#### EXTENDED TO NOVEMBER 15, 2024

### 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.

OMB No. 1545-0047

Inspection

Department of the Treasury

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

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change KITTY ANGELS, INC Name change \*\*-\*\*\*0369 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ PO BOX 638 978.649.4681 termin-ated 463691. **G** Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended TYNGSBOROUGH, MA 01879 H(a) Is this a group return Applica-F Name and address of principal officer: JOAN E ABBOTT Yes X No for subordinates? pending 28 STAR HOUSE LANE, GROTON, MA 01450 **H(b)** Are all subordinates included? ∐Yes └── No Tax-exempt status: X = 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or L If "No," attach a list. See instructions WWW.KITTYANGELS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association L Year of formation: 1995 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: RESCUE STRAY AND ABANDONED Activities & Governance CATS, FURNISH ALL NECESSARY MEDICAL CARE, ADOPT RESCUED CATS INTO oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) <u>60</u> 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 461276. 399814. Contributions and grants (Part VIII, line 1h) Revenue 42680. 33693. Program service revenue (Part VIII, line 2g) 8754. 30184. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 512710. 463691. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 42000. 48395. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 275960. 375044. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 317960. 423439. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 194750. 40252. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 703043. 743295. Total assets (Part X, line 16) 0. О. 21 Total liabilities (Part X, line 26) 703043. 743295. Net assets or fund balances. Subtract line 21 from line 20 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 anv knowledge. Date Signature of officer Sign TREASURER JAY PRAGER, Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer Firm's name Firm's EIN Use Only Firm's address Phone no.

Yes

No

Pa	rt 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:
	SEE ATTACHED SCHEDULE O "ORGANIZATION'S PRIMARY EXEMPT PURPOSE"
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	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 X 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 \$ 397978 • including grants of \$ 48395 • ) (Revenue \$ 63877 • )
	1. KITTY ANGELS RESCUED AND PLACED SEVERAL HUNDRED HOMELESS CATS
	DURING THE YEAR. ALL ANIMALS WERE SPAYED OR NEUTERED AND WERE PROVIDED
	WIH MEDICAL CARE, VACCINATIONS, SHELTER AND FOOD UNTIL PLACEMENT.
	2. KITTY ANGELS "TRAP, NEUTER, RETURN" PROGRAM PROVIDED CARE AND
	MANAGEMENT OF SEVERAL POPULATIONS OF FERAL(WILD) CATS IN MASSACHUSETTS
	AND SOUTHERN NEW HAMPSHIRE. SERVICES INCLUDE: DAILY OUTDOOR FEEDING,
	TRAPPING, SPAYING/NEUTERING AND RE-RELEASING OF ANIMALS; AND PROVISIONS
	FOR SHELTERED OUTDOOR FEEDING AREAS.
	2 WINDY ANGELS OFFERS A LOW COST STAY WEIGHT OF THE ONE OF THE STAY
	3. KITTY ANGELS OFFERS A LOW COST SPAY/NEUTER CLINIC ONCE OR TWICE A
	MONTH. CATS ARE SPAYED OR NEUTERED, RECIEVE DISTEMPER AND RABIES
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 397978.

# Form 990 (2023) KITTY ANGELS, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	х	
0	If "Yes," complete Schedule A	2	X	
2		2	21	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
•	Schedule D, Part III	8		Λ
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	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		22
10		10		x
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		22
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		х
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			, v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		<del>  ^</del>
ю	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	13		<del> </del>
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
			-	-

Form 990 (2023) KITTY ANGELS, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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
35 a	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			
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 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	000	

### 023) KITTY ANGELS, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
<b>2</b> a	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	1						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		v				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		x				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a						
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCFN Form 114, Papert of Foreign Reply and Financial Associate (FRAR)							
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party potify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  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	30						
ou	any contributions that were not tax deductible as charitable contributions?	6a		x				
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		Х				
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		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
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? $\dots$	7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_						
_	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	, , , , , , , , , , , , , , , , , , , ,	9a						
ъ 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b						
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-						
11	Section 501(c)(12) organizations. Enter:	1						
	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1						
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	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.							
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	4						
	Enter the amount of reserves on hand	445		Х				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>				
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b						
.5	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Division (mis costion Direqueste information about policies not required by the internal networks code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	ls only	) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	,o orny	, availe	2010
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd fina	ncial	
19	statements available to the public during the tax year.	iu iiiid	iciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	JOAN E ABBOTT - 978.649.4681			
	PO BOX 638, TYNGSBOROUGH, MA 01879			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	less person is both an and a director/trustee)			h an	compensation	compensation	amount of
	week	$\vdash$	Jei ai	Idad	liecic	)/ ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)	10001120)	and related
	below	idual	ution	<u></u>	oldm	est co oyee	-e	,		organizations
	line)	Indiv	Instit	Officer	Key employee	High	Former			
(1) JOAN E ABBOTT	70.00									
PRESIDENT		Х		X				0.	0.	0.
(2) HELEN FULLHART	15.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(3) JAY M PRAGER	6.00									
TREASURER, DIRECTOR		Х		X				0.	0.	0.
(4) LESA HALL	30.00									
DIRECTOR		Х		X				0.	0.	0.
(5) LINDA BOUTHILETTE	30.00									
DIRECTOR		X		Х				0.	0.	0.
	1	1	ı	1	ı	1	1	I	I	

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\*\*-\*\*\*0369

Part VII Section A. Officers, Directors, (A)	(B)	广		((				(D)	(E)			(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	Reportable compensation from	Reportable compensation from related		an	timate nount other	
	(list any hours for related organizations	Individual trustee or director	al trustee		уее	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	3	com fr org	pensa om the anizati d relate	e ion
	below line)	Individual	Institutional trustee	Officer Officer	Key employee	Highest co employee	Former	·			orga	anizatio	ons
		-											
		H											
								<b>)</b>					
1b Subtotal		Ш						0.		0.			0.
c Total from continuation sheets to Pa	rt VII, Section A		T			777		0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
Total number of individuals (including becompensation from the organization	out not limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportabl	е		Yes	No
3 Did the organization list any <b>former</b> off line 1a? <i>If</i> "Yes," <i>complete Schedule J</i>			-	-	-		-	hest compensated emp	-		3	res	X
4 For any individual listed on line 1a, is the and related organizations greater than	ne sum of reportab	le cc	omp	ensa	atior	n and	d oth	her compensation from	the organization		4		Х
5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"					-		elat	ed organization or indiv			5		Х
Section B. Independent Contractors  1 Complete this table for your five highes	st compensated in		-nde	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	nens	ation 1	from	
the organization. Report compensation		-											
(A) Name and busir		NC	ONE	3				<b>(B)</b> Description of s	services	C	Ompe		n
							$\dashv$						
2 Total number of independent contractor \$100,000 of compensation from the or		ot lir	mite	d to		se li:	sted	l above) who received n	nore than				
φτου,σου οι compensation from the or	yai iizaliol l												

\*\*-\*\*\*0369 KITTY ANGELS, Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 399814. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 399814. h Total. Add lines 1a-1f **Business Code** 813312 23333. 23333. 2 a SPAY/NEUTER CLINIC Program Service Revenue 813312 b ADOPTION FEES 10360. 10360. С f All other program service revenue 33693. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 30184 30184 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a

463691.

63877.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3601	ion 501(c)(3) and 501(c)(4) organizations must com	·		· · · · · · · · · · · · · · · · · · ·	X
D-	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	40005	40005		
	and domestic governments. See Part IV, line 21	48395.	48395.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a b	• • • • • • • • • • • • • • • • • • • •				
		2500.		2500.	
_		2500.		2500.	
d e	D ( ' ' ' ' ' ' ' ' ' O D ' ' ' ' ' ' ' '		,		
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	210.		210.	
12	Advertising and promotion	8192.		165.	8027.
13	Office expenses	943.		943.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1205.		1205.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	VETERINARIANS & MEDICIN	283526.	283526.		
b	FOOD LITTER & EXPENDABL	57332.	57332.		
С	SHELTER EQUIPMENT & REP	5537.	3317.	2220.	
d	MICROCHIP SUPPLIES AND	5408.	5408.		
е	All other expenses	10191.	22-2	10191.	
25	<b>Total functional expenses</b> . Add lines 1 through 24e	423439.	397978.	17434.	8027.
26	<b>Joint costs.</b> 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)				Earm <b>990</b> (2023)
00004	0 10 01 00				

## Form 990 (2023) Part X Balance Sheet

Pa	IL A	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	648477.	2	687491
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assers	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	54566.	11	55804
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	703043.	16	743295
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
n D	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
LIADIIILIES		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	C
'n		Organizations that follow FASB ASC 958, check here			
2		and complete lines 27, 28, 32, and 33.			
<u> </u>	27	Net assets without donor restrictions		27	
Š	28	Net assets with donor restrictions		28	
5		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds	•	29	C
200	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated income, or other funds	=	31	40252
Š	32	Total net assets or fund balances		32	743295
	33	Total liabilities and net assets/fund balances	703043.	33	743295

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				Ш			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		636 234				
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3		402	-			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	030	<u>43.</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 on Schedule O)	9	0 .					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	7	432	95.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

\*\*-\*\*\*0369 KITTY ANGELS, INC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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									
2	The value of services or facilities									
3	furnished by a governmental unit to									
	the organization without charge									
4										
	<b>Total.</b> 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)									
	Public support. Subtract line 5 from line 4.				<u> </u>					
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business	]								
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain	1								
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	<b>Total support.</b> Add lines 7 through 10									
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)				
	organization, check this box and stop	here					<u></u>			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2023 (I	line 6, column (f), d	livided by line 11,	column (f))		14	%			
15	Public support percentage from 2022	2 Schedule A, Part	II, line 14			15	%			
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization							
b	33 1/3% support test - 2022. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation						
17a	10% -facts-and-circumstances tes									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization					
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	heck a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>s</b>	t <b>op here.</b> Explain i	n Part VI how the				
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a public	ly supported organ	ization				
18	Private foundation. If the organization									

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

50/	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(h) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	Gifts, grants, contributions, and	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	238912.	211077.	228788.	461276.	399814.	1539867.
•		250712.	211077.	220700.	4012700	333014.	13370071
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	47890.	32333.	44890.	42680.	33693.	201486.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	286802.	243410.	273678.	503956.	433507.	1741353.
	Amounts included on lines 1, 2, and	2000021	2131101	2730700	3033301	1333074	17113334
7 6	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1741353.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	286802.	243410.	273678.	503956.	433507.	1741353.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	9563.	2865.	3160.	8754.	30184.	54526.
b	Unrelated business taxable income						_
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	9563.	2865.	3160.	8754.	30184.	54526.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	2303.	2003.	3100.	0/34.	30104.	343201
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	296365.	246275.	276838.	512710.	463691.	1795879.
	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third.	fourth, or fifth tax v	ear as a section 5	01(c)(3) organizat	ion,
	check this box and <b>stop here</b>					. , . , .	·
Sec	ction C. Computation of Publ	ic Support Pe					
	Public support percentage for 2023 (I			column (f))		15	96.96 %
	Public support percentage from 2022				T T	16	98.31 %
	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13. column (f))		17	3.04 %
18	Investment income percentage from 2				r	18	1.69 %
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						X
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	ฮม		
	9с		
	10a		
	10b		
4	A /Ears	~ 000	0000

Par	t IV   Supporting Organizations (continued)			
	, (Section 2)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	2		
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructio</b>	ne)		
· a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2023 KITTY ANGELS, INC			**-***0369 Page 6
Pai		Org	anizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	omple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2023

5 Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	on D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ıs	3		
4	4 Amounts paid to acquire exempt-use assets					
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)					
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
		(i)	(ii)		(iii)	

<u></u>	Line of amount divided by line 9 amount	1	. 10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
<u> </u>	Excess from 2023			

Schedule A (Form 990) 2023

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization \*\*-\*\*\*0369 KITTY ANGELS, INC Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) NEW ARC 52 GLENGORIFF CIR \*\*-\*\*\*1575 10000 GENERAL SUPPORT BILLERICA, MA 01821 UNION COUNTY HUMANE SOCIETY PO BOX 116 \*\*-\*\*\*0698 NEW ALBANY, MS 38652 5000 GENERAL SUPPORT OPERATION SOS 9196 SE KARIN ST \*\*-\*\*\*1496 HOBE SOUND, FL 33445-6912 15000 0 FOOD STORAGE SHED UNION COUNTY HUMANE SOCIETY PO BOX 116 GENERAL SUPPORT \*\*-\*\*\*0698 GENERAL SUPPORT NEW ALBANY, MS 38652 3395 ON THE WING 5674 SPRINGBROOK ROAD GENERAL SUPPORT OMRO, WI 54963 10000 0 GALS BEST PAL 10 BLACKSMITH WAY \*\*-\*\*\*7693 SAUGUS, MA 01906 5000 0 GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ......

6.

Part III can be duplicated if additional space is needed.	(In) Ni wash awarf	(-) A	(-D. A	( ) ( ) ( ) ( )	(A) Description of the second second
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	ie 2; Part III, column	n (b); and any other a	dditional information.	
PART I, LINE 2:					
KITTY ANGELS, INC. REQUIRES GRANTE	EES TO PR	OVIDE WRIT	TEN REPORT	ING OF THE	
USE OF GRANTED FUNDS.					
PART II, LINE 1, COLUMN (H):					
			(ANTE GOGTEE	***	
NAME OF ORGANIZATION OR GOVERNMENT	: UNION	COUNTY HUM	IANE SOCIET	<u>Y</u>	
GENERAL SUPPORT					
GENERAL SUPPORT					
GENERAL OPERATING					

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Name of the organization

KITTY ANGELS, INC

Employer identification number \*\*-\*\*\*0369

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

PERMANENT INDOOR HOMES AND PROVIDE LOW COST SPAY/NEUTER SERVICES.

MANANGE AND FEED FERAL CAT COLONIES, INCLUDING "TRAP, NEUTER AND

RETURN". SUPPORT ORGANIZATIONS WITH SIMILAR OBJECTIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

VACCINATIONS, A PHYSICAL EXAM AND ARE MICROCHIPPED.

4. KITTY ANGELS WORKS TO EXPAND THE PUBLIC AWARENESS FOR THE NEED TO

SPAY/NEUTER AND VACCINATE ALL PETS. KITTY ANGELS SPONSORS LOW COST

SPAY/NEUTER CLINICS; DISTRIBUTES LITERATURE, AND PARTICIPATES IN

ORGANIZED EFFORTS, SUCH AS "SPAY DAY USA".

5. GRANT: KITTY ANGELS PROVIDED GRANTS TO SIX DOMESTIC ORGANIZATIONS
THAT PROVIDE SERVICES TO ANIMALS IN NEED IN THE AMOUNT OF \$48,395.

NOTE: THE TOTAL PROGRAM SERVICE EXPENSES FOR ALL SERVICE PROGRAMS
DURING 2023 WAS \$397,978.

KITTY ANGELS ACCOUNTS FOR ITS EXPENSES BY TYPE OF EXPENSE (E.G.,

VETERINARY/MEDICAL SERVICES, LITTER, FOOD, ETC.) BUT DOES NOT FURTHER

SEGREGATE THOSE EXPENSES ACCORDING TO THE PROGRAMS UNDER WHICH THOSES

SERVICES WERE PROVIDED (I.E., SHELTER ANIMALS WHICH ARE PLACED IN HOMES

AS OPPOSED TO CATS IN FERAL POPULATIONS WHICH ARE DESTINED TO BE

RE-RELEASED AFTER RECIEVING CARE OR SERVICES).

Schedule O (Form 990) 2023 Page **2** 

Name of the organization  KITTY ANGELS, INC	Employer identification number **-***0369				
FORM 990, PART VI, SECTION A, LINE 2:					
JOAN E ABBOTT, PRESIDENT AND JAY PRAGER, TREASURER ARE MA	RRIED.				
FORM 990, PART VI, SECTION B, LINE 11B:					
THE TREASURER PREPARES THE FORM 990 WHICH IS REVIEWED BY	THE PRESIDENT AND				
GOVERNING BOARD.					
FORM 990, PART VI, SECTION C, LINE 19:					
FINANCIAL INFORMATION FOR THE MOST RECENT THREE YEARS IS	MADE AVAILABLE BY				
POSTING FORMS 990 ON KITTY ANGELS WEBSITE (WWW.KITTYANGEL	S.ORG)				
	_				

### Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 11/13/2024 17:20:35	
	Form 990-T