

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOUNTAINEER SPAY NEUTER ASSISTANCE PROGRAM Doing business as M-SNAP Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 4335 City or town, state or province, country, and ZIP or foreign postal code MORGANTOWN, WV 26504 D Employer identification number 26-2121272 E Telephone number (304) 293-7775 G Gross receipts \$ 220,365. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: N/A K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 2008 M State of legal domicile: WV

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SPAY/NEUTER ANIMALS OUR MISSION IS TO MAKE SPAY/NEUTER THE MOST COMMON SOLUTION TO REDUCING THE NUMBER OF HOMELESS, ABANDONED, AND FERAL ANIMAL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 128,809.	Current Year 154,762.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,265.	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	134,074.	154,762.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	108,176.	166,241.
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	108,176.	166,241.
19 Revenue less expenses. Subtract line 18 from line 12	25,898.	-11,479.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 131,721.	End of Year 151,973.
	21 Total liabilities (Part X, line 26)	28,626.	60,357.
	22 Net assets or fund balances. Subtract line 21 from line 20	103,095.	91,616.

Part II Signature Block

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

Sign Here	Signature of officer NANCY YOUNG, TREASURER	Date 05/07/2024			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name HERMAN J. PRICE, CPA	Preparer's signature HERMAN J. PRICE, CPA	Date 05/13/2024	Check <input type="checkbox"/> if self-employed	PTIN P00476885
	Firm's name HERMAN J. PRICE, CPA, AC	Firm's EIN 55-0668009			
	Firm's address 195 GREENBAG RD, MORGANTOWN, WV 26501	Phone no. (304) 599-8075			

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