Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print SPAY NEUTER SERVICES OF INDIANA 31-0922223 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1100 W 42ND ST, 205 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. INDIANAPOLIS, IN 46208 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) SCARLETT CMIEL STE 205 - INDIANAPOLIS, IN 46208 The books are in the care of
 1100 W 42ND ST, Telephone No. \triangleright 317-762-0912 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	roi uii	e 2022 calendar year, or tax year beginning and end	iiiig	-				
В	Check if applicabl	C Name of organization		D Employer identific	cation number			
	Addre							
	Name chang	Doing business as PET FRIENDLY SERVICES OF INDI	ANA	31-09222	23			
	Initial return		m/suite	E Telephone number				
	Final return	1100 W 42ND ST 20!	5	317-762-	0912			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,099,501.			
	Amen return			H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: Cheki Sioking		for subordinates	? Yes X No			
	pendii	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions			
J	Websi	te: WWW.PETFRIENDLYSERVICES.ORG		H(c) Group exemptio	n number			
		forganization: X Corporation Trust Association Other	L Year	of formation: 1977 N	∕ State of legal domicile: IN			
Pa	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: SEE SCI	HEDU	LE O				
Activities & Governance								
rna	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net ass	sets.			
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	10			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10			
S S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	3			
/itie	6	Total number of volunteers (estimate if necessary)		6	13			
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
ø)	8	Contributions and grants (Part VIII, line 1h)		883,526.	897,749.			
ğ	9	Program service revenue (Part VIII, line 2g)		178,649.	131,198.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		190.	519.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,605.	50,975.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,068,970.	1,080,441.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		882,025.	938,570.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		172,922.	181,054.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
<u>B</u>	. b	Total fundraising expenses (Part IX, column (D), line 25)	•					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		117,925.	100,924.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,172,872.	1,220,548.			
	19	Revenue less expenses. Subtract line 18 from line 12		-103,902.	-140,107.			
20	9		Ве	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		401,876.	317,793.			
t As	21	Total liabilities (Part X, line 26)		194,486.	250,510.			
<u>E</u>	22	Net assets or fund balances. Subtract line 21 from line 20		207,390.	67,283.			
	art II	Signature Block						
	•	alties of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is			
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Her	e	CHERI STORMS, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN			
Paid	d		CPA 0	9/19/23 self-employ				
	parer	Firm's name DONOVAN, P.C.		Firm's EIN 3	5-1356555			
Use Only Firm's address 5151 E US HWY 36								
		AVON, IN 46123		Phone no. (3				
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	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 SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
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 \$671,364. including grants of \$525,268.) (Revenue \$
	SPAY-NEUTER ASSISTANCE PROGRAM (SNAP) PROVIDES \$25 SURGERIES TO
	LIMITED-INCOME PET PARENTS. NEIGHBORHOODS WITH LOWER INCOMES TEND TO
	HAVE A MUCH HIGHER NUMBER OF HOMELESS ANIMALS. PEOPLE ARE WILLING TO
	ADOPT A STRAY CAT OR DOG, BUT FREQUENTLY CANNOT AFFORD THE COST OF A
	SPAY/NEUTER SURGERY. THE SNAP PROGRAM HELPS PEOPLE WITH BIG HEARTS, BUT
	SMALL BUDGETS. THE SNAP PROGRAM ALSO ENSURES THERE ARE NO UNWANTED
	LITTERS, WHICH WOULD LIKELY END UP AS STRAYS - OR AT THE "INTAKE" DOORS
	OF LOCAL SHELTERS.
41:	(Code:) (Expenses \$ 141,662 • including grants of \$ 141,662 •) (Revenue \$
4b	(Code:) (Expenses \$141,662. including grants of \$141,662.) (Revenue \$] THE PET FRIENDLY PLATE PROGRAM SUPPORTS HUNDREDS OF HARD-WORKING
	SHELTERS AND RESCUE GROUPS, WHICH ARE GENERALLY UNDERFUNDED,
	UNDERSTAFFED - OR SIMPLY "ALL VOLUNTEER" ORGANIZATIONS WITH FOSTER
	ANIMALS IN THEIR HOMES. OUR FREE SURGERIES HELP MAKE ANIMALS ADOPTION
	READY AND ALLOW RESCUE GROUPS TO "PULL" ADDITIONAL AT-RISK DOGS AND
	CATS FROM SHELTERS. RESCUE GROUPS HAVE THE CAPACITY TO FOCUS ON
	BEHAVIOR AND MEDICAL NEEDS AND FIND THE PERFECT ADOPTIVE FAMILY FOR
	THEIR ANIMALS.
40	(Code:) (Expenses \$ 271,640 • including grants of \$ 271,640 •) (Revenue \$
	COMMUNITY CAT PROGRAM: PET FRIENDLY SERVICES OF INDIANA PROVIDES
	THOUSANDS OF FREE SPAY/NEUTER SURGERIES AND VACCINATIONS TO MORE THAN
	100 PROGRAMS THAT TRAP-NEUTER-RETURN (TNR) FERAL AND FREE-ROAMING CATS.
	MANY OF THESE PROGRAMS ARE START-UPS THAT LACK FUNDING BUT ARE
	COMMITTED TO HELPING CATS. COMMUNITY CAT PROGRAMS ARE THE MOST
	EFFECTIVE WAY TO PREVENT SHELTER INTAKE SO THAT SHELTERS CAN FOCUS ON
	ADOPTABLE DOGS AND CATS.
	OUR UNIQUE PARTNERSHIP WITH PUBLIC VET REACHES UNDERSERVED COMMUNITIES
	- INCLUDING SOME THAT DO NOT HAVE A SINGLE VET IN THEIR COUNTY. PET
	FRIENDLY SERVICES ALSO AUTHORED THE COMMUNITY CAT GUIDE FOR MUNICIPAL
	LEADERS TO MAKE ELECTED OFFICIALS AWARE OF LIFESAVING PROGRAMS THAT ARE
	SUPPORTED BY THEIR CONSTITUENTS.
	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

1,084,666.

4e Total program service expenses

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Form 990 (2022) SPAY NEUTER SERVICES OF INDIANA 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)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	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,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
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?			l
	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			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	Part VI	11a		X
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
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		37	
	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		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1 37
	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		X
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			_v
4-	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	4.		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	l	X

SPAY NEUTER SERVICES OF INDIANA 31-0922223 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 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 X 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 25a 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 Х 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 Х 25b 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% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 Х 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 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 106 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

022) SPAY NEUTER SERVICES OF INDIANA

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3		77	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37
	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country Cas in the action for files were interested for Fig. CFN Form 114. Beauty of Foreign Book and Fig. 114. Beauty of Fig. 114. Be			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	r-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
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.			

SPAY NEUTER SERVICES OF INDIANA 31-0922223 Page 6 Form 990 (2022) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 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 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? 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? X

а	The organization's CEO, Executive Director, or top management official	15a	
b	Other officers or key employees of the organization	15b	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
	taxable entity during the year?	16a	L
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		

Section	C. Disc	closure
---------	---------	---------

17	List the states with which a copy of this Form 990 is required to be filed	IN
----	--	----

exempt status with respect to such arrangements?

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)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

LX.	Own website	X Another's website			Other (explain on Schedule O
-----	-------------	---------------------	--	--	------------------------------

State the name, address, and telephone number of the person who possesses the organization's books and records ${\tt SCARLETT~CMIEL~-~317-762-0912}$

1100 W 42ND ST, STE 205, INDIANAPOLIS, IN 46208



16b

Х

X

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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.

Check this box if neither the organization		orga T	niza			nper	sate			
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average		Position (do not check more the					Reportable	Reportable	Estimated
	hours per					s both or/trus		compensation	compensation	amount of
	week (list any	-						from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidual	tution	Je.	Key employee	loyee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) CHERI STORMS	40.00	1								_
EXECUTIVE DIRECTOR				Х				67,315.	0.	0.
(2) SCOTT BEAUCHAMP	2.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(3) BETHANY PHYNE	2.00								_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) TERI HAMER	2.00	1								_
TREASURER		Х		Х				0.	0.	0.
(5) CYNDI COLLINS	2.00	1								_
SECRETARY		Х		Х				0.	0.	0.
(6) TRACY BARNES	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(7) MARIE KOENIG	2.00	1								_
DIRECTOR		Х						0.	0.	0.
(8) ANNE DUBIN	2.00									_
DIRECTOR		Х						0.	0.	0.
(9) STEVI KERSH	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(10) SUZANNE MARSHALL	2.00									•
DIRECTOR	2 00	Х						0.	0.	0.
(11) RACHEL VAUGHN	2.00	.,							_	0
DIRECTOR		Х						0.	0.	0.
		-								
		1								
		1								
		-			\vdash	\vdash	-			
		1								
-										
		1								
		-			\vdash	\vdash				
		1								
		<u> </u>						I		000



Form 990 (2022) SPAY NEUT	TER SERV	'IC	ES	0	F	IN	DΙ	ANA	31-0922	2223	Р	age 8
Part VII Section A. Officers, Directors, Trus		oloye	es,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	not ch unles	Posi neck r ss per d a di	tion more t son is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	org an	npensa rom th ganizat d relat anizati	ie tion ted
										<u> </u>		
										<u> </u>		
										_		
										\vdash		
										<u> </u>		
										+		
1b Subtotal								67,315.	0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								67,315.	0.			0.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose I	iste	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable			0
											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s.										3		Х
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportable	e cor	mpe	nsat	tion	and	oth	ner compensation from t	ne organization	4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	satio	n fr	om a	any	unre	elate	ed organization or individ	dual for services	5		X
Section B. Independent Contractors	piete Schedule	<i>7</i> 0 10	n su	CIT	<i>)</i>	JII .						
Complete this table for your five highest countered the organization. Report compensation for the organization.	-	-								ation fr	om	
(A) Name and business	address	NC	NE	C				(B) Description of s	ervices	(Compe	C) nsatio	'n
2 Total number of independent contractors (in	ncluding but no	ot lim	nited	l to t	hos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organization					0			•				

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\$100,000 of compensation from the organization

Form 990 (2022) SPAY NE
Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse o	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	_ (D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b						
9 5		Fundraising events 1c						
fts,		Related organizations 1d						
ية إق								
ons,		Government grants (contributions) 1e All other contributions, gifts, grants, and						
utic ler	ı		,	897,749.				
ë₽	_			071,147.				
no n	_	Noncash contributions included in lines 1a-1f			897,749.			
Oa	<u>n</u>	Total. Add lines 1a-1f	······	Business Code	031,143.			
	•		-	900099	131,198.	131,198.		
ice	2 a		— ŀ	300033	131,190.	131,190.		
erv ue	b		— ŀ					
n S	С		— ŀ					
jrar Re	d		— ŀ					
Program Service Revenue	е	· 	— ŀ					
а	f	All other program service revenue	_		121 100			
	g				131,198.			
	3	Investment income (including dividends, in			E10			F10
		other similar amounts)			519.			519.
	4	Income from investment of tax-exempt bo	-					
	5	Royalties	······					
		(i) Real		(ii) Personal				
		Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
		` '						
	7 a	Gross amount from sales of (i) Securit	ies	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
Revenue		and sales expenses						
Ş		Gain or (loss) 7c						
		Net gain or (loss)						
ther	8 a	Gross income from fundraising events (not						
ᅙ		including \$ of						
		contributions reported on line 1c). See		E0 00E				
		Part IV, line 18	8a					
		Less: direct expenses	8b	19,060.	F0 07F			F0 07F
		Net income or (loss) from fundraising ever			50,975.			50,975.
	9 a	Gross income from gaming activities. See						
		Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activities	s					
	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
		Less: cost of goods sold	10b					
\longrightarrow	С	Net income or (loss) from sales of inventor	ry					
<u>s</u>				Business Code				
eon	11 a		⊦					
lan enu	b		ŀ					
Miscellaneous Revenue	С							
Mis	d	All other revenue						
\perp	е	Total. Add lines 11a-11d			1 000 :::	404 400		F4 45:
	12	Total revenue. See instructions			1,080,441.	131,198.	0.	51,494.

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). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 938,570. 938,570. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 67,315. 59,821. 7,494. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 94,183. 61,302. 32,881. Other salaries and wages 7 Pension plan accruals and contributions (include 7,025. 5,269. 1,756. section 401(k) and 403(b) employer contributions) Other employee benefits 9 3,133. 12,531. 9,398. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 25,162. 25,162. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 9,958. 9,958. Advertising and promotion 12 24,872. 10,306. 14,566. Office expenses 13 18,524. 18,524. Information technology 14 15 Royalties 17,962. 17,962. 16 Occupancy 1,384. 1,384. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,103. 1,103. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 1,959. 1,959. 23 Other expenses. Itemize expenses not covered 24 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 O.) d All other expenses 1,220,548. 1,084,666. 135,882. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)



Form 990 (2022)
Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or n	ote 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	318,799.	2	238,658.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		83,077.	4	79,135.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ğ	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			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin	e 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must ed	401,876.	16	317,793	
	17	Accounts payable and accrued expenses	7,441.	17	7,688	
	18	Grants payable		06.055	18	
	19	Deferred revenue		26,975.	19	32,325
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, sub				
jab		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p	•			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	160 070		010 407
				160,070.		210,497.
	26	Total liabilities. Add lines 17 through 25		194,486.	26	250,510.
S		Organizations that follow FASB ASC 958, cl	neck here X			
၁င		and complete lines 27, 28, 32, and 33.		10 <i>6</i> EEE		40 E42
aa	27	Net assets without donor restrictions		186,555.	27	49,543. 17,740.
Ä	28	Net assets with donor restrictions		20,835.	28	17,740.
Ě		Organizations that do not follow FASB ASC	958, check here			
P.		and complete lines 29 through 33.			20	
ţ	29	Capital stock or trust principal, or current fund			29	
SSe	30	Paid-in or capital surplus, or land, building, or	T T		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		207 200	31	67 202
ž	32	Total net assets or fund balances		207,390.	32	67,283.
	33	Total liabilities and net assets/fund balances		401,876.	33	317,793.

Form **990** (2022)

Pai	TXI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		L,08			
2						
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	7,3	90.	
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	6	7,2	83.	
Pai	t XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII				X	
	•			Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X 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	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 Sche	edule 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		<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2022)	

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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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization SPAY NEUTER SERVICES OF INDIANA 31-0922223 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
_	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	(-) 0040	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
9	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the	· ·				601(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the				d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•	• • •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			_	•	VI how the organiz	ration
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n ala not check a	box on line 13, 16	a, 160, 1/a, or 1/	b, cneck this box a		
						ocnequie A	(Form 990) 2022

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.)

Se	etion A. Public Support	ciow, picase comp	ioto i uit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,	,	,	
	include any "unusual grants.")	919,830.	880,817.	865,417.	883,526.	897,749.	4447339.
2	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						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513	114,635.	134,929.	110,586.	190,788.	182,173.	733,111.
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	1034465.	1015746.	976,003.	1074314.	1079922.	5180450.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons				6,117.		6,117.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
,	amount on line 13 for the year Add lines 7a and 7b				6,117.		6,117.
	Public support. (Subtract line 7c from line 6.)				0/22/0		5174333.
	etion B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1034465.	1015746.	976,003.	1074314.	1079922.	5180450.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	841.	980.	323.	190.	519.	2,853.
k	Unrelated business taxable income	-					,
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	841.	980.	323.	190.	519.	2,853.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	-					,
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.)	1035306.	1016726.	976,326.	1074504.	1080441.	5183303.
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
_	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2022 (li		- · · · · · · · · · · · · · · · · · · ·	olumn (f))		15	99.83 %
	Public support percentage from 2021					16	99.94 %
	ction D. Computation of Inves						06 ~
	Investment income percentage for 20					17	.06 % .06 %
	Investment income percentage from 3 a 31/3% support tests - 2022. If the					18 3 1/3% and line 17	
198	more than 33 1/3%, check this box ar						T
k	33 1/3% support tests - 2021. If the	-	-	•	•		
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	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		
<u> </u>		
3b		
Зс		
4a		
4b		
4c		
5a		
5b 5c		
6		
-		
7		
8		
9a		
9b		
9c		
10a		
10b		
le A /For	m 990)	2022

	dule A (Form 990) 2022 SPAY NEUTER SERVICES OF INDIANA 31-09	2222	3 Pa	age 5
Pai	t IV Supporting Organizations (continued)			
			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		
С	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		
Sec	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 Part VI 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	4		
_	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,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion 6. Type if Supporting Organizations		I.,	
			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			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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		
2	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		
3	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	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 (see in	nstruction	<u>s).</u>	
2	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.			

a 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.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

За

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

6

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

instructions).

Fai	t v Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	ilizations (contint	<u>ued) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Part VI	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 A

Payments from Disqualified Persons Included on Part III, Line 7a

2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
DISQUALIFIED PERSONS	0.	0.	0.	6,117.	0.
Table Orbert					
Total to Schedule A, Part III, Line 7a				6,117.	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SPAY NEUTER SERVICES OF INDIANA

Employer identification number 31-0922223

Pai	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iir		r Funds or Ac	counts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised fund	ls (I	b) Funds and other accounts
4	Total number at and of year	(a) Donor advised fand	13 (1	b) i unus anu otner accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		onor advised fund	ls.
Ŭ	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor of			
		·······		
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	ition or education) Pres	ervation of a histo	rically important land area
	Protection of natural habitat	Pres	ervation of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution ir	n the form of a cor	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or termina	ated by the organiz	zation during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		andling of	
	violations, and enforcement of the conservation easements if			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enfo	orcing conservation	n easements during the year
7	Amount of expanses incurred in monitoring inspecting hand	dling of violations, and enforcing	, concentation con	coments during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	alling of violations, and emorcing	g conservation eas	errients during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of se	ection 170(h)(4)(R)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
•	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.			
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasure	es, or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	i8, not to report in its revenue st	tatement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or res	earch in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 95	68, to report in its revenue stater	ment and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or resea	rch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				▲
2	If the organization received or held works of art, historical tre	asures, or other similar assets for	or financial gain, p	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

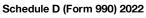
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	easures, or	Other	Similar	Assets	(contir	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the	following that	make sigi	nificant u	se of its	•		
	collection items (check all that apply):			•	J						
а	Public exhibition	c	ı 🔲 Lo	oan or exc	hange progra	ım					
b	Scholarly research	e									
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how they	/ further th	ne organizatio	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	•	•		-	-					
	to be sold to raise funds rather than to be ma	intained as part of t	he organiz	ation's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the c	rganizatio	n answered "	Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for co	ntribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on F	Part XIII					
Par	t V Endowment Funds. Complete it	f the organization ar	nswered "Y	es" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	(b) Pri	or year	(c) Two year	s back (d	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g,	column (a)) held as:	•					
а	Board designated or quasi-endowment		%	•							
b	Permanent endowment	%	_								
С	Term endowment	 %									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that a	are held ar	nd administer	ed for the					
	organization by:	· ·								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	edule R?							
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, I	ine 11a. S	See Form 990,	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o			t or other (other)	` '	cumulate eciation	d	(d) Boo	k valu	е
1a	Land										
	Buildings	I									
	Leasehold improvements										
d	Equipment	I									
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. column	(B), line 1	Oc.)						0.

Schedule D (Form 990) 2022

Schedule D (Form 990)		R SERVICES OF	INDIANA 3	1-0922223 Page 3
	ents - Other Securities.			
			11b. See Form 990, Part X, line 12.	
	ty or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
	s			
(2) Closely held equity	interests		1	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)			+	
(F)			+	
(G)				
(H)	Form 990, Part X, col. (B) line 12.)			
	ents - Program Related.			
	-	" on Form 990. Part IV. line	11c. See Form 990, Part X, line 13.	
	iption of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1)		()		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Form 990, Part X, col. (B) line 13.)			
Part IX Other A	ssets.			
Complete			11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)		45\		
Part X Other Li				
Complete		on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
<u>1.</u>	(a) Description of liability			(b) Book value
(1) Federal income				
	ATES PAYABLE			210,497.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII



210,497.



(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

20110	Judio D	(1 emil 600) 2022				1 ugo
Pa	rt XI	Reconciliation of Revenue per Audited Financial Statement	ts Wit	h Revenue per Ret	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	1,099,501.
2	Amoui	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a			
b		ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	19,060.		
е		nes 2a through 2d			2e	19,060.
3	Subtra	nct line 2e from line 1			3	1,080,441.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,080,441.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per R	letur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	1,239,608.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior y	ear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d	19,060.		
е	Add lir	nes 2a through 2d			2e	19,060.
3	Subtra	ct line 2e from line 1			3	1,220,548.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

c Add lines 4a and 4b

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED STATES REQUIRE SNSI TO EXAMINE ITS TAX POSITIONS FOR UNCERTAIN POSITIONS. SNSI IS NOT AWARE OF ANY TAX POSITIONS THAT ARE MORE LIKELY THAN NOT TO CHANGE IN THE NEXT 12 MONTHS, OR THAT WOULD NOT SUSTAIN AN EXAMINATION BY APPLICABLE TAXING AUTHORITIES. SNSI'S POLICY IS TO RECOGNIZE PENALTIES AND INTEREST AS INCURRED IN ITS STATEMENT OF ACTIVITIES AS A COMPONENT OF OPERATING EXPENSES AND TOTAL \$0 FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021. SNSI'S FEDERAL AND STATE INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPLICABLE TAX AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE.

4c

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization				Employer identification number				
SPAY NEUTER SERVICES OF INDIANA				31-0922	223			
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual or the properties of the properties o	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
compensated at least \$5,000 by the		ant to	agreer	nents under which ti	ie iui	idiaisei is to be	,	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custody have custody to (or retained by) to (or retained by)				(vi) Amount paid to (or retained by) organization		
		Yes	No					
Total								
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration	

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WINTER	SUMMER		(add col. (a) through
			APPEAL	APPEAL	2	
			(event type)	(event type)	(total number)	col. (c))
Revenue						
š.	1	Gross receipts	49,474.	8,356.	1,000.	58,830.
Ä	ľ	GIOGO TOCOLPIC		7,000		
	2	Less: Contributions				
	_	Less. Contributions				
	3	Gross income (line 1 minus line 2)	49,474.	8,356.	1,000.	58,830.
	-	Gross meetine (international state 2)	15/1/10	0,3301	1,0000	30,0301
	4	Cash prizes				
	7	Oasii prizes				
	_	Nanagah prizas				
S	5	Noncash prizes				
Se		Doubt/facility and				
per	6	Rent/facility costs				
Direct Expenses	_					
eC.	7	Food and beverages				
ä						
	8	Entertainment	6.404	1 601	11 000	10.00
	9	Other direct expenses	6,191.	1,631.	11,238.	19,060.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			19,060.
_		Net income summary. Subtract line 10 from li				39,770.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	T		
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
n E			., ,	bingo/progressive bingo		col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
Ś	2	Cash prizes				
Expenses						
çpe	3	Noncash prizes				
Ę						
Direct	4	Rent/facility costs				
Ճ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No —	No —	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		3	()			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Fn	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a	_			Yes No
	If "					
_	If "	No," explain:				
-	If "	по, ехрапт.				
	_			rminated during the tay w	(par?)	Voc No
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te		rear?	Yes No
10a	We		evoked, suspended, or te		/ear?	Yes No

Sch	nedule G (Form 990) 2022 SPAY NEUTER SERVICES OF INDIANA 31-0	1922223	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
40			140
	Indicate the percentage of gaming activity conducted in:	ا مدا	0.4
	a The organization's facility	13a	<u>%</u>
	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
45.		Yes	□ No
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	res	
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
(c If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Carring manager compensation		
	Secretary of a secretary		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	•		
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ Na
	retain the state gaming license?	res	∟ No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
_			



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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.

2022 Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 31-0922223 SPAY NEUTER SERVICES OF INDIANA Part I General Information on Grants and Assistance 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? 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 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, Fiviv, appraisal, other)	
PET FRIENDLY GROUP GRANT	1694	141,662.	0.		
COMMUNITY CAT	4041	271,640.	0.		
SPAY-NEUTER SERVICES	4632	525,268.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
CERTIFICATES ARE ISSUED TO QUALIFI	ED RECIPI	ENTS, WHIC	CH ARE REDE	EMED AT	
PARTICIPATING VETERINARIANS. THE C	ERTIFICAT	ES ARE REC	CORDED AS I	SSUED UPON	
ISSUANCE AND THE VETERINARIAN OFFI	CES ARE R	EIMBURSED	FOR THE CE	RTIFICATES	
REDEEMED WHEN SUBMITTED.					

SCHEDULE O (Form 990)

Department of the Treasury

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.

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

SPAY NEUTER SERVICES OF INDIANA

Employer identification number 31-0922223

FORM 990, ITEM C, DOING BUSINESS AS:
PET FRIENDLY SERVICES OF INDIANA
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PET FRIENDLY SERVICES SAVES ANIMAL LIVES AND PREVENTS SUFFERING. WE
PROVIDE FREE/LOW COST SPAY/NEUTER SURGERY CERTIFICATES TO ANIMAL
SHELTERS, RESCUE GROUPS AND LIMITED-INCOME FAMILIES IN ALL 92 INDIANA
COUNTIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PET FRIENDLY SERVICES OF INDIANA SAVES ANIMAL LIVES AND PREVENTS
SUFFERING. WE PROVIDE FREE AND LOW-COST SPAY/NEUTER SURGERY
CERTIFICATES TO ANIMAL SHELTERS, RESCUE GROUPS AND LIMITED-INCOME
FAMILIES. OUR LIFESAVING SERVICES ADDRESS THE ROOT CAUSE OF
OVERPOPULATION AND REACH ALL 92 INDIANA COUNTIES. WE ALSO RESPOND TO
CASES OF ABUSE, NEGLECT, AND ABANDONMENT TO ENSURE THE MOST VULNERABLE
ANIMALS HAVE THE LOVE AND SUPPORT THEY DESERVE.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE RETURN WAS REVIEWED BY THE BOARD PRESIDENT AND TREASURER.
FINAL RETURN DISTRIBUTED TO THE BOARD. QUESTIONS OR COMMENTS ARE DIRECTED
TO THE TREASURER.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS PROVIDED A WRITTEN CONFLICT OF INTEREST POLICY

ANNUALLY, FOR REVIEW AND RESPONSE. EACH BOARD MEMBER SIGNS A STATEMENT OF

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization SPAY NEUTER SERVICES OF INDIANA 31-0922223 RECEIPT AND UNDERSTANDING, AND IDENTIFIES ANY CONFLICTS OF INTEREST WHICH THEY MAY HAVE. THERE HAVE BEEN NO DISCLOSURES OF CONFLICT OF INTEREST BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: SPAY NEUTER MAKES AVAILABLE TO THE PUBLIC ANY GOVERNING DOCUMENTS, CONFLICT OF INTEREST FORMS AND FINANCIAL STATEMENTS, UPON REQUEST. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.