Form 8879-TF

Department of the Treasury

IRS e-file Signature Authorization

	ior a	lax	⊏xempt	Entity	
For calendar year 2022,	or fiscal ye	ar beg	ginning	, 2022,	and ending

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer **EIN or SSN** MATSU VALLEY INTERFAITH HOSPITALITY NETWORK 68-0510566 Name and title of officer or person subject to tax DAVE ROSE TRUSTEE Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here..... b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b Form 990-EZ check here 3a Form 1120-POL check here Form 990-PF check here..... b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here..... Form 990-T check here 6a Form 5330 check here..... 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize HRB TAX GROUP INC to enter my PIN 10566 as my signature ERO firm name do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

100 Per

433024 01901

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Date

ERO's signature

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form

OMB No. 1545-0047

22

	_	venue Service Go to www.irs.gov/Form990 for instructions	and the	lates	inform	ation.			Inspe	ection
A F	or th	ne 2022 calendar year, or tax year beginning			nd endi		-			20
B Ch	eck it	fapplicable: C Name of organization MATSU VALLEY INTERFAL	ТН НО	SPI	· · · · · · · ·	_	nnlov	or ideas		The same of the sa
A	ddres	ss change Doing business as FAMILY PROMISE MAT SU				1 5	npioy	er identi	OFF	numbe
N	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone)
In	itial r	eturn PO BOX 870589	-6.11	1.0	Jin/Suite	- 16				F 0
F	nal re	City or town, state or province, country, and ZIP or foreign	postal cod	10		_		7-23	2-44	50
te	rmina	WASILLA AK 99687	postar coc	16		G G		•		007
A	mend	ed return F Name and address of principal officer:		H(a)	le shire -	-	ceipts			987,
Ap	plica	ation pending SEE ATTACHMENT #1						rsubordin	ates?	Yes X
Tax	(-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527	п(ы)	Are all si					Yes
We	bsit	7 (1101) 10 11 (4)(1) 01	JEI	H/c)	Group e			e instructi	ons.	
For	m of c	organization: X Corporation Trust Association Other	1 Van		nation:				V 800	
Par	tΙ	Summary	L real	011011	nation:	200.	< IV	State of	legal don	nicile: A
	1	Briefly describe the organization's mission or most significant activities:				-				
0	FAI	MILY PROMISE MAT SU MOBILIZES COMMUNI	TV DI	ren	IDCE	C 7/7	VID :	T 0 0 7 1		
Activities & Governance	COI	NGREGATIONS TO PROVIDE SHELTER, MEALS	TT T	D C	VCE	MANI	ND.	LOCA!		
Sr.	FAI	MILIES WITHOUT HOUSING	, AIVI	U (,	ASE .	MANA	AGEI	MEN'I.	TO	
ŏ.	2	Check this box if the organization discontinued its operations or disp	osed of m	noro th	on 0E9/	-6 is-				
8	3	Number of voting members of the governing body (Part VI, line 1a)	osed of II	iore tr	an 25%	OT ILS I	net ass			
es	4	Number of independent voting members of the governing body (Part VI, I	ing thi	5.5.5.5.5			· -	3		
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2	el luj .	io erea		ececaraca a	. 4	4		
100	6	Total number of volunteers (estimate if necessary)	.a)				. 5	5		,
-	7a	Total unrelated business revenue from Part VIII, column (C), line 12	9				. 6			2
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					7			
		The state of the s		· · · ·		or Yea		D		
ש	8	Contributions and grants (Part VIII, line 1h)		+	PI		5,9	7.0	Curren	
	9	Program service revenue (Part VIII, line 2g)		· · ·		23	3,3	12	5	62,8
enueveu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						25		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	a ta ta ta ta t	· ·			-	23	-	24 5
1	2	Total revenue add lines 8 through 11 (must equal Part VIII, column (A),	line 12)			23	5,99	9.7	0	24,5
1	3	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				2	3,3	-	3	0/,4
1	4	Benefits paid to or for members (Part IX, column (A), line 4)		-				_		
2 1	5	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)	-		1.4	2,73	3.3	2	53,8
1	6a	Professional fundraising fees (Part IX, column (A), line 11e)	, 5 - 10)	· · ·		TA	4,1-	33		55,8
1 1	b	Total fundraising expenses (Part IX, column (D), line 25)	7,67		AL SAL				NAME OF TAXABLE PARTY.	
1	7	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,,,,,	_		1.0	4,55	.7	2	00 0
1	8	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		· -			7,29			09,9
1	9	Revenue less expenses. Subtract line 18 from line 12					1,29			63,7
S								_		23,6
lances	20	Total assets (Part X, line 16)			Beginning		o, 57		End of	
alar	1	Total liabilities (Part X, line 26)		· ·			1,54		1	72,5
Bal	2	Net assets or fund balances. Subtract line 21 from line 20		· -			9,03		7	1,2
rt I		Signature Block		* *		23.	,03) T	- /	71,2
4	_	s of perjury, I declare that I have examined this return, including accounts	c and state							
rpe	naltie	nd complete Dealerston /	o and state	or has	and to the	e best of ledge.	my kn	owledge a	nd belief,	it is
rpe	naltie: ect, ar	nd complete. Declaration of preparer (other than officer) is based on all information of w	hich prepar	01 1102						
rpe	naltie: ect, ar	nd complete. Declaration of preparer (other than officer) is based on all information of w	hich prepar	or mas						
corre	naltie: ect, ar	Signature of officer	hich prepar	er mas i				Dete		
corre	naltie: ect, ar	Signature of officer	nich prepar					Date		
corre		Signature of officer DAVE ROSE	RUST					Date		
or per corre		Signature of officer DAVE ROSE Type or print name and title	TRUST:							
or per corre		Signature of officer DAVE ROSE Type or print name and title Print/Type preparer's name Preparer's signature	nich prepar		(-	Check		f PTIN		
in re		Signature of officer DAVE ROSE Type or print name and title Print/Type preparer's name DEBORAH PALMER Preparer's signature	TRUST:		23	self-e	mploy	f PTIN	1752	212
in re	er	Signature of officer DAVE ROSE Type or print name and title Print/Type preparer's name DEBORAH PALMER Firm's name HRB TAX GROUP INC	TRUST:			self-e n's EIN	mploy	f PTIN	1752	212
erpe	er	Signature of officer DAVE ROSE Type or print name and title Print/Type preparer's name DEBORAH PALMER Preparer's signature	TRUST:		Pho	self-e n's EIN one no.	mploy	f PTIN)1752 L840	212

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3.7
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	X
7	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	١.		.,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
	assessments, or similar amounts as defined in Rev. Proc. 98–19? If "Yes," complete Schedule C, Part III N./. A.	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Λ
	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,"			24
	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			2.1
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
r	Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	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			17
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	-	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
	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	111		Λ
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		- 21
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			9111
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		Mari	
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	45		* 7
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	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		-	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
_	The state of the s	41		24

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? $\dots \dots \mathbb{N} / \mathbb{A}$	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1.50		1
	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? $\dots N/A$	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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,			23
21	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,		HIVE OF	
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			distribution of the same of th
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"			
	complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3.7
Tarks	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		V
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			V
	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,			17
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ark		
	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	36		X
	related organization? If "Yes," complete Schedule R, Part V, line 2	30		Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	38	X	
Do	19? Note: All Form 990 filers are required to complete Schedule O	30	Λ	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		The second second	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	BUS	Yes	140
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		79.44	11176
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			41.35
С	reportable gaming (gambling) winnings to prize winners?	1-	1000	X
	reportable garring (garrining) wirnings to prize wirners:	1c		Λ

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes," enter the name of the foreign country h See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b C 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots N$./ A. 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f X 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?...... q X 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?...... h X 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? X 9 Sponsoring organizations maintaining donor advised funds. 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b X 10 Section 501(c)(7) organizations. Enteral 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 ... 10b 11 Section 501(c)(12) organizations. Enter: a 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a X 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. Is the organization licensed to issue qualified health plans in more than one state? X 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O N./.A. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X 15 If "Yes," see the instructions and file Form 4720, Schedule N. 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. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 X If "Yes," complete Form 6069.

- V	

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

					Yes	No
1a		1a	1	0	, 63	. 40
	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	16	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation			-		19.16
_	any other officer, director, trustee, or key employee?	nsnip	with	TO A STATE OF	PRINTED IN	100
3	Did the organization delegate control over management duties customarily performed by or under			2	-	X
	Supervision of officers, directors, trustoes, or leavement duties customarily performed by or under	er the	direct			-
4	supervision of officers, directors, trustees, or key employees to a management company or other	perso	on?	3		X
5	Did the organization make any significant changes to its governing documents since the prior Fo	rm 99	0 was filed?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's	asse	ts?	5		X
	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) member					
2	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	en du	ıring	CHIN		170000
	the year by the following:					22.00
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reach	ed at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal	Reve	nue 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	chap	oters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpos	es?N./.A.	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	m?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			- ATTO	Re V	850
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that	at cou	ld give			
	rise to conflicts?			12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	describe on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and appr	roval I	by		21	Ave de
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			Sale O		
а	The organization's CEO, Executive Director, or top management official			15a	- ANDERS	Х
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.			130	handle.	Λ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	aemei	ot		15.34	
	with a taxable entity during the year?			16a	0.000	V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva			104	SAT OF	X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe					
	organization's exempt status with respect to such arrangements?			404	MILLIA	
Section	on C. Disclosure		· · · · · · · · · · · · · · · · · · ·	16b		-
17	Little de la companya					
18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024–A, if applicable), 990		000 T/m-1- 571	-1		
	(3)s only) available for public inspection, Indicate however made there are likely and the control of the contr	, and	990-1 (section 501)	C)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website Upon request Other (explain on Sche					
19				10		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents financial statements available to the public during the tax year.	, conf	lict of interest policy,	and		
	State the name, address, and telephone number of the person who possesses the organization's I	ooks	and records			

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) (E) (A) (B) Position Reportable Reportable Estimated Name and title Average (do not check more than one box, unless person is both an hours per compensation compensation amount of officer and a director/trustee week from related from the other (list any or director Individual trustee Key employee employee Institutional Highest compensa organizations organization compensation hours for ner (W-2/1099-MISC/ (W-2/1099-MISC/ from the related organiza-1099-NEC) organization 1099-NEC) tions trustee and related below organizations dotted line) ted 52,000 0 (1) VIRGINIA BEAR 40.00 EXECUTIVE DIRECTOR 0 0 (2) ISRAEL NELSON 1.00 CHAIR 0 0 (3) MIKE SWANSON 1.00 VICE CHAIR (4) KATHLEEN YERBICH 1.00 0 0 SECRETARY 1.00 0 0 (5) DEBBIE MELTON TREASURER 0 0 (6) LORRAINE CURTIS 1.00 TRUSTEE (7) LISA MCCONARTY 1.00 0 0 TRUSTEE 0 1.00 0 0 (8) DEE HESS TRUSTEE 1.00 X 0 0 (9) RENE CONTRARES TRUSTEE 0 1.00 0 (10) YOLANDA THOMAS TRUSTEE 1.00 X 0 (11)DAVID ROSE TRUSTEE (12)(13)(14)

Part	VI Section A. Officer	s, Directors,	Trustee	s, Key	/ Emp	loyees	s, and H	ighes	t Compensated Em	ployees (continued)		
	(A) Name and title	e and title Average				Position (do not check more than one box, unless person is both an officer and a director/trustee)				(E) Reportable compensation	Esti	(F) imated ount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	fro orga and	ensation om the inization related nizations
(15)												
(16)												
(17)		111111111111111111111111111111111111111										
(18)		-		-								
(19)							-					
(20)				-					A			
(21)				-				-	4			
(22)							-	4				
(23)				-			4	1				
	M main					1	7	1				
(24)						1	The state of					
(25)						10						
1b c	Subtotal Total from continuation		rt VII, S	Section					52,000			
d	Total (add lines 1b and	1c)							52,000			
2	Total number of individual reportable compensation	400000000	Dec. 25 (1970)		to tho	se liste	ed above	e) who	received more than	\$100,000 of		
	reportable compensation	i ironi trie orga	inzation	·								Yes No
3	Did the organization list a employee on line 1a? If "										. 3	X
4	For any individual listed	A STATE OF THE PARTY OF THE PAR										
	organization and related										. 4	X
5	Did any person listed on for services rendered to										. 5	X
Section	on B. Independent Contra		711. 11 1	05, 00	mpiec	00110	oddio o i	01 040	ii poiseii i i i i i i i i i i i i i i i i i	3.14.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		1.22
1	Complete this table for yo	our five highes										
	compensation from the o	7,000	eport co	ompen	sation	for the	e calend	ar yea		in the organization's		-1
	Name	(A) and business	address	S					(B) Description of se	ervices	Compe	
	Total number of lades	dont contract	ro final:	udia- 1	aut es	t limite	d to the	ne liete	d above) who		e (ferda	
2	Total number of indepen received more than \$100							o nate	u above) who			000
FDA	22 9908 BWF 990	Form Software	e Copyrio	ht 1996	- 2023	HRBT	ax Group.	Inc.			Form	990 (2022

		Check if Schedule O contains a response or note to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from ta- under sections 512-514
Śs	1a	Federated campaigns 1a				
ant		Membership dues				150
عَ ق		Fundraising events			=0.40	
ifts Ir A		Related organizations 1d				
nig.		Government grants (contributions) 1e				
Sir		All other contributions, gifts, grants, &			200	
her		similar amounts not included above 1f 962,88	1		AND ASSESSED.	
Ēδ	q	Noncash contributions included in lines 1a-1f. 1g \$ 607,50	0			A CONTRACTOR OF
Contributions, Gifts, Grants, and Other Similar Amounts		Total. Add lines 1a-1f	962,881			
		Business Code				
e	2a					
Program Service Revenue	b					
Ser	С					
Ver	d					
Re	е					
P.	f	All other program service revenue	4			
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds	The state of			
	5	Royalties	100			
		(i) Real (ii) Personal				
	6a	Gross rents 6a 23,982	A STATE OF THE STA		THE PARTY OF THE P	
		Less: rental expenses 6b	A STREET OF STREET			
		Rental income or (loss) 6c 23,982	23,982			
74	d	Net rental income or (loss)	23,302			
	7a	Gross amount from sales of assets other than inventory				
	b	Less: cost or other basis				
Revenue		and sales expenses 7b				THE PARTY OF THE P
eve	С	Gain or (loss) 7c				
		Net gain or (loss)				
Other		Gross income from fundraising events				
0		(not including \$	THE SHARE SERVICE		1000	
		of contributions reported on line 1c).				The second second
		See Part IV, line 18 8a			Service Control	
	b	Less: direct expenses 8b		Evilla de la companya della companya della companya de la companya de la companya della companya		
		Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities. See Part IV, line 19 9a				
	b	Less: direct expenses 9b				A STATE OF THE STA
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances				
	b	Less: cost of goods sold 10b				HENNESO ET
	С	Net income or (loss) from sales of inventory	•			
S		Business Code				
no	11a	MISC INCOME	573	57.	3	
ane	b					
cell	c					
Miscellaneous Revenue		All other revenue				
-	е	Total. Add lines 11a-11d	. 573			

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service Fundraising expenses Management and 8b. 9b. and 10b of Part VIII. expenses general expenses 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 Grants and other assistance to foreign organizations, 3 foreign governments, and foreign individuals. See Part IV, Benefits paid to or for members 4 5 Compensation of current officers, directors, 1,560 2,600 47,840 52,000 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 164.370 8,935 5,358 178,663 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 18 3.191 3,546 9 979 587 18,033 19,599 Payroll taxes 10 11 Fees for services (nonemployees): Legal..... b 4,140 4,140 c Accounting Lobbying d Professional fundraising services. See Part IV, line 17 ... e f Other. (If line 11g amount exceeds 10% of line 25, column 1,323 1.323 (A), amount, list line 11g expenses on Schedule O.) 3,362 3,362 12 Advertising and promotion 20.514 20,579 Office expenses 13 6,543 6,543 14 15 24.505 24,505 16 100 100 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 3,345 3,345 Conferences, conventions, and meetings 19 20 2,720 2,720 21 Payments to affiliates 15,278 22 19,145 19,145 Insurance 23 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 O.) 101,71 101.713 ARREARAGE PLACEMENT 6,850 6,850 DUES AND MEMBERSHIPS h 375 LICENSE AND PERMITS C d All other expenses e 88,364 7,675 463,786 367,747 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) . . .

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		В	(A) leginning of year		(B) End of year
	1	Cash non-interest-bearing	55,271	1	19,005
	2	Savings and temporary cash investments	27,605	2	3,611
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		141	LINE OF THE PARTY
	•	trustee, key employee, creator or founder, substantial contributor, or 35%		(F) 3.	
		controlled entity or family member of any of these persons	SALL CONTRACTOR CONTRA	5	
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ņ	8	Inventories for sale or use		8	
Assets	12	Prepaid expenses and deferred charges		9	
AS	9				
	iua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 834, 699			
			157,703	10c	749,925
		2007, 2003, 1101, 210, 210, 210, 210, 210, 210, 21	137,703	11	713732
	11	Investments publicly traded securities		12	
	12	Investments other securities. See Part IV, line 11		13	
	13	Investments program-related. See Part IV, line 11		14	
	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11	240,579	10.00	772,54
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,548		1,25
	17	Accounts payable and accrued expenses	1,540	17	1,25
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,		188	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1 540	25	1 05
	26	Total liabilities. Add lines 17 through 25	1,548	26	1,25
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			771 00
an	27	Net assets without donor restrictions	239,031	27	771,28
pa	28	Net assets with donor restrictions		28	
2		Organizations that do not follow FASB ASC 958, check here			
1		and complete lines 29 through 33.	Name And State of		
Ö	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	239,031	32	771,286
_	33	Total liabilities and net assets/fund balances	240,579	33	772,541 Form 990 (2022)

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)		987,	436
2	Total expenses (must equal Part IX, column (A), line 25)		463,	786
3	Revenue less expenses. Subtract line 2 from line 1		523,	650
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		239,	031
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)		8,	605
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		771,	286
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 📗 Other	1		THE R
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	of holl		
	Schedule O.	1.000	Hah	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	WAN	China N	177
	reviewed on a separate basis, consolidated basis, or both:			Her
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:	N. LEWIS		
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? $\dots \dots N \not - A$.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	Side Side	1 2/-2	
	Schedule O.	Total Control	from the	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			-
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2022)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Name of the organization

(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

2022

Open to Public Inspection

Employer identification number

Part Reason for Public Charity Status, (a) organizations must complete this part.) See instructions. The organization is not a private foundation because its. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii), (All and insection 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) An organization that normally receives a substantial part of 1 its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part III.) An organization that normally receives (1) more than 33 ½ % of its support from a governmental unit aliand-grant college or university: The part of the part of the part of 1 is support from a contributions, membership less, and gross receipts from activities related to its evempt functions, subject to certain exceptions, and (2) no more than 33 ½ % of its support from gos investment income and unrelated business taxable income (less section 11 tax) from businesses acquired by the organization after June 30, 1975. See section 504(a)(2). (Complete Part III)	MAT	SU VALLE	Y INTERFAIT	H HOSPITALITY N	ETWORK	(68-0510	1566
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(iv). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university: In An organization that normally receives (1) more than 33 ½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 ½ % of its support from gross investment income and unrelated business taxable income (less section 501(a)(4). An organization organization after June 30, 1975. See section 509(a)(2). (Complete Part III).) An organization organizate and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, ordanization safety. See section 509(a)(4). An organization organizate and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, ordanization for derivents or trustees of the supporting organization operated, a supporting organization operated in secti	Par	t I Reason	n for Public Cha	rity Status. (All organization	ns must com	plete this p	art.) See instructions.	
A school described in section 170(b)(1/(A)(ii), Katach Schedule E (Form 990.)) A hospital or a cooperative hospital service organization described in section 170(b)(1/(A)(iii)). Enter the hospital's name, city, and state: city, and state: city, and state: 5	The o	rganization is not	a private foundation b	ecause it is: (For lines 1 through	gh 12, check	only one be	ox.)	
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:	1	A church, con	vention of churches, o	r association of churches desc	ribed in sec	tion 170(b)	(1)(A)(i).	
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:	2	A school desc	ribed in section 170(I	b)(1)(A)(ii). (Attach Schedule E	(Form 990)).)		
city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(w). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(w). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(w). (Complete Part II.) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(w). (Complete Part III.) A norganization organization described in section 170(b)(1)(A)(w) 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	3	A hospital or a	cooperative hospital	service organization described	in section	170(b)(1)(A)(iii).	
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A loganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(iv). (Complete Part II.) An arganization that normally receives (1) more than 33¹/s % of its support from contributions, membership fees, and gross recepts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33'/s % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public salety. See section 509(a)(4). An organization organized and operated exclusively to test for public salety. See section 509(a)(4). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, and 17ge, 1. A supporting organization operated, supervised, orcontrolled by its supported organization(s), by giving the supported organization of groanization operated, supervised, orcontrolled by its supported organization(s), by giving the supported organization operated, supervised, orcontrolled by its supported organization(s), by giving the supported organization operated, supervised, orcontrolled by its supported organization(s), by giving the supported organization operated, supervised organization operated in connection with its supported organization operated organization operated in the same persons tha	4	A medical rese	earch organization ope	erated in conjunction with a ho	spital descri	bed in sect	ion 170(b)(1)(A)(iii). En	ter the hospital's name,
section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(vi), 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 An organization that normally receives (1) more than 33 ½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 ½ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businessess acquired by the organization after June 30, 1975. See section 509(a)2, (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(3). An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section, 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f. and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by facily by giving the supported organization, You must complete Part IV. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization (s) (see instructions). You must complete Part IV. Sections A and B. c Type III functionally integrated. A supporting or		city, and state:						
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7		section 170(b)	(1)(A)(iv). (Complete	Part II.)				
described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community frust described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university: university: 10	6	A federal, state	e, or local government	or governmental unit describe	d in section	n 170(b)(1)(A)(v).	
A community trust described in section 170(b)(1)(A)(v). (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	7	X An organizatio	n that normally receive	es a substantial part of its supp	ort from a g	jovernmenta	al unit or from the gener	al public
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		described in s	ection 170(b)(1)(A)(v	i). (Complete Part II.)				
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10	8	A community t	rust described in sec	tion 170(b)(1)(A)(vi). (Comple	te Part II.)			
university: An organization that normally receives (1) more than 33 ¹ / ₆ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 ¹ / ₆ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A, D, and E. Type III functionally integrated. As supporting organization operated in connection with its supported organization(s) that is not functionally integrated. As supporting organization operated in connection with its supported organization(s) that is not functionally integrated. Fio organization (escarbed or lines 1-10 (escarbed or lines 1-10 (escarbed or lines 1-10 (e	9	An agricultural	research organization	described in section 170(b)(1)(A)(ix) ope	erated in cor	njunction with a land-gr	ant college
An organization that normally receives (1) more than 33 ¹ / ₈ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 ¹ / ₈ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a		or university o	r a non-land-grant co	llege of agriculture (see instruc	ctions). Enter	r the name,	city, and state of the co	llege or
receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 ½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11		university:				46		
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An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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. a		support from (gross investment incon	ne and unrelated business tax	able income	(less sectio	n 511 tax) from busines	ses
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of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a	11	An organizatio	n organized and opera	ated exclusively to test for pub	lic safety. Se	e section 5	509(a)(4).	
Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a	12	An organizatio	n organized and opera	ated exclusively for the benefit	of, to perfor	m the functi	ions of, or to carry out the	he purposes
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations (ii) EIN (iii) Type of organization(s). (iv) Is the organization (v) Amount of monetary support (see instructions) reporting document? Yes No (v) Amount of monetary support (see instructions)		of one or more	publicly supported or	rganizations described in sect	ion 509(a)(1	i) or section	n 509(a)(2). See section	n 509(a)(3).
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supporting organization. You must complete Part IV, Sections A and B. b	а							4.00
b			The second secon			ity of the dir	rectors or trustees of the	
control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c			the state of the s	4000				
organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization (described on lines 1–10 above (see instructions)) (ii) Name of supported organization (described on lines 1–10 above (see instructions)) (iii) Type of organization (vi) Amount of monetary support (see instructions) (vi) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) (vii) Amount of other support (see instructions) (viii) Amount of other support (see instructions) (vi) Amount of monetary support (see instructions) (vii) Amount of other support (see instructions)	b			. 17			the contract of the contract o	and the second s
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its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d			4.00					
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g Provide the following information about the supported organization(s). (i) Name of supported organization (described on lines 1-10 above (see instructions)) (A) (B) (C) (D) (E)		4000000	THE PARTY OF THE P					
(i) Name of supported organization (described on lines 1–10 above (see instructions)) (A) (B) (C) (D) (E)		- 600						
organization (described on lines 1–10 above (see instructions)) (A) (B) (C) (D) (E)		William /				a vene landle a	[6A.	(vi) Amount of other
Above (see instructions)) Yes No	(I) N	The state of the s	(II) EIN		listed	in your	1 5 5	
(A) (B) (C) (D) (E)		organization		above (see instructions))		T		Support (Goo menuone)
(B) (C) (D) (E)	(A)		 		res	INU		
(C) (D) (E)						1		
(D) (E)	0.00					 		
(E)			+					
	9-3							
1 Otal			ALE ASSESSMENT OF THE SECOND					
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2022		aperwork Reduc	tion Act Notice see t	he Instructions for Form 990	or 990_F7		Sc	hedule A (Form 990) 2022

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	263,642	244,105	359,626	235,972	355,381	1,458,726			
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									
4	Total. Add lines 1 through 3	263,642	244,105	359,626	235,972	355,381	1,458,726			
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	all a male million and a			Maria de la Companya		1,458,726			
Sec	tion B. Total Support			8						
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	263,642	244,105	359,626	235,972	355,381	1,458,726			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2	50	34	25		111			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		0	*						
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	The state of		ENGINEER .		PARA PROPERTY.	1,458,837			
12	Gross receipts from related activities, etc. (see	instructions)				12				
13	First 5 years. If the Form 990 is for the organi	The second second			_	(c)(3)				
	organization, check this box and stop here									
Sec	tion C. Computation of Public Sup									
14	Public support percentage for 2022 (line 6, co	lumn (f), divided	by line 11, colum	nn (f))	POR ROW ROW ROW PO	14	99.99%			
15	Public support percentage from 2021 Schedul	le A, Part II, line 1	14			15	99.90%			
16a	331/3% support test 2022. If the organization and stop here. The organization qualifies						×			
b		13 ¹ /3% support test 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ /3% or more, check his box and stop here. The organization qualifies as a publicly supported organization								
17a	10%-facts-and-circumstances test 2022 10% or more, and if the organization meets the Part VI how the organization meets the facts-a	e facts-and-circu	imstances test,	check this box a	nd stop here. E	xplain in	ation			
b	10%-facts-and-circumstances test 2021 more, and if the organization meets the facts-	and-circumstance	es test, check thi	s box and stop	here. Explain in	Part VI how the	_			
10	organization meets the facts-and-circumstance						-			
18	Private foundation. If the organization did no	t check a box on	ime 13, 16a, 16b), 1/a, or 1/b, ch	leck this box and	see instructions				

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

MATSU VALLEY INTERFAITH HOSPITALITY NETWORK 68-0510566 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line Name of organization

MATSU VALLEY INTERFAITH HOSPITALITY NETWORK

Employer identification number

68-0510566

68-0

Part	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	BISHOPS ATTIC 840 S BAILEY ST PALMER, AK 99645	\$9,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WADE AND HEATHER ERICKSON 3066 E MERIDIAN PARK WASILLA, AK 99654	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FIRST PRESBYTERIAN CHURCH OF WASIL 1375 E BOGARD RD WASILLA, AK 99654	s 5,625	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	900 HYER SPUR RD WASILLA, AK 99654	\$35,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MAT SU HEALTH FOUNDATION 770 N CRUSEY ST WASILLA, AK 99654	\$84,085	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PALMER LIONS CLUB PO BOX 393 PALMER, AK 99645	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

MATSU VALLEY INTERFAITH HOSPITALITY NETWORK

Employer identification number

68-0510566

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE BLOCK FOUNDATION 2627 C STREET SUITE 130 ANCHORAGE, AK 99503	\$10,000 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	STATE FARM INSURANCE 1301 E PALMER WASILLA HIGHWAY WASILLA, AK 99654	\$5,000 \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	TIM AND CONNIE VEREIDE 865 N SEWARD MERIDIAN PKWY WASILLA, AK 99654	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	PIONEER CHRISTIAN FELLOWSHIP 2700 E BROADWAY AVE WASILLA, AK 99654		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	G		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

MATSU VALLEY INTERFAITH HOSPITALITY NETWORK

Employer identification number

68-0510566

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	BUILDING AND LAND	_	
10	2700 E BROADWAY AVE		
	WASILLA, AK 99654		
		\$607,500	03-07-2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

22

Name of the organization MATSH VALLEY INTERFATTH HOSDITALITY METHODY

Employer identification number

	Organizations Maintaining Denoy Advised Funds or Other Civiles	[68-U51U566
Fa	Organizations Maintaining Donor Advised Funds or Other Similar	runds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	1
	(a) Donor advised funds	(b) Funds and other 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 writing that the assets held in donor	The state of the s
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds co	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
Da	conferring impermissible private benefit?	Yes No
Pal		
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		ervation of a historically important land area
		ervation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	y the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exp	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial sta	tements that describes the
	organization's accounting for conservation easements.	
Part	Organizations Maintaining Collections of Art, Historical Treasures	, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these	
D	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement art, historical treasures, or other similar assets held for public exhibition, education, or research in	and balance sheet works of
	provide the following amounts relating to these items:	furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets for final	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	s
	Assets included in Form 990, Part X	

Pai	Organizations Maintain	ng Collections of	Art, HIST	orical Treasure	s, or Other Similar	Assets	(contin	nuea)
3	Using the organization's acquisition, acc	ession, and other recor	ds, check ar	ny of the following the	at make significant use o	f its		
	collection items (check all that apply):							
а	Public exhibition		d 🗍 I	oan or exchange pr	ogram			
b	Scholarly research		e 🗍 (Other				
С	Preservation for future generations		_					
4	Provide a description of the organization	n's collections and expla	ain how they	further the organizat	ion's exempt purpose in	Part		
	XIII.							
5	During the year, did the organization so	licit or receive donations	of art, histo	rical treasures, or oth	ner similar			_
	assets to be sold to raise funds rather th	nan to be maintained as	part of the	organization's collecti	on?	Yes	s	No
Pai	t IV Escrow and Custodial	Arrangements.						
	Complete if the organization and	swered "Yes" on Form 9	990, Part IV,	line 9, or reported ar	amount on Form 990, F	art X, line 2	21.	
1a	Is the organization an agent, trustee, cu	stodian or other interme	diary for cor	ntributions or other a	ssets not			_
	included on Form 990, Part X?					Yes	s	No
b	If "Yes," explain the arrangement in Part	XIII and complete the f	ollowing tab	le: _				
					Ar	nount		
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance	encode so encodo co escelo			1f			
2a	Did the organization include an amount	on Form 990, Part X, lir	ne 21, for esc	crow or custodial acc	ount liability?	Yes	s	No
b	If "Yes," explain the arrangement in Part	XIII. Check here if the	explanation h	nas been provided o	n Part XIII			
Pa	rt V Endowment Funds.							
	Complete if the organization and	swered "Yes" on Form 9	990, Part IV,	line 10.				
	(a) Cu	rrent year (b) Pr	rior year 🥒	(c) Two years back	(d) Three years back	(e) Four	years t	ack
1a	Beginning of year balance		- 4					
b	Contributions		ACCURATE OF					
С	Net investment earnings,			-				
	gains, and losses		W. J	1				
d	Grants or scholarships	4000	TOTAL					
е	Other expenditures for		100					
	facilities and programs		20					
f	Administrative expenses		-					
g	End of year balance	4990						
2	Provide the estimated percentage of the	current year end balan	ce (line 1a. o	column (a)) held as:				
а	Board designated or quasi-endowment	40005		(-//				
b	Permanent endowment	%						
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2d	Wills.						
За	Are there endowment funds not in the p	And the second s	zation that a	re held and administ	ered for the			
2.00	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)		
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related org							
4	Describe in Part XIII the intended uses of							
-	rt VI Land, Buildings, and I		OWITION IGH	45 ,			_	
	Complete if the organization a		n 990 Part IV	/ line 11a See Form	990 Part X line 10			
	Description of property	(a) Cost or other) Cost or other	(c) Accumulated	(d) Book	value	_
	bescription of property	(investment)		basis (other)	depreciation	(4) 5001	value	
1a	Land			89,800	The state of the s		89	800
b	Buildings			708,517	48,392		660,	
	Leasehold improvements			.00,017	10,002		550,	100
d	Equipment			36,382	36,382			
	Other			30,302	30,332			
e Tota	L Add lines ta through te (Column (d) m		rt Y column	(R) line 10c)	TO AND AND ADDRESS OF THE REST OF THE		749.	925

Par	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12		per Return.
1	Total revenue, gains, and other support per audited financial statements	. 13 65 61 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
		2a	
		2b	8888
		2c	
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		2e
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		Second Control of the
	Investment expenses not included on Form 990, Part VIII, line 7b	49	
		4b	TAMA
	Add lines 4a and 4b		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part			
rail	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	and the state of t	s per neturn.
1	Total expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		WAR TO THE TOTAL PROPERTY OF THE TOTAL PROPE
		2a	R. S. S.
b		2b	
	Other losses		
	Other (Describe in Part XIII.)	The state of the s	
	Add lines 2a through 2d		2e
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
		4b	9823
	Add lines 4a and 4b	177	4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		e 4; Part X, line

SCHEDULE O (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

MATSU VALLEY INTERFAITH HOSPITALITY NETWORK

68-0510566

PART VI LINE 11B - PROCESS TO REVIEW FORM 990 - THE ACCOUNTANT AND EXECUTIVE DIRECTOR REVIEW THE 990 BEFORE FILING

PART VI LINE 12C - ENFORCEMENT OF CONFLICTS POLICY - THE BOARD REVIEW CONFLICTS AS THEY ARISE

PART 1 LINE 2 - DISCONTINUED OPERATIONS - CEASED OPERATIONS FOR THE FOLLOWING PROGRAMS: STREET OUTREACH, CHILD CARE, DISASTER RELIEF HOUSING, AFTER CARE HOUSING RENTALS

PART VI LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION -GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

PART XI LINE 9 ADJUSTMENT - ADJUSTMENT TO BALANCE



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2022 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F	
NOPECTION	and anding
INSPECTION For calendar year 2022, or tax period beginning Name of Organization	, and ending .
MATSU VALLEY INTERFAITH HOSPITALITY NETWORK	Employer Identification Number
990, Page 1, Line F	68-0510566
Principal officer name	A BEAR
Business Name:	
Street Address	BROADVIEW AVE
U.S. Address:	
Zip code 99654 City WASILLA	State AK
or	
Foreign Address	
City	
City	
Province or State	*
Country	
Postal code	

2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION For calendar year 2022, or tax period beginning

and endin

Name of Organization
MATSU VALLEY INTERFAITH HOSPITALITY NETWORK

Employer Identification Number

68-0510566

Part III - Statement of Program Service Accomplishments

Code: Expenses:

142,173 including Grants of:

Exempt Purpose Achievements

Revenue:

FAMILY PROMISE MAT SU PROVIDED TEMPORARY HOUSING (1194 SHELTER NIGHTS), MEALS, TRANSPORTATION AND CASE MANAGEMENT FOR 74 INDIVIDUALS IN 28 FAMILIES. ALSO, WITH THE BASIC HOMELESS ASSISTANCE PROGRAM (BHAP), FAMILY PROMISE WAS ABLE TO PREVENT HOMELESSNESS FOR 107 FAMILIES AS WELL AS SHELTER GUESTS.



2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: FORM 990 PAGE 2, PART III OPEN TO PUBLIC INSPECTION , and ending For calendar year 2022, or tax period beginning **Employer Identification Number** Name of Organization MATSU VALLEY INTERFAITH HOSPITALITY NETWORK 68-0510566 Part III - Statement of Program Service Accomplishments 130,281 Revenue: including Grants of: Expenses: Exempt Purpose Achievements WITH BASIC HOMELESS ASSISTANCE PROGRAM (BHAP) GRANT, FAMILY PROMISE HELPED PREVENT HOMELESSNESS FOR 57 FAMILIES, AND PLACE 37 INDIVIDUALS INTO HOUSING

2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2:	FORM 990 PA	GE 2, PART III	
NSPECTION	Farada de co		
lame of Organization	For calendar year 20	22, or tax period beginning	, and ending .
	TMTERFATTH H	OSPITALITY NETWORK	Employer Identification Number
Part III - Statement of F	Program Service Accom	plishments	68-0510566
Code:	Expenses:	77,071 including Grants of:	Revenue:
		Exempt Purpose Achievements	
CAMILY PROMIS	SE SPONSORED	A CHILD CARE PROGRAM FO	R ITS' FAMILIES AND THE
G			

2022 FORM 990 BOOKS ARE IN CARE OF

	4 990 PAGE 6, PART VI, SECTIO	ON C, LINE 20
OPEN TO PUBLIC		
	or calendar year 2022, or tax period beginning	, and ending .
Name of Organization		Employer Identification Number
MATSU VALLEY INTER	RFAITH HOSPITALITY NETWORK	68-0510566
Part VI - Line 20		
	and an electric reference reference excessions.	
or		
Business Name:		
MAT SU BOOKKEEPING	3	
	E425 T	DIVOLUETONADA MAY
Street Address	<u>5425 R</u>	REVOLUTIONARI WAI
U.S. Address:		
U.S. Address:		
Zip code 99654	City WASILLA	State AK
or	Oily Miloriani	
Foreign Address		
1 oroigii Addross		
City		
Province or State		
Country		
Postal code		
Phone Number		(907) 376-8878
Fax Number		CONTROL TO A CONTR
	The second second	

Form 4562

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number MATSU VALLEY INTERFAITH HOSPITFOR FORM 990 68-0510566 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, 6 (a) Description of property (b) Cost (busn, use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions, 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12. Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Part III MACRS Depreciation (Don't include listed property. See instructions. 17 MACRS deductions for assets placed in service in tax years beginning before 2022 4,223 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -- Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr. (e) (d) Recovery (a) Classification of property (g) Depreciation year placed in (f) Method (business/investment use period Convention deduction service only -- see instructions) 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property MM 27.5 yrs. 8/1 03-2022 543,800 MM S/L 11,055 Nonresidential real 39 yrs. MM S/L Section C -- Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions 15,278

30 yrs.

40 yrs.

23 For assets shown above and placed in service during the current year,

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2022)

S/L

S/L

MM

MM

30-year

40-year