPANY Firm's address ▶ 5911 WEST BROAD STREET RICHMOND, VA 23230			<input type="checkbox"/>	Firm's EIN ▶ 54-1342298 Phone no. (804) 855-1200

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

Form 990-EZ (2021)

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2021

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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 for the latest information.

Name of the organization

AUGUSTA DOG ADOPTIONS

Employer identification number
45-1878094

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST

66.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

PRODUCT REFUND

68.

AUTO INSURANCE REFUND

237.

TOTAL TO FORM 990-EZ, LINE 8

305.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

VETERINARY CARE

35,806.

CARGO VAN INSURANCE

1,139.

SPAY NEUTER EXPENSES

22,196.

STORAGE UNIT

600.

ADVERTISING

102.

TRANSPORT EXPENSE

1,148.

MISCELLANEOUS SUPPLIES

2,183.

PERSONAL PROPERTY TAX - CARGO VAN

101.

OFFICE SUPPLIES

145.

ADOPTION FEES REFUNDED

475.

MEMBERSHIP FEES

77.

WEBSITE

156.

PAYPAL FEES

483.

PETFOOD

11,386.

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

Schedule O (Form 990) 2021

132211 11-11-21

17

12520511 786335 18759-001

2021.03041 AUGUSTA DOG ADOPTIONS

18759-01

Name of the organization **AUGUSTA DOG ADOPTIONS**

Employer identification number
45-1878094

V/A STATE FILING FEES	210.
BOARDING	550.
VOLUNTEER APPRECIATION	79.
INTERNET	1,081.
6 RUN DOG KENNEL	27,660.
TOTAL TO FORM 990-EZ, LINE 16	105,577.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - AS A CHARITABLE AND BENEVOLENT NON-PROFIT, NON-STOCK CORPORATION, WE FUNCTION TO PROVIDE SHELTER FOR COMPANION ANIMALS, PROMOTE THE WELFARE OF COMPANION ANIMALS THROUGH RESCUE AND REHABILITATION, TO SEEK TO PLACE SUCH ANIMALS WITH PERSONS SUITABLE FOR CARING FOR THE SAME, TO SECURE VETERINARY SERVICE ON BEHALF OF SUCH ANIMALS, TO EUTHANIZE SUCH ANIMALS IN A HUMANE MANNER IF THEY, FOR ANY REASON, CANNOT BE PLACED IN PERMANENT HOMES IN ACCORDANCE WITH (SECTION 18.-221) OF THE CODE OF VIRGINIA, AND TO DO GENERALLY ANY AND ALL LAWFUL ACTS NECESSARY OR PROPER TO CARRY OUT THIS PURPOSE WHICH IS GENERALLY TO PREVENT CRUELTY TO ANIMALS AND TO RELIEVE SUFFERING AMONG THEM.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
 IN 202 AUGUSTA DOG ADOPTIONS SAVED 230 DOGS, AND 5 HOMELESS CATS FROM AN UNCERTAIN FUTURE. DUE TO THE COVID-19 PANDEMIC, OUR WEEKLY ADOPTION EVENTS AT PETSMAART IN WAYNESBORO HELD ON A RESTRICTED BASIS. OUR DEDICATED VOLUNTEER TEAM DID AN AMAZING JOB MANAGING ONLINE APPLICATIONS AND CONDUCTING ONE ON ONE MEET AND GREET WITH APPROVED ADOPTERS ALL YEAR LONG.

THANKS TO A GENEROUS GRANT FROM THE COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE AT YEAR END 2020, WE WERE ABLE TO OFFER LOW COST SPAY/NEUTER

Name of the organization

AUGUSTA DOG ADOPTIONS

Employer identification number

45-1878094

SERVICES TO 234 PETS 215 CATS/19 DOGS) OWNED BY 128
INDIVIDUALS/FAMILIES IN STAUNTON, WAYNESBORO AND AUGUSTA COUNTY IN
CALENDAR YEAR 2021. SINCE THIS PROGRAM BEGAN IN 2020, WE HAVE ASSISTED
418 PETS. THE NEED FOR DRASTICALLY REDUCED SPAY/NEUTER COSTS IN OUR
AREA IS STAGGERING AND WE EXPECT THE NEED TO INCREASE DUE TO ECONOMIC
CONDITIONS DURING THE PANDEMIC. MULTIPLE PEOPLE IN THE COMMUNITY
REACHED OUT TO US FOR ASSISTANCE AFTER BECOMING UNEMPLOYED DURING THE
PANDEMIC. WE ARE CONTINUING COMMUNITY SPAY/NEUTER SERVICES IN 2022 IN
HOPE OF REACHING MORE PEOPLE AND PETS IN NEED.
MANY OF THE DOGS ADA ACCEPTS INTO OUR FOSTER PROGRAM ARE LEFT BEHIND
BY OTHER RESCUES BECAUSE THEY ARE CONSIDERED "UNADOPTABLE" OR
"DIFFICULT TO ADOPT". WE ARE OFTEN THE LAST RESORT FOR LARGE MIXED
BREEDS, HOUNDS, PIT BULL TYPE DOGS AND SENIOR DOGS FACING EUTHANASIA AT
PUBLIC ANIMAL SHELTERS THROUGHOUT VIRGINIA . DONATIONS TO ADA ALLOW US
TO PROVIDE THE CARE EACH INDIVIDUAL DOG NEEDS. WE THEN OFFER THE PUBLIC
A HEALTHY FULLY VETTED DOG THAT IS NOW SAFE FROM EUTHANASIA AND READY
FOR ADOPTION AT AN AFFORDABLE FEE. THIS ENCOURAGES ADOPTION AND
DECREASES THE PURCHASES OF ANIMALS ONLINE AND AT PET STORES. SINCE
2007 OVER 4,600 DOGS HAVE BEEN SAVED. ADA IS AN ALL VOLUNTEER
ORGANIZATION. WE HAVE NO PAID STAFF AND NO PHYSICAL SHELTER. WE RELY ON
THE KINDNESS OF FOSTER HOMES AND EXIST SOLELY ON DONATIONS AND FEES FOR
ADOPTION.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2020 AUGUSTA DOG ADOPTIONS WAS AWARDED THE "COMPASSION

AWARD" FROM THE VA FEDERATION OF HUMANE SOCIETIES FOR OUR

WORK IN PATRICK COUNTY, VA BEGINNING IN 2017, ADA HAS HAD

A PARTNERSHIP WITH THE PATRICK COUNTY PUBLIC ANIMAL SHELTER (PCPAS).

192212 11-11-21

Schedule O (Form 990) 2021

19

12520511 786335 18759-001

2021.03041 AUGUSTA DOG ADOPTIONS

18759-01

Name of the organization

AUGUSTA DOG ADOPTIONS

Employer identification number

45-1878094

THIS PARTNERSHIP IS ONE OF CELEBRATION. SINCE MAY OF 2017, ADA HAS TRANSFERRED IN 602 DOGS FROM THE PCPAS, SLASHING THEIR EUTHANASIA RATE BY 50% IN THE FIRST SEVEN MONTHS ALONE. WE ORIGINALLY REACHED OUT TO PCPAS IN 2017 AFTER DISCOVERING THEY HAD THE THIRD HIGHEST EUTHANASIA RATE (42%) IN VIRGINIA. WE ARE ESTATIC TO REPORT THAT BY YEAR END 2017, THEIR EUTHANASIA RATE DROPPED TO 21% AND TO 13% BY YEAR END 2018 AND 2019, 6% IN 2020 AND .03% IN 2021 AS REPORTED TO THE VA DEPT OF AGRICULTURE. IT IS IMPORTANT TO NOTE THAT ADA IS THE FIRST DOG RESCUE ORGANIZATION TO HAVE A TRANSFER RELATIONSHIP WITH PCPAS AND ARE CURRENTLY THE ONLY RESCUE ORGANIZATION TO DATE APPROVED BY PATRICK COUNTY CITY COUNCIL TO TRANSFER IN DOGS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.