

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2024 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: **Paws & Think, Inc.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1346 N. Delaware St.

City or town, state or province, country, and ZIP or foreign postal code
Indianapolis IN 46202

D Employer identification number: **35-2153710**

E Telephone number: **317-637-0700**

F Name and address of principal officer:
Dot Hitchins
1346 N. Delaware St
Indianapolis IN 46202

G Gross receipts \$: **329,152**

H(a) Is this a group return for subordinates? Yes No

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

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

J Website: **<https://pawsandthink.org/>**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2001**

M State of legal domicile:

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Animal Assisted Activities and Therapies		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	138,087	204,656
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,802	66,613
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,429	12,066
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	203	33,892
		221,521	317,227
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	223,322	208,722
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	16,026	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75,645	71,630
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	298,967	280,352	
19 Revenue less expenses. Subtract line 18 from line 12	-77,446	36,875	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	345,250	382,148
	22 Net assets or fund balances. Subtract line 21 from line 20	1,259	1,282
	343,991	380,866	

Part II Signature Block

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

Sign Here

Signature of officer: **Dot Hitchins** Date: _____
President

Type or print name and title

Paid Preparer Use Only

Preparer's name: **Steve Jones** Preparer's signature: **Steve Jones** Date: **09/29/25** Check if self-employed PTIN: **P00934278**

Firm's name: **FMR CPAs & Advisors** Firm's EIN: **35-2090448**

Firm's address: **13295 Illinois Street STE 320 Carmel, IN 46032** Phone no.: **317-580-4004**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Animal Assisted Activities and Therapies

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

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ **59,336** including grants of \$) (Revenue \$ **48,253**)

Animal Assisted Activities and Therapies - trained therapy teams visit hospitals, nursing homes, and day care centers. Dogs reduce blood pressure and stress while increasing healing and happiness. Where specific therapeutic goals are targeted we term this animal assisted therapy

4b (Code:) (Expenses \$ **38,876** including grants of \$) (Revenue \$ **6,875**)

Reading improvement programs - volunteers visit schools and libraries where students read to the dogs. Studies have shown this is an effective tool in helping children gain confidence in reading. Programs with specific outcomes are poerated in schools to support reading at grade level by third grade

4c (Code:) (Expenses \$ **23,765** including grants of \$) (Revenue \$)

Youth Canine program - engages students who benefit from alternative teaching methods. Students train selected shelter dogs ver a period of time. Students train selected shelter dogs over a period of time. Students develop appreciation of positive reinforcement and empathy while dogs become more adoptable and spend less time in the shelter.

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

(Expenses \$ **21,407** including grants of \$) (Revenue \$ **11,485**)

4e Total program service expenses **143,384**