(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

must use Form 7004 to request an extension of time to	file income tax retur	ns.		
Part I - Identification				
Type or Name of exempt organization, employer, or	other filer, see instr	uctions.	Taxpayer id	dentification number (TIN)
Print				
SPAY NEUTER SERVICES C	F INDIANA			31-0922223
File by the due date for filing your rature See 1100 W 42ND ST, 205	.O. box, see instruc	tions.		
return. See instructions. City, town or post office, state, and ZIP cod INDIANAPOLIS, IN 4620		ress, see instructions.		
Enter the Return Code for the return that this application		te application for each return)		01
Application Is For	Return			Return
	Code			Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)		09
Form 4720 (individual)	03	Form 5227		10
Form 990-PF	03	Form 6069		11
	04	Form 8870		12
Form 990-T (sec. 401(a) or 408(a) trust)				
Form 990-T (trust other than above)	06	Form 5330 (individual)		13
Form 990-T (corporation)	07	Form 5330 (other than individual)		14
Form 1041-A	08			
• After you enter your Return Code, complete either Pa	rt II or Part III. Part II	I, including signature, is applicable of	only for an ex	xtension of
time to file Form 5330.				
 If this application is for an extension of time to file For 		•		
Plan Name				
Plan Number				
Plan Year Ending (MM/DD/YYYY)				
Part II - Automatic Extension of Time To File for Exem		see instructions)		
The books are in the care of SCARLETT CM				
	Y ROAD 25	E - CLOVERDALE, IN	46120)
Telephone No. <u>317-538-2805</u>		Fax No		
• If the organization does not have an office or place o	f business in the Un	ited States, check this box		
• If this is for a Group Return, enter the organization's				
box If it is for part of the group, check this bo	x and atta	ch a list with the names and TINs of	all member	s the extension is for.
1 I request an automatic 6-month extension of time	until NOVEMB	ER 15 , 20 24 , to fil	e the exemp	t organization return for
the organization named above. The extension is for				-
X calendar year 20 23 or	Ū			
tax year beginning	20	and ending		20
	,==	; and enabling		,
2 If the tax year entered in line 1 is for less than 12	months check reas	on: Initial return	Final return	
Change in accounting period			i indi rotaini	
· · · · · · · · · · · · · · · · · · ·	0 or 6060 optor the	tontativo tox, logo		
		teritative tax, less		\$ 0.
any nonrefundable credits. See instructions.		v votup doble evedite eved	<u>3a</u>	<u>\$</u> 0.
b If this application is for Forms 990-PF, 990-T, 4720				<u>م</u>
estimated tax payments made. Include any prior y			3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Includ	• • •			<u>م</u>
using EFTPS (Electronic Federal Tax Payment Sys	stem). See instructio	INS.	3C	\$ 0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)

	0	0	1
		U	
Form	_		
			-

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number В Address change SPAY NEUTER SERVICES OF INDIANA Name change PET FRIENDLY SERVICES OF INDIANA 31-0922223 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 317-767-7771 1100 W 42ND ST 205 ,476,441. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended INDIANAPOLIS, IN 46208 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SHARON STORMS for subordinates? Yes X No SAME AS C ABOVE _Yes H(b) Are all subordinates included? No Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PETFRIENDLYSERVICES.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1977 M State of legal domicile: IN Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 1 Activities & Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 3 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 2 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 15 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 897,749. 1,294,898. Contributions and grants (Part VIII, line 1h) 8 Revenue 131,198. 134,507. 9 Program service revenue (Part VIII, line 2g) 519. 4,252. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 50,975. 11,092. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,080,441. ,444,749 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 938,570. 1,031,219. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 181,054. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 141.343. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. Ο. b Total fundraising expenses (Part IX, column (D), line 25) 100,924. 136,510. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,220,548. 1,309,072. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -140,107.135,677. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 317,793. 656,733 20 Total assets (Part X, line 16) 250,510. 453,773 21 Total liabilities (Part X, line 26) El det 67,283. 202,960 Net assets or fund balances. Subtract line 21 from line 20 22 Part II Signature Block

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

Sign	Signature of officer	Date
Here	SHARON STORMS, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	DAVID W. LEMLER, CPA, CGM DAVID W. LEMLER, CPA 08/13	8/24 self-employed P00378478
Preparer	Firm's name DONOVAN, P.C.	Firm's EIN 35-1356555
Use Only	Firm's address 5151 E US HWY 36	
	AVON, IN 46123	Phone no. (317) 745-6411
May the IF	RS discuss this return with the preparer shown above? See instructions	
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23	Ferm 990 (2023)
		Client Copy

Part III Statement of Program Service Accomplishments [X] Check *Exchedue Contains a response or note to any line in this Part III. [X] Profey describe the organization's mission: SEE SCHEDULE O 2 Dd the organization undertake any significant program services during the year which were not listed on the profey from S80 or 980-E27. [Yes [X] No 11 'Yes,' describe these inthe any significant program services during the year which were not listed on the profey from S80 or 980-E27. [Yes [X] No 12 'Dd the organization caser conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)(2) and 501(6)(4) organizations are required to import the anount of grants and allocation to others, the total separate. Section 501(6)(2) and 501(6)(4) organizations are required to import the anount of grants and allocation to others, the total separate. Section 501(6)(2) and 501(6)(4) organizations are required to import the anount of grants and allocation to others, the total separate. Section 501(6)(2) and 501(6)(4) organizations are required to import the anount of grants and allocation to others. The test the section 501(6)(2) and 501(6)(4) organizations are required to import the section 500 Section 5	Form	990 (2023) SPAY NEUTER SERVICES OF INDIANA	31-0922223	Page 2
1 Brefly describe the organization's mission: 2 Did the organization undertake any significant program services during the year which were not listed on the proform 800 or 800 E27	Pa	rt III Statement of Program Service Accomplishments		
SEE SCHEDULE 0 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 800 or 80 ct? □ Yes X No 1* Yes, 'Good the end revealed on Schedule 0. >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		· · ·		X
 2 Did the organization undertake any significant program services during the year which were not listed on the proform 600 or 500 E27 a "Yes," describe these new services on Schedule 0. b Tes," describe these changes on Schedule 0. b Tes," describe these changes on Schedule 0. b Deache the cognization's groups markic accomplishments for each of its three largest program services, an messured by sepenses. Section 0510(3) and 0510(4) organization case conjunctions program service accomplishments for each of its three largest program services, and the cognization's program service operations in program services of 42.494. (newset 134,507.) b Deache the cognization's program service accomplishments for each of its three largest program services, and the cognization's program service operation's program services of 24.494. (newset 134,507.) b SPAY-NEUTER ASISTANCE PROGRAM (AND) FROUTDES \$25 STURGERTES TO LIMITED-INCOME PET PARENTS. NEICHBORHODS WITH LOWER INCOMES TEND TO LAVE A MUCH HIGHER NUMBER OF HOMELESS ANIMALS. PEOPLE WITH BIG HEARTS, BUT SMALL SUDGETS. THE SNAP PROGRAM HELPS PEOPLE WITH BIG HEARTS, BUT SMALL SUDGETS. THE SNAP PROGRAM HELPS DEOPLE WITH BIG HEARTS, BUT SMALL SUDGETS. THE SNAP FORGRAM MELPS DEOPLE WITH BIG HEARTS, BUT STRAY CAT OR DOG, BUT PREQUENTLY CANNOT AFFORD THE COST OF A SPAY/NEUTERS. WHICH WOULD LIKELY END UP AS STRAYS - OR AT THE "INTAKE" DOORS OF LOCAL SHELTERS. b (cost) Newset 141,819. (nonsel growt ds 141,819.) (nonset 1.11,819.) (nonset 1.11,819.	1			
profrom 990 or 900 c27 □Yes, (dscribe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 801(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if way, (described regord accomplications are required to report the amount of grants and allocations to others, the total expenses, and revenue, if way, for each program service apported. 134,507.) 4a (loweness) 757,787. including grants as? 134,507.) SPAY-NETTER ASSISTANCE PROGRAM (SNAP) FOUTDES \$25 SURGERIES TO LIMITED - INCOME PET PARENTS. NEIGHBORNOODS WITH LOWER INCOMES TEND TO HAVE A MUCH HIGHER NUMBER OF HOMELESS ANIMALS. PEOPLE ARE WILLING TO ADOPT A STRAY CAT OR DOG, BUT PREQUENTLY CANNOT AFFORD THE COST OF A SPAY.NEUTERS SURGERY. THE SNAP PROGRAM ALSO ENSURES THERE ARE NO UNWANTED LITTERS, WHICH WOULD LIKELY END UP AS STRAYS - OR AT THE "INTAKE" DOORS OF LOCAL SHELFERS. 4b forme 141,819. including grants at 141,819. in Provides) interpreter ASSISTANCE PROGRAM SUPPORTS HUNDREDS OF HARD-WORKING SHELTERS AND RESCUE GROUPS, WHICH ARE GENERALLY UNDERFUNDED, UNDERSTAFFED - OR SIMPLY "ALL VOLUNTERF" (NGARMIZATIONS 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. 4c (idemones) 246,906. interpreteds)		SEE SCHEDOLE O		
profrom 990 or 900 c27 □Yes, (dscribe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 801(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if way, (described regord accomplications are required to report the amount of grants and allocations to others, the total expenses, and revenue, if way, for each program service apported. 134,507.) 4a (loweness) 757,787. including grants as? 134,507.) SPAY-NETTER ASSISTANCE PROGRAM (SNAP) FOUTDES \$25 SURGERIES TO LIMITED - INCOME PET PARENTS. NEIGHBORNOODS WITH LOWER INCOMES TEND TO HAVE A MUCH HIGHER NUMBER OF HOMELESS ANIMALS. PEOPLE ARE WILLING TO ADOPT A STRAY CAT OR DOG, BUT PREQUENTLY CANNOT AFFORD THE COST OF A SPAY.NEUTERS SURGERY. THE SNAP PROGRAM ALSO ENSURES THERE ARE NO UNWANTED LITTERS, WHICH WOULD LIKELY END UP AS STRAYS - OR AT THE "INTAKE" DOORS OF LOCAL SHELFERS. 4b forme 141,819. including grants at 141,819. in Provides) interpreter ASSISTANCE PROGRAM SUPPORTS HUNDREDS OF HARD-WORKING SHELTERS AND RESCUE GROUPS, WHICH ARE GENERALLY UNDERFUNDED, UNDERSTAFFED - OR SIMPLY "ALL VOLUNTERF" (NGARMIZATIONS 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. 4c (idemones) 246,906. interpreteds)				
profrom 990 or 900 c27 □Yes, (dscribe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 801(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if way, (described regord accomplications are required to report the amount of grants and allocations to others, the total expenses, and revenue, if way, for each program service apported. 134,507.) 4a (loweness) 757,787. including grants as? 134,507.) SPAY-NETTER ASSISTANCE PROGRAM (SNAP) FOUTDES \$25 SURGERIES TO LIMITED - INCOME PET PARENTS. NEIGHBORNOODS WITH LOWER INCOMES TEND TO HAVE A MUCH HIGHER NUMBER OF HOMELESS ANIMALS. PEOPLE ARE WILLING TO ADOPT A STRAY CAT OR DOG, BUT PREQUENTLY CANNOT AFFORD THE COST OF A SPAY.NEUTERS SURGERY. THE SNAP PROGRAM ALSO ENSURES THERE ARE NO UNWANTED LITTERS, WHICH WOULD LIKELY END UP AS STRAYS - OR AT THE "INTAKE" DOORS OF LOCAL SHELFERS. 4b forme 141,819. including grants at 141,819. in Provides) interpreter ASSISTANCE PROGRAM SUPPORTS HUNDREDS OF HARD-WORKING SHELTERS AND RESCUE GROUPS, WHICH ARE GENERALLY UNDERFUNDED, UNDERSTAFFED - OR SIMPLY "ALL VOLUNTERF" (NGARMIZATIONS 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. 4c (idemones) 246,906. interpreteds)				
<pre>If 'Yes' describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(68) and 501(64) anguinzations are required to report the amount of grants and allocations to others, the total expenses, and reverues, if any, for each program service reported. 4 Cost / (Coster 757, 77.7). 'Including outlies of 642,494) (Newwest 134,507) SPAY-NEUTER ASSISTANCE PROGRAM (SNAP) PROVIDES \$25 SURGERIES TO LIMITED-INCOME PET PARENTS. NEIGHBORHOODS NITH 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 APPORD THE COST OF A SPAY/NEUTER SURGERY. THE SNAP PROGRAM ALSO ENSURES THERE ARE NO UNNANTED LITTERS, wHICH WOULD LIKELY END UP AS STRAYS - OR AT THE "INTAKE" DOORS OF LOCAL SHELTERS. 4 (cost</pre>	2	Did the organization undertake any significant program services during the year which were not listed on the		
 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		1	Yes	K X No
 If 'Yes' describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(e)(s) and 501(e)(s) an	-			v .
 4 Describe the organizations program service accompletionments 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 treevends, if with, for each program service required to report the amount of grants and allocations to others, the total expenses, and treevends, if with, for each program service required to report the amount of grants and allocations to others, the total expenses, and treevends, if with, for each program service required to report the amount of grants and allocations to others, the total expenses, and treevends, if with, for each program service required to report the amount of grants and allocations to others, the total expenses, and the total program service required to report the amount of grants and allocations to others, the total expenses and total program service required to report the amount of grants and allocations to others, the total expenses, and the total expenses and the amount of grants and allocations to others, the total expenses and total expenses and the amount of grants and allocations to others, the total expenses, and the amount of grants and allocations to others, the total expenses, and the amount of grants and allocations to others, the total expenses, and the amount of grants and allocations to others, the total expenses, and the amount of grants and allocations to others, the total expenses and the amount of grants and allocations to others, the total expenses and the amount of grants and allocations to others, the total expenses and the amount of grants and allocations to others, the amount of grants and allocations to others, the addition and allocations and a	3		Yes	S 🔼 No
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. 40 (code) (covernest	4		manurad by avaansas	
terrerule, fam, for each program service reported 157, 787. "encloring grams at 642,494.) (Resmust 134,507.) 4a (Code) (Expendes 757, 787. "encloring grams at 642,494.) (Resmust 104,507.) 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 ALSO ENSURES THERE ARE NO UNWANTED LITTERS, WHICH WOULD LIKELY END UP AS STRAYS - OR AT THE "INTAKE" DOORS OF LOCAL SHELTERS. 60 (code:) (Expendes 141,819. ITHE 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 CAT'S FROM SHELTERS. RESCUE GROUPS HAVE THE CAPACITY TO FOCUS ON BEHAVIOR AND MEDICAL NEEDS AND FIND THE PERFECT ADOPTIVE FAMILY FOR THEIR ANIMALS. COMMUNITY CAT PROGRAM SRE START-UPS THAT LACK FUNDING BUT ARE COMMUNITY CAT PROGRAM SRE START-UPS TH	4			
<pre>4e (cote</pre>				
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 ALSO ENSURES THERE ARE NO UNWANTED LITTERS, WHICH WOULD LIKELY END UP AS STRAYS - OR AT THE "INTAKE" DOORS OF LOCAL SHELTERS.	4a	(Code:) (Expenses \$757,787. including grants of \$642,494.) (Reve		507.)
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 ALSO ENSURES THERE ARE NO UNWANTED LITTERS, WHICH WOULD LIKELY END UP AS STRAYS - OR AT THE "INTAKE" DOORS OF LOCAL SHELTERS. () [Decements] 141,819. molding genes of 141,819.) [Revenues] () THE PET FRIENDLY PLATE PROGRAM SUPPORTS HUNDREDS OF HARD-WORKING SHELTERS AND RESCUE GROUPS, WHICH ARE GENERALLY UNDERFUNDED, UNDERTAFFED - 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 AND FIND THE PERFECT ADOPTIVE FAMILY FOR THEIR ANIMALS. (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 COMMUNITY CAT PROGRAM SARE START-UPS THAT LACK FUNDING BUT ARE COMMINITED TO HELPING CATS. COMMUNITY CAT PROGRAMS ARE THE MOST EFFECTIVE MAY 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 SCAN 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. 40 Other program services (Describe ON Schedule O.) (EDECEMENT SHELFER OFFICIALS AWARE OF LIFESAVING PROGRAMS THAT ARE SUPPORTED BY THEIR CONSTITUENTS. 41 Other program services (Describe ON Schedule O.) (EDECEMENT SHELFERS IN SCHEDERS DE SCHED SCHED SC				
ADOPT A STRAY CAT OR DOG, BUT FREQUENTLY CANNOT AFFORD THE COST OF A SPAY/NEUTER SURGERY. 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. 				
<pre>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.</pre>				
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. 40 (Code:				
LITTERS, WHICH WOULD LIKELY END UP AS STRAYS - OR AT THE "INTAKE" DOORS OF LOCAL SHELTERS. (Greeness: 141,819. models getter of 141,819.) (Newrons) 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. (Greenees: 246,906. models getter of 246,906.) (Newrons) COMMUNITY CAT PROGRAM: PET FRIENDLY SERVICES OF INDIANA PROVIDES THOUSANDS OF FREE SPAY/NEUTER SURGERIES AND VACCINATIONS TO MORE THAN 100 FROGRAMS 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. 40 OTHEr program service (Describe on Schedule O) (Expenses including and of sinchang and of sinchan				БОТ
OF LOCAL SHELTERS. 40 (Code:				ORS
4b (Code:		•		0110
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.				
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.				
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.				
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.		141 010 141 010		
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. 4c (code:)(Expenses 3246,906. metuding grants of 3246,906.) (Revenue 5) 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 (TMR) 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. 4d Other program services (Describe on Schedule O) (Expenses	4b)
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.				
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 2 246,906. including grants of 8 246,906.) (Revenue 8) 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 STAT-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. 40 Other program services (Describe on Schedule O.) (Expenses including grants of) (Revenue 8)) 4e Total program service expenses 1,146,512.				
CATS FROM SHELTERS. RESCUE GROUPS HAVE THE CAPACITY TO FOCUS ON BEHAVIOR AND MEDICAL NEEDS AND FIND THE PERFECT ADOPTIVE FAMILY FOR THEIR ANIMALS. 46 (Code:)(Expenses 246,906. including grants of 246,906.) (Revenue 8) 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. 40 Other program services (Describe on Schedule 0.) (Expenses including grants of) (Revenue 8) 4e Total program service expenses 1,146,512.				N
BEHAVIOR AND MEDICAL NEEDS AND FIND THE PERFECT ADOPTIVE FAMILY FOR THEIR ANIMALS. 4c (code:)(Expenses		READY AND ALLOW RESCUE GROUPS TO "PULL" ADDITIONAL AT-RI	SK DOGS AND	
THEIR ANIMALS. 4c (Code:)(Expenses §246,906. including grants of §246,906.) (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. 4d Other program services (Describe on Schedule 0.) (Expenses § including grants of \$) (Revenue \$)) 4e Total program service expenses 1,146,512.				
4c (Code:) (Expenses \$ 246,906. including grants of \$ 246,906.) (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. 4d Other program services (Describe on Schedule O.) (Expenses 1 n.146, 512.			FAMILY FOR	
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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 1,146,512.		THEIR ANIMALS.		
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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 1,146,512.				
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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 1,146,512.				
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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 1,146,512.				
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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 1,146,512.	4c	(Code:) (Expenses \$246,906. including grants of \$246,906.) (Reve	enue \$)
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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses				
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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses				
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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses		· ·		TS.
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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses				
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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 1,146,512.				NT
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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses			CAN FOCUS U	/11
 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. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 1,146,512. 			ZED COMMUNITI	ES
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. 4d Other program services (Describe on Schedule O.) (Revenue \$)) (Expenses \$) including grants of \$)) (Revenue \$)) 4e Total program service expenses 1,146,512.				
SUPPORTED BY THEIR CONSTITUENTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 1,146,512.				L
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 1,146,512.			OGRAMS THAT	ARE
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 1,146,512.		SUPPORTED BY THEIR CONSTITUENTS.		
4e Total program service expenses 1,146,512.	4d			
)	
	<u>4e</u>	I otal program service expenses 1,140,312.	Eorm	990 (2022)

Form 990 (2				SERVICES	OF	INDIANA
Part IV	Che	ecklist of Required	Schedules	5		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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			
	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?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,	44.		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
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			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	45		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	¹²⁻²¹⁻²³ Client	Form	990	(2023)
	Client		Uľ	JV
		-	- 1	- J

Form	990	(2023)
	330	

1c

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 107			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Client Copy

Form	990 (2023) SPAY NEUTER SERVICES OF INDIANA 31-0922	223	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	14		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
0a		6.		x
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	a .		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	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		X X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	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		1
	If "Yes," complete Form 6069.			
		Гания	000	(2022)

Form 990 (2023)

persons other than the governing body?

Part

8

9

SPAY NEUTER SERVICES OF INDIANA

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

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

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?

b Each committee with authority to act on behalf of the governing body?

more members of the governing body?

31-0922223

7a

7b

8a

8b

9

Client Copy

х

Х

х

х

Х

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

	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervisi	on			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
				1	1	1

	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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		X
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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IN			

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. X Upon request X Own website X Another's website Other (explain on Schedule O)

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

6100 S COUNTY ROAD 25 E, CLOVERDALE, IN 46120

Dort VII	Companyation of Officers Dire	antara Truntana	Kay Employees	Highast Companyated
Part VII	Compensation of Officers, Dire	ectors, mustees,	, rey Employees,	rignest Compensated
	Employees, and Independent (Contractors		
	Employees, and macpendent (

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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do				ו than o	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is both	n an	compensation	compensation	amount of
	week		Cer ar		Irecia	or/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	Institutional trustee		/ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	utiona	-	Key employee	st co	5			organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			J
(1) SHARON STORMS	40.00									
EXECUTIVE DIRECTOR				Х				70,000.	0.	2,100.
(2) RHIANNON JOHNS	30.00									
DIRECTOR OF MARKETING				Х				58,346.	0.	1,750.
(3) STEVI KERSH	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) BETHANY PHYNE	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) ANNE DUBIN	2.00									
SECRETARY		Х		х				0.	0.	0.
(6) SUZANNE MARSHALL	2.00									
TREASURER		Х		х				0.	0.	0.
(7) REBECCA ASHACK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) TRACY BARNES	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MARIE KOENIG	2.00									
DIRECTOR		Х						0.	0.	0.
(10) CHELSEA MARBURGER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) RACHEL O'CAELEIGH	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) BRITTANY ROSE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JAMI STALL	2.00								•	
BOARD MEMBER		Х						0.	0.	0.
						-				
						+				
		1								
332007 12-21-23									Client	Ferm 990 (2023)
										CODY
										• •

	990 (2023) SPAY NEUT	ER SERV	IC	ES	0	F	IN	DI	ANA	31-09	9222	223	Page 8
Pa	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box, offic	not ch unles	s per	ition more son is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related		Estim amou oth	-) nated unt of ner
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		organi and re	nsation the ization elated zations
	Subtotal Total from continuation sheets to Part VII								128,346. 0.		0.		850.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								128,346. eceived more than \$100,	000 of reportable	0.	3,	850.
	compensation from the organization											Ye	-
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	,					'	0		,		3	x
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsa	tion	and	oth	er compensation from t	he organization			
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	<u> </u>
0	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch r	bers	on .					5	X
1	tion B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t									, ,	ensat	ion from	
	(A) Name and business)NE					(B) Description of s		С	(C) ompensa	ation
								_					
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	to t	thos C		ted	above) who received me	ore than			

						S S	ERVICES (OF INDIANA		31-0922	223 Page 9
Pa	rt ۱	VII									
			Check if Schedule O	conta	ains a respo	onse (or note to any lin	1 (4)	(D)	(0)	
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
										business revenue	from tax under
											sections 512 - 514
nts Its	1	а	Federated campaigns					4			
ărai our		b	Membership dues					4			
°°, ₽°°		С	Fundraising events		1c		20,914.				
ar		d	Related organizations		1d						
s, o		е	Government grants (contr	ibuti	ons) 1e						
r S		f	All other contributions, gifts,	grant	ts, and						
the			similar amounts not included	abov	/e 1f	1,	<u>273,984.</u>				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1	la-1f 1g	\$					
<u>3 e</u>		h	Total. Add lines 1a-1f					1,294,898.			
							Business Code				
e	2	2 a	CERTIFICATE R	EV	ENUE		900099	134,507.	134,507.		
ž š		b									
Sei		с									
gram Ser Revenue		d									
Program Service Revenue		е									
Pr		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					134,507.			
	3	3	Investment income (includ	ding	dividends, i	ntere	st, and				
								4,252.			4,252.
	4	ŀ	Income from investment of tax-exempt bond p								-
	5	5	Royalties			•					
			,		(i) Rea	1	(ii) Personal				
	6 a Gros		Gross rents	6a				1			
	-	b	b Less: rental expenses 6b			1					
		õ	Rental income or (loss)	6c				1			
		ь Р	Net rental income or (loss)								
	7		Gross amount from sales of	/ <u></u>	(i) Securi	ties	(ii) Other				
		u	assets other than inventory	7a				1			
		h	Less: cost or other basis	14				1			
e			and sales expenses	7b							
evenue		c	Gain or (loss)	7c							
leve			Net gain or (loss)	-							
er Re	0		Gross income from fundraisi			······					
Other	0	, a	including \$20								
0			contributions reported on								
			Part IV, line 18		-	0	42 784				
		h	Less: direct expenses			ОА	42,784. 31,692.	1			
							51,052.	11,092.			11,092.
	_		Net income or (loss) from Gross income from gamin					11,052.			
	9	, d									
		Ŀ	Part IV, line 19			9a 9b					
			Less: direct expenses								
	40		Net income or (loss) from			s					
	10	a	Gross sales of inventory, I			4					
			and allowances					-			
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	s or invento	ry	Business Code				
SL							Business Code				
leor	11	a									
llan 'ent		b					<u> </u>				
Miscellaneous Revenue		C									
Nis			All other revenue								
			Total. Add lines 11a-11d					1 114 740	124 507	0	15 244
	12	2	Total revenue. See instruction	ons				1,444,749.	134,507.	0.	15,344.

SPAY NEUTER SERVICES OF INDIANA 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 respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,031,219.	1,031,219.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	131,160.	98,370.	32,790.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10 102	7 6 2 7	2 546	
10	Payroll taxes	10,183.	7,637.	2,546.	
11	Fees for services (nonemployees):				
a	Management	5,588.		5,588.	
b		68,292.		68,292.	
C	Accounting	00,292.		00,292.	
d	, , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	20,220.	9,286.	10,934.	
14	Information technology	18,785.		18,785.	
15	Royalties				
16	Occupancy	20,584.		20,584.	
17	Travel	740.		740.	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	367.		367.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,934.		1,934.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,309,072.	1,146,512.	162,560.	0.
26	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)				

SPAY NEUTER SERVICES OF INDIAN	Α
--------------------------------	---

		Check if Schedule O contains a response or i	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			171,084.		234,010.
	2	Savings and temporary cash investments			67,574.	2	136,713.
	3	Pledges and grants receivable, net		3	200,000.		
	4	Accounts receivable, net			79,135.	4	86,010.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	alified pe	ersons (as defined			
		under section 4958(f)(1)), and persons describ	bed in se	ction 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		[7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or othe					
		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, lin				12	
	13	Investments - program-related. See Part IV, lir	ne 11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			317,793.	16	656,733.
	17	Accounts payable and accrued expenses	7,688.	17	66.		
	18	Grants payable			0.		200,000.
	19	Deferred revenue			32,325.	19	30,880.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ŝ	22	Loans and other payables to any current or fo	ormer off	icer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
abi		controlled entity or family member of any of the	hese per	sons		22	
	23	Secured mortgages and notes payable to unr	related th			23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	s to related third			
		parties, and other liabilities not included on lin	nes 17-24	4). Complete Part X			
		of Schedule D			210,497.	_	222,827.
	26	Total liabilities. Add lines 17 through 25			250,510.	26	453,773.
		Organizations that follow FASB ASC 958, o	check he	re 🛛			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			49,543.		112,669.
Ba	28	Net assets with donor restrictions	17,740.	28	90,291.		
pur		Organizations that do not follow FASB ASC	C 958, ch	ieck here			
ц		and complete lines 29 through 33.					
s O	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated	l income,	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			67,283.		202,960.
_	33	Total liabilities and net assets/fund balances			317,793.	33	656,733.

Form **990** (2023)

Client Copy

Form 990 (2023)
Part X Balance Sheet

Form	990 (2023) SPAY NEUTER SERVICES OF INDIANA	31-09	22223	Pag	_{ge} 12
Pa	rt XI 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)	1	1,444		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,309		
3	Revenue less expenses. Subtract line 2 from line 1	3			77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	7,2	83.
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	202	2,9	<u>60.</u>
Pa	rt 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 Cash Corual Corual Corumneter Corum		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	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?		2 b	X	
	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	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	
					()

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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
	2023
	Open to Public Inspection
Employer	identification number

Name of the organization

- tank		SPAY	NEUTER SEI	RVICES OF INI	DIANA				1-0922223
Par	tl	Reason for Public (nis part.) S	ee instructions		
The c 1 [2 [3 [4 [5 [6 [7 [ization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state: An organization operated for section 170(b)(1)(A)(iv). (C A federal, state, or local go An organization that norma	ation because it is: (f urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga ation operated in cor prothe benefit of a col Complete Part II.) vernment or governm Ily receives a substan	For lines 1 through 12, cl n of churches described Attach Schedule E (Form Inization described in se hjunction with a hospital lege or university owned hental unit described in	neck only (in sectio n 990).) ection 170 described or operate section 17	one box.) n 170(b)(1 (b)(1)(A)(ii in sectio ed by a go 70(b)(1)(A)	I)(A)(i). i). n 170(b)(1)(A)(vernmental un (v).	iii). Enter it describe	ed in
8 [9 [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 university: 							
10 [11 [X	An organization that normal activities related to its exen income and unrelated busin See section 509(a)(2). (Con An organization organized a	npt functions, subjec ness taxable income mplete Part III.) and operated exclusi	t to certain exceptions; a (less section 511 tax) fro vely to test for public sat	and (2) no i m busines fety. See	more than ses acquii section 50	33 1/3% of its red by the orga 09(a)(4).	support fi anization a	rom gross investment fter June 30, 1975.
12 a b	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 II. A supporting org control or management o organization(s). You mus Type III functionally interior 	f the supporting organized for the support of the s	anization vested in the sa Sections A and C.	ame persoi	ns that co	ntrol or manage	e the supp	ported
c d		its supported organizatio	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
e	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.								
f	Ente	functionally integrated, or the number of supported or	• •	nally integrated supporting	ng organiza	ation.			
	Pro	vide the following information	about the supporte						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of i support (see ins		(vi) Amount of other support (see instructions)
Total									

332021 12-21-23

Schedule A (Form 990) 2023

332022 12-21-23

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 \dots

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)

6 Public support. Subtract line 5 from line 4. Section B Total Support

Sei	Slion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) T	otal
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots							
9	Net income from unrelated business							
	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							
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)		
	organization, check this box and stor	o here					<u></u>	
Se	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11,	column (f))		14		%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15		%
16 a	33 1/3% support test - 2023. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check t	his box and	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱				
k	33 1/3% support test - 2022. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, ch	eck this box	
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is	s 10% or more,	
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	e re. Explain in Part	VI how the o	organization	
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported of	organization			
k	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or ⁻	17a, and line	∍15 is 10% or	
	more, and if the organization meets th	ne facts-and-circum	nstances test, che	ck this box and s	stop here. Explain i	in Part VI ho	w the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicl	y supported organi	zation		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instru	uctions	
						Scheo	dule A (Form 99	0) 2023

Schedule A (Form 990) 2023 SPAY NEUTER SERVICES OF INDIANA Part II Suppo

(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.)

(c) 2021

(d) 2022

31-0922223 Page 2

(f) Total

(e) 2023

ς,										
r	t Schedule fo	or Orgai	nizations	Described in	Section	s 170(b)(1)(A)(iv)) and 170	(b)(1)(A)	(vi)

SPAY NEUTER SERVICES OF INDIANA 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.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	880,817.	865,417.	883,526.	897,749.	1294898.	4822407.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the	124 222	110 505	100 800	1 . 1	104 505	
	organization's tax-exempt purpose	134,929.	110,586.	190,788.	131,198.	134,507.	702,008.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
~	• • …	1015746.	976,003.	1074314.	1028947.	1429405.	5524415.
	Total. Add lines 1 through 5	1015740.	970,003.	10/4314.	1020947.	1429405.	5524415.
78	Amounts included on lines 1, 2, and			6,117.		200,000.	206,117.
h	3 received from disqualified persons Amounts included on lines 2 and 3 received			0,11/.		200,000.	200,117.
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year			6,117.		200 000.	206,117.
	Public support. (Subtract line 7c from line 6.)			0,11,.		200,000.	5318298.
	tion B. Total Support						5510290.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1015746.	976,003.	1074314.	1028947.	1429405.	5524415.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	980.	323.	190.	519.	4,252.	6,264.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	980.	323.	190.	519.	4,252.	6,264.
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on				50,975.	11,092.	62,067.
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	1016726.			1080441.		
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatic	n,
0		- 0					
	ction C. Computation of Publi						05 00
	Public support percentage for 2023 (I		-	olumn (f))		15	95.09 %
	Public support percentage from 2022 ction D. Computation of Invest					16	99.83 %
	•			10		47	.11 %
	Investment income percentage for 20					17	
	Investment income percentage from					18	
198	33 1/3% support tests - 2023. If the	-					r is not
F	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						
C C	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•		•	
	23 12-21-23		<u></u>				(Ferm 990) 2023
					(() n v
							JOPY

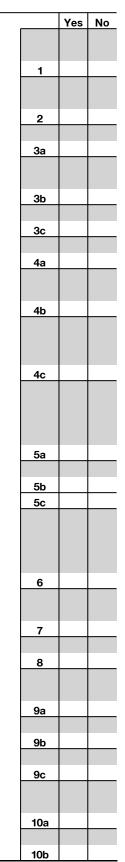
332024 12-21-23

(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

Part IV 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.)



Schedule A (Form 990) 2023 SPAY NEUTER SERVICES OF INDIANA

Yes

1

З

2a

2b

3a

Schedule A (Ferm 990) 2023

Yes No

No

No

Pa	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		
b	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? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2		
Sec	tion C. Type II Supporting Organizations		

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations					
			Yes		
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.

Section 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).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a	governmental entity.	Describe in Part VI how	vou supported a governme	ental entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	--------------------------	----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- **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 of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A	(Form 990) 2023	SE
Part V	Type III Non-	Functional

A	(Form 990)) 2023	SPAY	NEUTER	SERVICES	OF	INDIANA
	Type III	Non-Functio	onally In	tegrated 5	09(a)(3) Supp	orting	g Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

e Excess from 2023

SPAY	NEUTER	SERVICES	OF	INDIANA

		ERVICES OF IND			1-0922223 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions			-	Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	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 2023 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) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	SPAY	NEUTER	SERV	ICES	OF	INDIA	NA		31-0922	2223 F	- Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8 (See instructions.)	nation. 2, 3b, 3c, nes 2 and	Provide the e: 4b, 4c, 5a, 6, 3; Part IV, Se	xplanation 9a, 9b, 9c ction E, lir	ns require c, 11a, 1 nes 1c, 2	ed by F 1b, an 2a, 2b,	Part II, line d 11c; Parl 3a, and 3t	10; Part II, I t IV, Section o; Part V, line	B, lines 1 a e 1; Part V,	7b; Part III, lii nd 2; Part IV, Section B, lin	ne 12; , Section C le 1e; Part	;
332028 12-21-2	23								Cli	Schedule A ent	CO CO	0) 2023 O Y

SPAY NEUTER SERVICES OF INDIANA

Schedule A

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

31-0922223

2023

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
ISQUALIFIED					
ONTRIBUTORS	0.	0.	6,117.	0.	200,000
otal to Schedule A, art III, Line 7a			6,117.		200,000

Client Copy

323172 04-01-23

SCHEDULE D)
------------	---

(Form	990)
-------	------

332051 09-28-23

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. 2023 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SPAY	NEUTER	SERVICES	OF	TNDTANA	
DITT	NDO I DI(DHULTCHD	01		

Employer identification number 31 - 0922223

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		milar Funds or A	ccounts. Comple	te if the
		(a) Donor advised	l funds	(b) Funds and other a	accounts
1	Total number at end of year			()	
2	Aggregate value of contributions to (during 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 v	writing that the assets hel	d in donor advised fun	ds	
Ŭ	are the organization's property, subject to the organization's	-			es No
6	Did the organization inform all grantees, donors, and donor a				
Ŭ	for charitable purposes and not for the benefit of the donor o				
	impermissible private benefit?			•	es No
Pa					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea		Preservation of a hist	orically important lan	d area
	Protection of natural habitat		Preservation of a cert		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	tion in the form of a co	onservation easement	on the last
	day of the tax year.				d of the Tax Year
а	Total number of conservation easements			2a	
b				2b	
с	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, a			
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel			ization during the tax	:
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspecti	on, handling of		
	violations, and enforcement of the conservation easements it	holds?	-	Y	es No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conservation	on easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	orcing conservation ea	sements during the y	rear
8	Does each conservation easement reported on line 2d above				
	and section 170(h)(4)(B)(ii)?				es No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements th	at describes the	
De	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Listorical Tree	ouros or Other C	Similar Acasta	
Fai			isures, or other a	Similar Assels.	
	Complete if the organization answered "Yes" on Form				
1 a	If the organization elected, as permitted under FASB ASC 95	, ,			
	of art, historical treasures, or other similar assets held for put			nce of public	
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95	•			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e 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 treater			provide	
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			\$	
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023

Sche		UTER SERVI						31-09	2222	3 Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historie	cal Tre	easures, or	Other	Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check an	y of the	following that r	nake sig	gnificant u	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🗌 Loa	n or exc	hange progran	n					
b	Scholarly research	е	e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they f	urther th	ne organization	i's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	-	-		-						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa		Ū								
1a	Is the organization an agent, trustee, custodi	ian, or other intermed	diary for con	tributior	ns or other asse	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F						ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds Complete if	the organization and	swered "Yes	" on Fo	rm 990, Part IV	', line 10).				
		(a) Current year	(b) Prior	year	(c) Two years	back ((d) Three y	ears back	(e) Fou	r 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 cur		e (line 1g, co	olumn (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are	e held ai	nd administere	d for the	e				
	organization by:	C C								Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lin	e 11a. S	See Form 990, I	Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		cumulate	ed	(d) Boo	k valu	e
1a	Land	· · · ·									
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		V line 10c	ooluma							0.
- otd		iyuai romi 990, Part		COIUTIIN	<i>וְנָכ</i> וּ			<u></u>			

Schedule D (Form 990) 2023

	Complete if the organization answered "Yes" of	ni Fonni 990, Fart IV, line		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. ((b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the erganization answered "Vec" of	n Form 000 Dart IV line		
			11d. See Form 990, Part X, line 15.	
		Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			11d. See Form 990, Part X, line 15.	(b) Book value
(1)			11d. See Form 990, Part X, line 15.	(b) Book value
			11d. See Form 990, Part X, line 15.	(b) Book value
(2)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4)			Tid. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6)			11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	(a) [umn (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" c	Description		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec	(a) [Description		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fee (2) CE	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) CE (3)	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X (1) Fect (2) (2) (2) (3) (4)	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X (1) Fec (2) CE (3) (4) (5)	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll) Part X (9) Total. (Coll) Part X (1) Fec (2) CE (3) (4) (5) (6)	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) CE (3) (4) (5) (6) (7)	(a) [Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll. Part X (9) Total. (Coll. Part X (3) (4) (5) (6) (7) (6) (7) (8) (9)	(a) [Description (B)) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value

SPAY NEUTER SERVICES OF INDIANA

2. 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.

Schedule D (Form 990) 2023

X

31-0922223 Page 3

Client Copy

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Sche	dule D (Form 990) 2023 SPAY NEUTER SERVICES OF	INDIANA	31-0	0922223 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,444,749.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,444,749.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			1,444,749.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	-	ises per Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1			1	1,309,072.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			1,309,072.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	R_)		1,309,072.
Pa	t 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:

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, 2023 AND 2022.
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.

	(Form 990) 2023
D. J. VIII	

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information	Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No	. 1545-0047
(Form 990)		e organization answe organization entered					r 19,	or if the	20)23
Department of the Treasury Internal Revenue Service			to Form 990 c						Open Inspec	to Public
Name of the organization		o www.irs.gov/Form	990 for instruc	tions	and t	ne latest information	า.	Employer	-	tion number
5		UTER SERVIC	ES OF I	NDI	ANA			31-092		
Part I Fundrais	ing Activities.	Complete if the orga	nization answe	red "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990	EZ filers a	ire not
required to complete this part.										
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants 										
—	email solicitations	-			•	nment grants				
c Phone solici	tations	g			-	-				
d 🗌 In-person so	licitations									
2 a Did the organization		•		•	•		tees,			No
		art VII) or entity in con viduals or entities (fund	•			•	ne fur		/es	
compensated at le		-								
				(iii)	Did		(v)	Amount pai	1	
(i) Name and addres or entity (fund		(ii) Activi	ity	have c	Did aiser ustody	(iv) Gross receipts from activity	tò (c	or retained b fundraiser	y) to (or	mount paid retained by)
or entity (lunc					ntrol of utions?	non activity		ted in col. (i)	orę	ganization
				Yes	No					
		<u> </u>								
Total	. <u></u>		<u>.</u>	<u></u>	<u></u>					
3 List all states in whi or licensing.	ch the organizatio	n is registered or licer	nsed to solicit c	ontrib	utions	or has been notified	it is e	exempt from	registrati	วท

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

SPAY NEUTER SERVICES OF INDIANA

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

I			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WINTER	ANIMAL		(add col. (a) through
			APPEAL	WELFARE CONF	2	col. (c))
ē			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	23,520.	15,825.	24,352.	63,697
	2	Less: Contributions		10,623.	10,291.	20,914
	3	Gross income (line 1 minus line 2)	23,520.	5,202.	14,061.	42,783
	4	Cash prizes				
	5	Noncash prizes				
oenses	6	Rent/facility costs		900.		900
Direct Expenses	7	Food and beverages		8,840.		8,840
ā	8	Entertainment		2,000.		2,000
	a		4,398.	1,640.	13,914.	19,952
		Other direct expenses	4,590.	1,010.	13,914.	
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)	1,010.1		31,692
)))	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d)			31,692
°a	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from II Gaming. Complete if the organization	h 9 in column (d)			31,692
Pa	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d)	n 990, Part IV, line 19, or r	eported more than	31,692 11,091
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from II Gaming. Complete if the organization	h 9 in column (d)			31,692 11,091 (d) Total gaming (add
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from II Gaming. Complete if the organization	h 9 in column (d) line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	31,692 11,091 (d) Total gaming (add
Revenue Ba	10 <u>11</u> rt I	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	(d) Total gaming (add col. (a) through col. (c
Hevenue	10 <u>11</u> rt I	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from II Gaming. Complete if the organization	h 9 in column (d) line 3, column (d) answered "Yes" on Form	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	31,692 11,091 (d) Total gaming (add
Hevenue	10 11 rt I	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	31,692 11,091 (d) Total gaming (add
Hevenue	10 <u>11</u> rt I 2 3	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	31,692 11,091 (d) Total gaming (add
Hevenue	10 11 rt I 2 3 4	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	31,692 11,091 (d) Total gaming (add
	10 <u>11</u> rt I 2 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	31,692 11,091 (d) Total gaming (add

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to conduct gaming activities in each of these states? ______ Yes No b If "No," explain: ______

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Second Se

Schedule G (Form 990) 2023

No

Sch	edule G (Form 990) 2023	SPAY	NEUTER	SERVICES	OF	INDIANA	31-0	922223	Page 3
11	Does the organization conduct ga	ming activ	ities with nonr	members?				Yes	No
12	Is the organization a grantor, bene								
	to administer charitable gaming?							Yes	No No
13	Indicate the percentage of gaming								
a	The organization's facility							13a	%
	An outside facility							13b	%
	Enter the name and address of the								
	Name			-		-			
	Address								
15a	Does the organization have a cont	tract with a	a third party fr	om whom the orga	anizatio	on receives gaming	revenue?	Yes	🗌 No
	If "Yes," enter the amount of gami							-	
	of gaming revenue retained by the				Ψ				
	If "Yes," enter name and address								
, c	in res, entername and address		i party.						
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$		_					
	Description of services provided								
	Director/officer	Emp	loyee		dent c	contractor			
17	Mandatory distributions:								
a	Is the organization required under	state law t	to make charit	table distributions	from tl	he gaming proceed	s to		
	retain the state gaming license?							Yes	No No
b	Enter the amount of distributions	required ur	nder state law	to be distributed t	to othe	er exempt organizat	ions or spent in the		
	organization's own exempt activiti			\$					
Pa	rt IV Supplemental Inform 15b, 15c, 16, and 17b, as							t III, lines 9, 9	b, 10b,
	100, 100, 10, and 170, as		. Also provide	any additional in	onnau		5.		

Schedule C	
Dort IV	Cumple

Part IV Supplemental Information (continued)	
	Schedule G (Form 990)

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.			OMB No.	1545-0047	
(Form 990)		Go	vernments, an ete if the organizatio	nd Individual	ls in the Ŭni	ted States		2023			
		Compi	ete in the organizatio	Attach to Forn		rt iv, line 21 of 22.			Open t	o Public	
Department of the Treasury Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.			•	ection	
Name of the organizati	on			-				Employer	identificati	on number	
	SPAY NEUT	ER SERVIC	ES OF INDIA	NA						22223	
Part I General In	formation on Grants a	nd Assistance									
	ation maintain records t		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on			
	ward the grants or assis								X Yes	No No	
	IV the organization's pro							N/ line Of	fa., a.a.,		
	d Other Assistance to I nat received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21,	for any		
1 (a) Name and ad	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of or assistance		
						Other)					
		L	l					1			

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

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

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

Schedule I (Form 990) 2023



Schedule I (Form 990) 2023

31-0922223

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PET FRIENDLY GROUP GRANT	1673	141,819.	0.		
COMMUNITY CAT	4163	246,906.	0.		
SPAY-NEUTER SERVICES	6068	642,494.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CERTIFICATES ARE ISSUED TO QUALIFIED RECIPIENTS, WHICH ARE REDEEMED AT

PARTICIPATING VETERINARIANS. THE CERTIFICATES ARE RECORDED AS ISSUED UPON

ISSUANCE AND THE VETERINARIAN OFFICES ARE REIMBURSED FOR THE CERTIFICATES

REDEEMED WHEN SUBMITTED.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.



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:

SPAY NEUTER SERVICES OF INDIANA

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 PROVIDE A WRITTEN CONFLICT OF INTEREST POLICY

ANNUALLY, FOR REVIEW AND RESPONSE. EACH BOARD MEMBER SIGNS A STATEMENT OF For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 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 ORGANIZATION'S BOARD OF DIRECTORS ASSUMES THE OVERSIGHT OF THE

AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE SELECTION AND

REVIEW PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.