



<b>Part III Statement of Program Service Accomplishments</b> (See page 42 of the instructions.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <b>training service dogs</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<b>Training Assistance Dogs</b>		
	(Grants \$ <b>1,250</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>2,046.34</b>
<b>29</b>	<b>Hamilton County Juvenile Detention Center Youth Program</b>		
	(Grants \$ <b>1,980</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>163.38</b>
<b>30</b>	<b>Conference for professionals in fields relating to animal welfare</b>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>15,127.25</b>
<b>31</b>	<b>Other program services (attach schedule)</b>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
see attached	varies	0	0	out of pocket

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)			Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		✓
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>		✓
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<b>36</b>		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>	<b>37a</b>	0	
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>37b</b>		✓
<b>38a</b>	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 unpaid at the start of the period covered by this return?	<b>38a</b>		✓
<b>b</b>	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>		
<b>39</b>	<b>501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>		
<b>40a</b>	<b>501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <b>0</b> ; section 4912 ▶ <b>0</b> ; section 4955 ▶ <b>0</b>			
<b>b</b>	<b>501(c)(3) and (4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	<b>40b</b>		✓
<b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
<b>d</b>	Enter amount of tax on line 40c reimbursed by the organization			0

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41** List the states with which a copy of this return is filed. ▶ IN
- 42a** The books are in care of ▶ Gayle C Hutchens Telephone no ▶ ( 317 ) 577-1688  
 Located at ▶ 8206 Dean Road, Indianapolis, IN ZIP + 4 ▶ 46204-4904
- 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)?
- |            | Yes | No |
|------------|-----|----|
| <b>42b</b> |     | ✓  |
| <b>42c</b> |     | ✓  |
- If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .  
 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. . . . . ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43

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.

**Please Sign Here**

Signature of officer: Gayle C Hutchens Date: 5/15/06

Type or print name and title: Gayle C Hutchens

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst W): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**Paws and Think, Inc.**

Employer identification number

**35 : 2153710**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 . ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services . ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of other contractors receiving over \$50,000 for other services . ▶

**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . . Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		✓
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	✓
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	✓
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	✓
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	✓
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . .	<b>3a</b>	✓
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>3b</b>	✓
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	✓
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	<b>4a</b>	✓
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>4b</b>	✓

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6  A school Section 170(b)(1)(A)(ii). (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above



**Paws And Think, Inc.  
Board of Directors**

**1. Gayle Hutchens, RN MSN, Founder and Executive Director**

Paws and Think, Inc.  
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Email: [gaylehutchens@sbcglobal.net](mailto:gaylehutchens@sbcglobal.net)

**2. Sylvia Payne, President**

Assistant to the Chancellor for Communications  
Indiana University-Purdue University Indianapolis (IUPUI)  
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**3. Tara Drews**

Medical Regulatory Associate  
Eli Lilly and Company  
Lilly Corporate Center  
Indianapolis, IN 46285  
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**4. Beth Riga**

Legal Associate (Litigation)  
Bose McKinney and Evans  
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**5. Jill Boyer**

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**6. Sgt. Tara Willows**

Juvenile Corrections Officer  
Hamilton County Juvenile Detention Center

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Fax: (317) 776-9827  
Email: [trw@co.hamilton.in.us](mailto:trw@co.hamilton.in.us)

**7. Patricia Dickson**

Children's Librarian  
Westfield Public Library  
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Westfield, IN 46074  
Phone: (317) 896-9391

**8. John Vernon Oaks**

Associate for Evangelism and Giving  
St. Paul's Episcopal Church  
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Indianapolis, IN 46208  
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Email: [joaks@stpaulsindy.org](mailto:joaks@stpaulsindy.org)

**9. Beth Oaks**

Community advocate

**10. Melissa J. DeGross**

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**12. Ryan Dearth**

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**13. Brad Haberman**

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**Executive Committee, Chair:** Sylvia Payne

**Nominating Committee, Chair:** Tara Drews

**Development Committee, Co-Chairs:** John Vernon Oaks, Gayle Hutchens

**Events Committee, Co-Chairs:** Beth Oaks, Brad Haberman, Gayle Hutchens

**Volunteer Committee Chair:** Jill Boyer (AAA/T Coordinator)

**Advisory Council:**

Jamie Young, DVM (Eli Lilly, Greenfield Division)

Michelle Goldner, Trainer and Puppy-Raiser Coordinator

Gwen Buchanan, Durango, CO (970-385-8517)

**Treasurer:** Karen Dehaan

**Volunteer Coordinators:**

Jill Boyer (AAA/T) with Sarah Schmidt

Susan Von Grimmenstein

**Webmaster:** Ryan Dearth

**Statistician/Epidemiologist:** Shandy Dearth

**Volunteer Seamstress:** Amie Miller