Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022 Open to Public Inspection

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

_	For the 2022 of Check if applicable:	alendar year, or tax year begins C Name of organization	ning , and en	ding	I p	Employe	r identification number		
	Address change	MVTH	S DISTRICT 201 FOUND	ATION					
	Name change	Doing business as Number and street (or P.O. box if mail is	a not delivered to street address)			Telephoni	179332		
	Initial return	11101 N WELLS BYP							
F	Final return/	City or town, state or province, country,	and ZIP or foreign postal code						
	terminated	MT. VERNON	IL 62864		G	Gross rece	eipts 307,329		
	Amended return	F Name and address of principal officer:	return for subordinates? Yes X No						
	Application pending	ANGEL GROTHOFF 4215 FOX CREEK MT VERNON	RD. IL 62864		H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included? Yes If "No," attach a list. See instructions				
1	Tax-exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1	or 527					
J	Website: W	WW.MVTHSFOUNDATI	ON.ORG		H(c) Group exempt				
St. Course	Form of organization:		Sociation Other	LY	ear of formation: 200	02	M State of legal domicile: IL		
F		ummary escribe the organization's mission							
Activities & Governance	PROG JEFF	NIZATION'S MISSION RAMS AND ENDEAVORS ERSON COUNTY, ILLIN is box if the organization disc	OF MT. VERNON TOWNSI OIS.	HIP HIGH SCHO	OOL DISTRIC	T 201			
S		of voting members of the governing				3	15		
Se		of independent voting members o		: 1b)		4	15		
ž	5 Total nur	mber of individuals employed in ca	alendar year 2022 (Part V, line 2a)		5	0		
Ę		nber of volunteers (estimate if ne				6	25		
4		elated business revenue from Pa		************	***************	7a	0		
		lated business taxable income fro				7b	0		
					Prior Year		Current Year		
a	8 Contribut	tions and grants (Part VIII, line 1h	33,	834	26,973				
2	9 Program	service revenue (Part VIII, line 2g			0				
Revenue	10 Investme	ent income (Part VIII, column (A),	lines 3, 4, and 7d)			538	9,215		
œ	11 Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			339	257,440		
	12 Total rev	enue - add lines 8 through 11 (m	ust equal Part VIII, column (A), lir	ne 12)		711	293,628		
	13 Grants a	nd similar amounts paid (Part IX,	column (A), lines 1-3)	*******	33,	774	99,018		
	14 Benefits	paid to or for members (Part IX, o	column (A), line 4)				0		
S	15 Salaries,	other compensation, employee b	enefits (Part IX, column (A), lines	5–10)			0		
Expenses	16a Professio	onal fundraising fees (Part IX, column draising expenses (Part IX, column	umn (A), line 11e)				0		
è	a rotal lan	argionial exhause fr are mil earning	(-),						
Ð	17 Other ex	penses (Part IX, column (A), lines	s 11a-11d, 11f-24e)	1101111111111111		100	8,019		
	18 Total exp	enses. Add lines 13-17 (must eq	jual Part IX, column (A), line 25)			874	107,037		
	19 Revenue	less expenses. Subtract line 18 t	from line 12			837	186,591		
Net Assets or				-	Beginning of Curren	_	End of Year 530 , 698		
Sset	20 Total ass				410,	190	46		
et A	21 Total liab			***********	409,		530,652		
		ts or fund balances. Subtract line	21 from line 20		409,	031	/ 330,032		
tr	nder penalties of ue, correct, and c	grature Block peljury, I declare that I have example or plete. Deglaration of preparer who	er than officer) is based on all informa	schedules and stateme tion of which preparer h	ents, and to the best las any knowledge.	of my kn	ovledge and belief, it is		
He	V -	IE SCHMIDT		FEGIDENT		-			
_		e preparer's name	Preparer's signature		Date	Charl	if PTIN		
Pai						Check			
	narer	DICE CULT	IVAN, LLC		03/10/2		46-3445349		
	Only Firm's na	me RICE SULL:			Firm'	's EIN	40 3443349		
Jak		DII OHOTH					618-542-4747		
Mar	Firm's ac	es this return with the preparer sh	The state of the s		Phor	те по.	X Yes No		

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X or in quasi endowments? If "Yes." complete Schedule D. Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more Х 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets Х reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ...

	Checklist of Required Schedules (continued)					T
					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	iis on		22		х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			······ **		 **
23	organization's current and former officers, directors, trustees, key employees, and highest compensations	ed				
	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 lin		ь			
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the			,,,,,,,		
	to defease any tax-exempt bonds?			24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	s ben	efit			
	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 prio)r		·	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	90-EZ	??			
	If "Yes," complete Schedule L, Part I			25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	curre	ent			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			100		x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		┢┻
27	Did the organization provide a grant or other assistance to any current or former officer, director, trusto		У			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of the					
	persons? If "Yes," complete Schedule L, Part III	36		27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Sche	dule I				
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	44.0 L	-1			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribut	or? If				
_	"Yes," complete Schedule L, Part IV			28a		X
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	lf				
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	le M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ed				
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ule N,	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					,,
	complete Schedule N, Part II			32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regi			22	'	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part			34		x
25-	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?					X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	nizatio	п			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, I			37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines					
	19? Note: All Form 990 filers are required to complete Schedule O.			38	X	<u> </u>
P	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
			ا م		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3			
þ	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					v
	reportable gaming (gambling) winnings to prize winners?		<u> </u>	1c	001	X Dugges
ΠΔΔ				For	M フンし	0 (2022)

P	Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		36		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financia	acco	unt)?	4a		X
ь	If "Yes," enter the name of the foreign country				000888	3 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		<u>5b</u>		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	ļ	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		001 00000000000000000000000000000000000
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods				
	and services provided to the payor?			<u>7a</u>	1	+
b				7b	-	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	5				1
	required to file Form 8282?		· · · · · · · · · · · · · · · · · · ·	7с	3: 350: 330: 3	* ********
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		28 (88 (88))	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		r?	7e	+	+-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		+-
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				+	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are printiples of cars, boats, airplanes, or other vehicles, did the organizations are printiples.			10-C:	3000000	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine sponsoring organization have excess business holdings at any time during the year?	u by u	ic .	8	(0.000,000)	######################################
9	Sponsoring organizations maintaining donor advised funds.	• • • • • •				
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	9999999	200000000
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		\top
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1 1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	128		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				9 (00 000)	
а	Is the organization licensed to issue qualified health plans in more than one state?			132		1
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	t I	Ī			
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				1 7
14a					1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			<u>14t</u>	+	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4=		x
	excess parachute payment(s) during the year?			15		1
	If "Yes," see instructions and file Form 4720, Schedule N.		0	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie:			<u> </u>
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ	ities		**************************************		. 100 (100 (100 (100 (100 (100 (100 (100
17				17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	• • • • • •				
	If "Yes," complete Form 6069.			P0000000		A-\$00.0000000000000000000000000000000000

35-2179332 Form 990 (2022) MVTHS DISTRICT 201 FOUNDATION Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such aπangements? Section C. Disclosure ΙL List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

4215 FOX CREEK RD.

IL 62864

ANGEL GROTHOFF

MT VERNON

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Averege hours per week	Ďοι	(C) Position o not check more than one x, unless person is both an incer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organizetion (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)DANIEL HOFFMAN										
	0.00								_	_
BOARD MEMBER	0.00	X						0	0	0
(2) TOM JACKSON							į			
	0.00				ĺ			_	_	_
BOARD MEMBER	0.00	X						0	0	0
(3) HARRIETT KOCH										
,	0.00							_	_	_
BOARD MEMBER	0.00	X						0	0	0
(4) JODY MCKELVY										
	0.00							o	o	o
BOARD MEMBER	0.00	X			<u> </u>	╀		<u> </u>		
(5) CARL MILLER	0.00									
TITOM DOBOTORIUM	0.00	\mathbf{x}						o	o	0
VICE PRESIDENT (6) CHERIE ROGIER	0.00	+^			-	+ +				
(6) CHERIE ROGIER	0.00					li				
BOARD MEMBER	0.00	X						o	0	0
(7) SARAH SLEDGE	0.00	1		<u> </u>		+ +				
(// Drawn Silboli	0.00									
BOARD MEMBER	0.00	X						0	l o	0
(8) JOHN SNODSMITH		 						-		
(0,000000000000000000000000000000000000	0.00									
BOARD MEMBER	0.00	$ \mathbf{x} $						0	0	0
(9) MELIA STEFFY										
• •	0.00									
BOARD MEMBER	0.00	X						0	0	0
(10) CINDY TINSLEY										
	0.00	.						_		
BOARD MEMBER	0.00	X				\sqcup		0	0	0
(11) SARAH WATTS]				
	0.00							_	_	_
BOARD MEMBER	0.00	X						0	0	0

(A) Name and title	(B) Average hours per week	off	x, unle icer a	Pos check ess pe nd a d	rson	than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) NORMA FAIRCHI	LD 0.00									
BOARD MEMBER	0.00			x				0	o	0
(13) JANET GARRETS	ON									
	0.00									C
SECRETARY (14) ANGEL GROTHOR	0.00	-		X				0	0	
(14) ANGEL GROTHOR	0.00									
TREASURER	0.00			X				0	0	
(15) SUZIE SCHMID										
	0.00							0		C
PRESIDENT	0.00			X				0	0	
,										

1b Subtotal	ets to Part VII,	Secti	ion A	۸						
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not	imite	d to	thos	e lis	ted a	bove	e) who received more than \$	\$100,000 of	
3 Did the organization list any fo	ormer officer, dir	ecto								Yes No
 employee on line 1a? If "Yes," For any individual listed on line organization and related organ 	e 1a, is the sum	of re	port	able	con	pens	ation	n and other compensation for succession for success	rom the	3 X
individual Did any person listed on line 1 for services rendered to the or	a receive or acc	rue (com	pens	atio	n fror	n any	y unrelated organization or i	ndividual	5 X
Section B. Independent Contracto										
Complete this table for your five compensation from the organians.	zation. Report c	ensa omp	ited i	inde ition	pend for t	dent o	contra	ar year ending with or within	n the organization's tax yea	ar.
Name and	(A) business address							Description	(B) on of services	Compensation
2 Total number of independent or received more than \$100,000	contractors (incl	uding	but the	not	limit aniz	ed to	thos	e listed above) who	0	
DAA	o. compensation	1101		019	wi 112					Form 990 (2022

					response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 18	a Federated cam	paigns	- Control rope and for	1a					
	b Membership du			1b					
	Fundraising eve	ents		1c					
0	d Related organiz			1d					
Ē 6	Government grants (c	ontribution	ns)	1e					
2	 f All other contributions and similar amounts r 			1f	26,973				
	Noncash contributions			1					
2	lines 1a-1f								
1	h Total. Add lines	1a-1f			accerce processors	26,973			
100					Business Code				
2	2 1 14 14 14 14 14 14 14 14 14 14 14 14 1								
3		1 - 4 - 4 - 4							
Yer			····						
ž ,	7 2 *************		*****						
	f All other progra		ice revenue						
									-
3									
1	other similar an					9,176			9,176
4	Income from in			t bond	proceeds				
5	Royalties								
			(i) Real		(ii) Personal				
68	a Gross rents	6a	1						
t	Less: rental expenses	6b							
	Rental inc. or (loss)	6c							
	Net rental incor	ne or (l	oss)						
13	7a Gross amount from (i) Securities sales of assets		S	(ii) Other					
W.	other than inventory	7a			39				
t	Less: cost or other								
	basis and sales exps.	7b							
	Gain or (loss)	7c			39				39
5 10 00						39			3.
B	a Gross income from		-						
	(not including \$		01110						
	of contributions re 1c). See Part IV, I			8a	271,141				
1 5	b Less: direct exp			8b	13,701				
	c Net income or					257,440			
710	a Gross income f					,			
1 9	activities. See I			9a					
9	Less: direct exp			9b					
	c Net income or								
	a Gross sales of			7					
16	returns and allo			10a	4				
1	b Less: cost of go			10b					
	c Net income or	loss) fr	om sales of inv	entory					
					Business Code				
Revenue	a ,								
l len	b			10:1 = 1 1 1					
Ke,	The second secon				A STATE OF THE STA				
	d All other revenu		Market and a state of the state of the						
200					0 - 8 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	202 222	•	0	9,215
12	Total revenue.	See in	structions			293,628	0	U	9,213

Part IX Statement of Functional Expenses

Form 990 (2022)

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
	oot include amounts reported on lines 6b, 7b, 0b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	AND THE RE	625,202		
	and domestic governments. See Part IV, line 21	99,018	99,018		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	4,465		4,465	
C	Accounting	4,465		4,403	
d	Lobbying				
f	Professional fundraising services. See Part IV, line 17				
	Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	679		679	
12	Advertising and promotion	0,5		0.0	
13		434		434	
14	Office expenses Information technology	35		35	
15		- 55			
16	Royalties				
17	Occupancy				
	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,540		1,540	
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.)				
а	TEACHER INCENTIVE AWARDS	684		684	
b	PAYPAL ACCOUNT FEES	182		182	
c	11,11,111,111,111				
d	***************************************				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	107,037	99,018	8,019	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 43,953 214,200 1 Cash—non-interest-bearing 48 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c **b** Less: accumulated depreciation 316,450 366,026 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 530,698 Total assets. Add lines 1 through 15 (must equal line 33) 410,027 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 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 190 46 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33, 332,802 389,742 Net assets without donor restrictions 27 20,095 197,850 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 530,652 409,837 Total net assets or fund balances 32 530,698 410,027 Total liabilities and net assets/fund balances

X

Form 990 (2022)

3a

3b

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

SCHEDULE A (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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

MVTHS DISTRICT 201 FOUNDATION

Employer identification number 35-2179332

P	art I	Reas	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ons.
Γhe	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, o	check only	y one box	.)	
1		A church, co	nvention of churches, or ass	oclation of churches described i	in section	170(b)(1	I)(A)(I).	
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 99 0).)			
3		A hospital or	a cooperative hospital servi-	ce organization described in sec	ction 170	(b)(1)(A)(III).	
4		A medical res	search organization operate	d in conjunction with a hospital of	described	in sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,
		city, and stat	e:					
5		An organizati	ion operated for the benefit (of a college or university owned	or operat	ed by a g	overnmental unit described in	
		section 170(b)(1)(A)(iv). (Complete Part	II.)				
6		A federal, sta	ate, or local government or g	overnmental unit described in s	ection 17	'0(b)(1)(A)(v).	
7	X	~	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II.)	om a gove	emmental	unit or from the general public	
В		A community	trust described in section f	170(b)(1)(A)(vI). (Complete Part	II.)			
9				cribed in section 170(b)(1)(A)(i				ge
		or university university:	or a non-land-grant college of	of agriculture (see instructions).	Enter the	name, ci	ty, and state of the college or	
10) more than 33 1/3% of its supp				ss
				npt functions, subject to certain				
				nd unrelated business taxable in				
44		. ,	·	0, 1975. See section 509(a)(2).				
11		-	* .	exclusively to test for public safe	-			ses of
12	Ш	~		exclusively for the benefit of, to ions described in section 509(a				
				scribes the type of supporting or				CHOSK
	а		=	erated, supervised, or controlled	-			na
	•			ver to regularly appoint or elect				
		supportin	ig organization. You must c	omplete Part IV, Sections A a	nd B.			
	b			pervised or controlled in connec				
				ting organization vested in the s	same pers	sons that	control or manage the support	ed
		F1	, ,	Part IV, Sections A and C.				
	С	its suppo	rted organization(s) (see ins	upporting organization operated tructions). You must complete	Part IV,	Sections	A, D, and E.	
	d			I. A supporting organization ope				
				e organization generally must sa				2 \$\$
	_	_ '	• •	nust complete Part IV, Section eived a written determination fro				
	e			n-functionally integrated support			sa Type I, Type II, Type III	
	f		mber of supported organizati	· - · · ·				
	g	Provide the fo	ollowing information about the	ne supported organization(s).				
(i)) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	organization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				Spoke (see Iliztractions))	Yes	No	matractionsy	man dollaria)
(A)					163			
(~)								
(B)								
(-/								
(C)								
,~ <i>,</i>								
(D)				<u> :</u>				
,-,								
(E)								
• ′								
Fota								

Page 2

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.)

Sec	tion A. Public Support						
Caler	dar 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.")	78,090	76,192	19,301	33,834	26,973	234,390
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	78,090	76,192	19,301	33,834	26,973	234,390
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						234,390
	tion B. Total Support	.,,,,					
Caler	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	78,090	76,192	19,301	33,834	26,973	234,390
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,326	7,607	5,989	6,898	9,176	36,996
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						271,386
12	Gross receipts from related activities, etc.					12	389,871
13	First 5 years. If the Form 990 is for the o	rganization's first, s	econd, third, fourt	h, or fifth tax year	as a section 501(c)(3)	(
	organization, check this box and stop he					<u> </u>	
Sec	tion C. Computation of Public S						
14	Public support percentage for 2022 (line 6			າກ (f))			86.37%
15	Public support percentage from 2021 Sch						89.05%
16a	33 1/3% support test—2022. If the organ				33 1/3% or more, o	check this	v
	box and stop here. The organization qua						X
b	33 1/3% support test—2021. If the organithis box and stop here. The organization					ore, check	
17a	10%-facts-and-circumstances test-20	22. If the organizati	ion did not check a	a box on line 13, 16	Sa, or 16b, and line	14 is	
	10% or more, and if the organization mee	ts the facts-and-cir	cumstances test,	check this box and	l stop here. Explai	n in	
	Part VI how the organization meets the fa	icts-and-circumstar	nces test. The orga	anization qualifies	as a publicly suppo	orted	
	organization						
b	10%-facts-and-circumstances test—20	21. If the organizati	ion did not check a	a box on line 13, 16	8a, 16b, or 17a, an	id line	
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization			<u> </u>			
18	Private foundation. If the organization di				eck this box and se	ee	
	instructions		<u></u>				
							4 (Easter 000) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
1	Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from							
-	line 6.)							
	etion B. Total Support	(-) 2010	(h) 2010	(*) 2020	(4) 2021	(0) 2022	1	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	-	(I) Total
9	Amounts from line 6						=	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,	V.						
14	First 5 years. If the Form 990 is for the or	A Real of Artist Market St. Market St. Communication of the Communicatio						1
C	organization, check this box and stop her				********			*****
0.5	ction C. Computation of Public Su			nn (f))		- 5	5	%
15	Public support percentage for 2022 (line 8 Public support percentage from 2021 School 2021						6	%
16 Sec	ction D. Computation of Investme					CAST TO A DETECTION OF A STATE OF	-	
rsic-	Investment income percentage for 2022 (I			3 column (f)		104	7	%
17	Investment income percentage for 2022 (Investment income percentage from 2021 S					********	8	%
18	33 1/3% support tests—2022. If the orga			a 14 and line 15 is	more than 33 1/3			70
19a	17 is not more than 33 1/3%, check this be							
b	33 1/3% support tests—2021. If the orga	nization did not c	heck a box on line	14 or line 19a, and	l line 16 is more th	an 33 1/3%, an	d	-
00	line 18 is not more than 33 1/3%, check the							
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19D, CHECK THIS DI	ox and see instruc		*****	

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

I.C.	r ai i	v.,	
		Yes	No
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	_ 1	raceas or a self-felicities	***************************************
_	10b		
che	dule A	(Form 9	190) 2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
ь	A family member of a person described on line 11a above?	11Ь		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
		(Contraction of the Contraction	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			T
		F (5 × 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
C4	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	- 1		r
		222222	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		f 25.5989898
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	60000000000000000000000000000000000000		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	\$14.65.00.000.000.000.000.000.000.000.000.0	}***********
•	By reason of the relationship described on line 2, above, did the organization's supported organizations have	-		
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	59.69.6909.660	parama arang mara
Secti	on E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		-	
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions)	l.	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			µ65 0656666 200 200 200
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	************	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

COCCOCCOCCOCC	ule A (Form 990) 2022 MVTHS DISTRICT 201 FOUND		35-21793	332 Page 6
CALLES CONTRACTOR	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust			ee
	instructions. All other Type III non-functionally integrated supporting organization	ns must compl	ete Sections A through E.	(D) Coment Vaca
Sect	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of	and the second		
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
1	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	_	
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	emergency temporary reduction (see instructions).	6		
7	Distributable Amount. Subtract line 5 from line 4, unless subject to	100	supporting organization	

Schedule A (Form 990) 2022

(see instructions).

Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt	purposes		1	
2	Amounts paid to perform activity that directly furthers exempt pu	rposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provid	de details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	(c
8	Distributions to attentive supported organizations to which the or	ganization is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	-		10	
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		F16-2022		Amount for 2022
2	Underdistributions, if any, for years prior to 2022			00000000	
_	(reasonable cause required–explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Fuence from 2022			000000	

3a, and 3b; Part V, line 1; Part V, Seclines 2, 5, and 6. Also complete this p	ction B, line 1e; Part V, S part for any additional info	section D, lines 5, 6, and ormation. (See instruction	8; and Part V, Section E, ns.)
PART II, LINE 10 - OTHER INCO	ME DETAIL		
SPECIAL EVENTS-GROSS INCOME	\$	0	
PAVER SALES	\$	0	
OTHER INCOME	\$	o	
·			
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MVTHS DISTRICT 201 FOUNDATION

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section

35-2179332

Schedule A (Form 990) 2022

Part VI

SCHEDULE G (Form 990)

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

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

OMB No. 1545-0047

Department of the Treasury

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

ame of the organization MVTHS DISTRICT 20					Employer identification 35-21793	32
Part I Fundraising Activities. Complete	if the organizat	tion ar	swer	ed "Yes" on Form	990, Part IV, line	17.
Form 990-EZ filers are not required 1 Indicate whether the organization raised funds through				Theck all that apply		
a Mail solicitations	_			ernment grants		
			-	-		
b Internet and email solicitations	4 10 10 1			ent grants		
c Phone solicitations	g Special f	บndrais	ing eve	ents		
d In-person solicitations						
 2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entities b If "Yes," list the 10 highest paid individuals or entities 	ty in connection wi	th profe	ssiona	I fundraising services?		Yes No
compensated at least \$5,000 by the organization.	(luliulaiseis) puist			ients under which the	indicated to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise cust	old fund- er have ody or atrol of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				İ		
2					<u>,</u>	
3					*	
_		 	+			
4						
5						
6						
7						
8				_	.,	-
9						
0						
otal			- 			
List all states in which the organization is registered or registration or licensing.	or licensed to solicit	t contrib	outions	or has been notified it	is exempt from	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events TURF FUND DONAT BAND FUNDRAISIN (add col. (a) through (event type) (event type) (total number) col. (c)) 197,850 27,820 271,141 45,471 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 197,850 27,820 45,471 271,141 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 13,701 13,701 9 Other direct expenses 13,701 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? ATTICACIONE DELL'ARTICLE PARISTRATA DELL'ARTICLE PARISTRATA DELL'ARTICLE DELL'ARTICLE PARISTRATA DELL' 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ creates and address of the third party: Name Address	Sch	Schedule G (Form 990) 2022 MVTHS DISTRICT 201 FOUNDATION	35-2179332				Pagi	e 3
the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitative gaming? Yes No discrete the percentage of gaming activity conducted in: 13a	11						_	
13a Incides the percentage of garning activity conducted in: The organization's facility An outside facility An outside facility An outside facility Name Address 15a Does the organization have a contract with a third party from whom the organization receives garning revenue? Does the organization have a contract with a third party from whom the organization receives garning revenue? If "Yes," enter the amount of garning revenue received by the organization should be amount of garning revenue received by the organization and the amount of garning revenue received by the organization should be amount of garning revenue received by the organization of the shirt party. Name Address 15a Garning manager information: Name Garning manager compensation \$ Description of services provided Director/officer	12	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnershi	p or other entity					
a The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/spedal events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If 'Yes,' enter the amount of gaming revenue received by the organization sold amount of gaming revenue received by the organization sold amount of gaming revenue received by the third party. Name Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer						Yes		No
b An outside facility If Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenues? b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party; Name Address 16 Gaming manager information: Name Gaming manager compensation \$ Description of services provided Directorofficer	13		1					
Here the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ or If "Yes," enter name and address of the third party. Name Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer		a The organization's facility						_
records: Name Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c. If "Yes," enter name and address of the third party; Name Address Gaming manager information: Name Garning manager compensation \$		b An outside facility	<u>L1</u>	3b				%_
Address Does the organization have a contract with a third party from whom the organization receives garning revenue? If "Yes," enter the amount of garning revenue received by the organization \$ and the amount of garning revenue received by the organization \$ and the amount of garning revenue retained by the third party: Name Address Gamling manager information: Name Gamling manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state garning license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization sown exempt activities during the tax year S Enter the amount of distributions. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	14	• • • • • • • • • • • • • • • • • • • •	al events books and					
Description of services provided Director/officer Employee Independent contractor		Name						
revenue? b if "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c if "Yes," enter name and address of the third party; Name Address 16 Gaming manager information: Name Gaming manager compensation \$ Description of services provided		Address						
b If Yes,* enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party: Name		revenue?				Yes		No
c If "Yes," enter name and address of the third party: Name Address 16 Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	b	b If "Yes," enter the amount of gaming revenue received by the organization \$	and the					
Name Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No estain the state gaming license? Yes No estain the organization's own exempt activities during the tax year \$ Part III. Ines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? First IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	C	c If "Yes," enter name and address of the third party:						
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? First IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		None						
Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		Name						
Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		Address						
Saming manager compensation \$ Description of services provided Director/officer		A001032						
Gaming manager compensation \$ Description of services provided Director/officer	16	6 Gaming manager information:						
Director/officer		Name						
Director/officer		Gaming manager compensation \$						
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Description of services provided						
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		Director/officer Employee Independent contractor						
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	17	7 Mandatony distributions:						
retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		·	na proceeds to					
Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	_	-	* *	[Yes		Nο
spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ь	b Enter the amount of distributions required under state law to be distributed to other exemp	ot organizations or	., L				
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		·						
	Pa	Part IV Supplemental Information. Provide the explanations required by Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also				d		
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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

2022

Open to Public Inspection

Employer identification number

MVTHS DISTRICT 201	FOUNDATION OF THE PROPERTY OF	ON				3	5 <u>-</u> 2179332	
Part I General Information on Grants and	Assistance						****	
 Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistant Describe in Part IV the organization's procedures for mon 	ce?	.					Yes	X No
Part II Grants and Other Assistance to Dor Part IV, line 21, for any recipient that re	mestic Organ	izations	and Domestic Go				vered "Yes" on Form 9)90,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Arnount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	it
(1) MVTHS DISTRCT 201 11101 N WELLS BYPASS MOUNT VERNON IL 62864			99,018				EDUCATION PROGR	AMS
(2)								
(3)								
(4)		!						
(5)			:					
(6)								
(7)								
(8)								
(9)								
 Enter total number of section 501(c)(3) and government of Enter total number of other organizations listed in the 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.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

MVTHS DISTRICT 201 FOUNDATION

Employer identification number 35–2179332

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 OFFICERS REVIEWED COPY OF TAX RETURN PRIOR TO ITS FILING AND APPROVED AMOUNTS REPORTED ON TAX RETURN. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FEDERAL 990 IS PUBLICLY AVAILABLE ON ORGANIZATION'S WEBSITE.

SCHEDULE G	Fundraising Other	er Events
(Form 990 or	_	
990-EZ)	For calendar year 2022, or tax year beginning	, and ending

2022

Name

Employer Identification Number

M	IVTHS DISTRIC	T 201 FOUNDATION		35-	2179332
<u> </u>		(a) Other event GOLF TOURNAMENT (event type)	(b) Other event ANNUAL DINNER (event type)	(c) Other event FLAG FUNDRAISE (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	Gross receipts Less: Charitable contributions	26,196	12,240	7,035	45,471
_	3 Gross income (line 1 minus line 2)	26,196	12,240	7,035	45,471
	4 Cash prizes				
	5 Noncash prizes				
sesued	6 Rent/facility costs				
Direct Expenses	7 Food/beverages 8 Entertainment				:
	9 Other expenses	10,037	3,664		13,701

	ILLINOIS CHARITABLE ORGANIZATION ANNUA	A 100 CO		Form AG990
MT#	Attorney General KWAME RAOUL State of I Charitable Trust Bureau, 100 West Rando			Revised 1/
-	11th Floor, Chicago, Illinois 60601		52179	
MT	Report for the Fiscal Period:	-	Check all i	tems attached:
	report to the Piscart eriod.	X	Copy of IRS	
IT	Beginning <u>01/01/2022</u>	Make Checks Payable to	Copy of For	ancial Statements
	0 5-4 10/31/2022	the Illinois Charity		ual Report Filing Fee
25 21702	& Ending 12/31/2022 MO DAY YR	Bureau Fund	\$100.00 La	te Report Filing Fee
ederal ID # 35-21793: re contributions to the organiz		ate Organization wa	is created:	08/09/200
		Year-end		
LEGAL	STRICT 201 FOUNDATION	amounts		
NAME MVTHS DI	STRICT 201 FOUNDATION	A) ASSETS	A) \$	530,698
ADDRESS 11101 N	WELLS BYPASS PO BOX 672	B) LIABILITIES	B) \$	46
ITY, STATE MT. VERN	ON IL	C) NET ASSETS		530,652
ZIP CODE 62864		C)NET ASSETS	0) \$	330,032
I. SUMMARY OF ALL	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
D) PUBLIC SUPPORT	CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	97%	D) \$	298,114
	ANTS & MEMBERSHIP DUES	0%	E)\$	
F) OTHER REVENUES		3%	F)\$	9,215
		100%	The same	307,329
' ' [[[]] [] [] [] [] [] [] [NCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) EXPENDITURES DURING THE YEAR:	100%	G) \$	301,323
		0/	U) e	
	TABLE PROGRAM EXPENSE	%	H) \$	
	RAM SERVICE EXPENSE	%	1)\$	
	E PROGRAM SERVICE EXPENSE (ADD H & I)	%	J)\$	
	CATED TO PROGRAM SERVICES (INCLUDED IN J): \$	02		00 016
	R CHARITABLE ORGANIZATIONS	93%	K) \$	99,018
	E PROGRAM SERVICE EXPENDITURE (ADD J & K)	93%	L) \$	99,018
M) MANAGEMENT AND		7 %	M) \$	8,019
N) FUNDRAISING EXP		%	N) \$	405.00
	RES THIS PERIOD (ADD L, M, & N)	100%	O)\$	107,037
	ort of Individual Fundraising Campaign- Form IFC. One for each PFR.) RAISERS:			
P) TOTAL AMOUNT RA	SISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P)\$	
Q) TOTAL FUNDRAISE	RS FEES AND EXPENSES	%	Q) \$	
R) NET RECEIVED BY	THE CHARITY (P MINUS Q=R)	%	R)\$	
PROFESSIONAL FUND	RAISING CONSULTANTS:			
S) TOTAL AMOUNT PA	ID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S)\$	
IV. COMPENSATION T	O THE (3) HIGHEST PAID PERSONS DURING THE Y	EAR:		
T) NAME, TITLE:			T) \$	
U) NAME, TITLE:			U)\$	
V) NAME, TITLE:		7,7,000	V)\$	ack side of instructions
	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	200 00 00	CODE
W) DESCRIPTION: su	PPORT OF THE EDUCATIONAL PROGRAMS OF MVTHS		W)#	151
X) DESCRIPTION:			X) #	
V) DESCRIPTION:			V1#	

		201 FOUNDATION		Form AGS	90-IL, Pag
ΙF	THE ANSWER TO ANY	OF THE FOLLOWING IS YES	, ATTACH A DETAILED EXPLANA	TION:	YES N
1.	WAS THE ORGANIZATION	NTHE SUBJECT OF ANY COUR	T ACTION, FINE, PENALTY OR JUDGM	MENT?1.	2
2.	EVER BEEN CONVICTED	BY ANY COURT OF ANY MISDE	RUSTEE, OFFICER OR EMPLOYEE TH EMEANOR INVOLVING THE MISUSE O	R	
]
3.	ANY OF ITS OFFICERS, D IN WHICH ANY OF ITS OF	IRECTORS OR TRUSTEES OW! FICERS, DIRECTORS OR TRUS	ONTRIBUTION TO ANY ORGANIZATION NS AN INTEREST; OR WAS IT A PART STEES HAS A MATERIAL FINANCIAL IN HING OF VALUE NOT REPORTED AS (Y TO ANY TRANSACTION NTEREST; OR DID	3
4.			E STOCK IN WHICH ANY OFFICER, DI		13
5 .	IS ANY PROPERTY OF TH	IE ORGANIZATION HELD IN THE	E NAME OF OR COMMINGLED WITH T	HE	2
			•	······································	
3.	DID THE ORGANIZATION (USE THE SERVICES OF A PROI	FESSIONAL FUNDRAISER? (ATTACH	FORM IFC) 6.	2
7a		ALLOCATE THE COST OF ANY WEEN PROGRAM SERVICE AN	SOLICITATION, MAILING, ADVERTISE D FUNDRAISING EXPENSES?	MENT OR 7.	3
7 b.	ALLOCATED TO PROGRAM	M SERVICES \$	E JOINT COSTS \$; (iii) THE AMOUNT ALLOCATI	ED TO MANAGEMENT	
3.		EXPEND ITS RESTRICTED FUNI	DS FOR PURPOSES OTHER THAN RE	STRICTED 8.	3
€.	HAS THE ORGANIZATION	EVER BEEN REFUSED REGIST	TRATION OR HAD ITS REGISTRATION GENCY?		2
).			NY KICKBACK, BRIBE, OR ANY THEFT GANIZATIONAL FUNDS?		
1.	LIST THE NAME AND ADDITUTE LARGEST ACCOUNTSEE STATEMENT	NTS:	ITUTIONS WHERE THE ORGANIZATIO	ON MAINTAINS ITS	
2.	NAME AND TELEPHONE N	IUMBER OF CONTACT PERSON	N: ANGEL GROTHOFF		
				618-214	4-1845
D D SUI	ER PENALTY OF PERJURY, THE ATTACHED DOCUMEN E AND COMPLETE AND FILE E OF ILLINOIS RELY THER	NTS, INCLUDING ALL THE SCHE ED WITH THE ILLINOIS ATTORN	E INSTRUCTIONS CLARE AND CERTIFY THAT I (WE) HA EDULES AND STATEMENTS, AND THE NEY GENERAL FOR THE PURPOSE OF JUTHORIZE AND AGREE TO SUBMIT A	FACTS THEREIN STATED AR FHAVING THE PEOPLE OF TH	E IE
R	RE TO INCLUDE ALL FEES DUE:	PRESIDENT OF TRUSTER (PI	RINT NAME)	SIGNATURE (112/2 DATE
F	ONTHS OF YOUR FISCAL YEAR END. OR FEES DUE SEE INSTRUCTIONS. EPORTS THAT ARE LATE OR	TREASURER OF TRUSTEE (P)	RINT NAME)	SIGNATURE 7	DATE
	COMPLETE ARE SUBJECT TO A 00.00 PENALTY.	SARAH KARY			

PREPARER (PRINT NAME)

SIGNATURE

DATE

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2022 Open to Public Inspection

A	For the	2022 calendar year, or tax year beginning	, and end	ding		_		
В	Check if app Address cha	ange MVTHS D	DISTRICT 201 FOUND	ATION				cation number
	Name chang	ge Doing business as	delivered to street address.		Denoclasite		-2179	
	Initial return	Number and street (or P.O. box if mail is not of 11101 N WELLS BYPASS			Room/suite		8-244-	
H	Final return/					1		
	terminated	MT. VERNON	IL 62864			G Gros	ss receipts\$	307,329
	Amended re	F Name and address of principal officer:			Later West			. T v . 👽
	Application p	Pending ANGEL GROTHOFF 4215 FOX CREEK RI MT VERNON	D. IL 62864		H(b) Are all	subordinate	n for subordinate s included? a list. See instr	Yes No
1	Tax-exemp	ot status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527				
J	Website:	WWW.MVTHSFOUNDATION	ORG		H(c) Group	exemption n	umber	
ĸ	Form of org	anization: X Corporation Trust Associa	Other	L Ye	ear of formation:	2002	M Stat	e of legal domicile: II
P	art I	Summary						
& Governance	***	ORGANIZATION'S MISSION IS PROGRAMS AND ENDEAVORS OF JEFFERSON COUNTY, ILLINOIS heck this box if the organization disconti	MT. VERNON TOWNSH	IP HIGH SCHO	OL DIST	RICT		
8	3 Nu	umber of voting members of the governing be	ody (Part VI, line 1a)				3 15	
es	4 Nu	umber of independent voting members of the	governing body (Part VI, line	1b)			4 15	
Activities	5 To	otal number of individuals employed in calend	dar year 2022 (Part V, line 2a)				5 0	
YC.		otal number of volunteers (estimate if necess	A				6 25	
_	7a To	otal unrelated business revenue from Part VI	II, column (C), line 12				7a	0
	b Ne	et unrelated business taxable income from Fo	orm 990-T, Part I, line 11				7b	0
					Prior	Year		Current Year
0	8 Co	ontributions and grants (Part VIII, line 1h)				33,83	34	26,973
2	9 Pr	ogram service revenue (Part VIII, line 2g)						0
Revenue	10 Inv	vestment income (Part VIII, column (A), lines	s 3, 4, and 7d)			11,53		9,215
×	11 Ot	ther revenue (Part VIII, column (A), lines 5, 6	3d, 8c, 9c, 10c, and 11e)			41,33		257,440
		otal revenue - add lines 8 through 11 (must e				86,73		293,628
	13 Gr	rants and similar amounts paid (Part IX, colu	ımn (A), lines 1–3)			33,7	74	99,018
	14 Be	enefits paid to or for members (Part IX, colun	nn (A), line 4)					0
ø	15 Sa	alaries, other compensation, employee benef	fits (Part IX, column (A), lines	5–10)				0
Expenses	16aPr	rofessional fundraising fees (Part IX, column	(A), line 11e)	To a contract of the				0
cbe		otal fundraising expenses (Part IX, column (D		0				
ũ	17 Ot	ther expenses (Part IX, column (A), lines 11a				8,10	00	8,019
	18 To	otal expenses. Add lines 13-17 (must equal f	Part IX, column (A), line 25)			41,8		107,037
	19 Re	evenue less expenses. Subtract line 18 from	line 12			44,83		186,591
SOL				-	Beginning of		_	End of Year
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4	10,02		530,698
A A	21 To	otal liabilities (Part X, line 26)					90	46
		et assets or fund balances. Subtract line 21 f	from line 20	******	4	09,83	37	530,652
2000	art II	Signature Block						
		ilties of perjury, I declare that I have examined this t, and complete. Declaration of preparer (other tha					iy knowledge	e and belief, it is
Sig	ın s	Signature of officer				1	Date	
He		SUZIE SCHMIDT		PRESIDENT				
	-	Type or print name and title						
_		Print/Type preparer's name	Preparer's signature		Date	0	neck if	PTIN
Pai		SARAH KARY	SARAH KARY		2.00	and the same of the	elf-employed	P01228415
	narer F	DICE CULTIVE			103/.			3445349
	Only	Firm's name RICE SULLIVE 105 MAIN ST	и, шис			Firm's EIN		, 3443343
	F	Firm's address DU QUOIN, II				Phone no	618	-542-4747
May	the IRS	discuss this return with the preparer shown	above? See instructions					X Yes No

200	divisor Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	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			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			x
_	election in effect during the tax year? If "Yes," complete Schedule C, Parl II	. 4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		x
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	·-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		'	1
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		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.			
а	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
р	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more		ļ	- v
	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	44-		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d		11d		\mathbf{x}
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11a		X
е.	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	1	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
I∡d	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	- 45		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	140		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 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			l
	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			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	. 17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18	х	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	·· -18	- 21	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
nc -	If "Yes," complete Schedule G, Part III	—	1	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		<u> </u>	† <u>••</u>
5 24	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	- 200	†	
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	x	
	domestic government on hear in, column phy, into 1; ii root compose concesse it rate hand it			•

<u> </u>	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 individual	ıls on			162	140			
	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 compensations								
	employees? If "Yes," complete Schedule J								
24a	If the organization have a tax-exempt bond issue with an outstanding principal amount of more than								
	00,000 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?								
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the	year		l					
	to defease any tax-exempt bonds?		24c 24d		\vdash				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?								
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	efit							
	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								
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	<i>(</i>	25b		x				
		if "Yes," complete Schedule L, Part I							
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	Culle	III						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			26		x			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	 ee ke		-		 			
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		,	1					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the								
	persons? If "Yes," complete Schedule L, Part III			27		x			
26	Was the organization a party to a business transaction with one of the following parties (see the Sche	dule L	,	. 000000					
_•	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):				000000				
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribution								
	"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	and the state of t								
	"Yes," complete Schedule L, Part IV		28c 29		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifi	ed				₹.			
	conservation contributions? If "Yes," complete Schedule M			30_		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched		Part I	31		┝┻			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"								
	complete Schedule N, Part II			32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg			33		x			
				33	···-	 			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Par			34		x			
25-	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a	╁	X			
35a				1000		 			
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charital		• • • • • • • • • • • • • • • • • • • •	35b					
50	related organization? If "Yes," complete Schedule R, Part V, line 2	-		36		x			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
₹1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37		X			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines	11b ar	nd						
	19? Note: All Form 990 filers are required to complete Schedule O.			38	X_				
P	set V Statements Regarding Other IRS Filings and Tax Compliance								
-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if Schedule O contains a response or note to any line in this Part V	·	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						
			l .	Commen	Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3	4		1			
ь	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					 			
	reportable gaming (gambling) winnings to prize winners?		<u>.</u> <u>.</u>	10_		X			
				Fo	rm 99	0 (2022)			

Pŧ	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		<u> </u>			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	⊓s?		2b	ļ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	-	X
р	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		₩
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).	8888888		7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for a line to a set by did the organization for Exercises to the form 2006 T2.	tion?		5b 5c	 	<u> </u>
C 63	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<i>.</i>				\vdash
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	5		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s				
	required to file Form 8282?		· · · · · · · · · · · · · · · · · · ·	7c		<u> </u>
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?		7f		<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file For			<u>7g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				000000000000000000000000000000000000000	\$ 80,000,000 P
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by ti	he			
	sponsoring organization have excess business holdings at any time during the year?		.,,,,,,	. 8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?		,.,,	9a 9b		\vdash
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
a 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:	100				
''a	Gross income from members or shareholders	11a	1			
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
_	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		0000000000
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	0000000		
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		44-		•
14a	= :::::::::::::::::::::::::::::::::::::				-	X
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduli			14b		├──
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			4.5		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	inaan	ne?	16	P 000000000000000000000000000000000000	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment. If "Yes," complete Form 4720, Schedule O.	110011				<u> </u>
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity.	ities		F		*********
''	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
-	ii real complete remi ecco.			For	m 991	0 (2022)

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

250	Alon A. Governing Body and Management					
			4 =	200000000	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	-		
	If there are material differences in voting rights among members of the governing body, or			3333333		08000
	if the governing body delegated broad authority to an executive committee or similar			000000		
	committee, explain on Schedule O.	l l	4 5	8898088		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			888888		3000000 TP
_	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					3.5
	supervision of officers, directors, trustees, or key employees to a management company or other person?	<i>.</i>		3	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed'	'	• • • • • • • • • • • • • • • • • • • •	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5				
6	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 or appoint			1_		37
	one or more members of the governing body?			7a		X
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l _,		- T
_	stockholders, or persons other than the governing body?			7b	3058888	X
В	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:		v	/
a	The governing body?			8a	X	
þ	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					32
e	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	nal D	overve C	9 0d0 \		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nai R	evenue C	oue.j	Yes	N1
40a	Did the erganization have local charters, branches or offiliates?			10a	res	X
10a	• • • • • • • • • • • • • • • • • • • •			IUa		
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			406		1
11.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	the for		10b 11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	uie ioi	III £	ı ıa	<u> </u>	1000000
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	58888988	X
12a b		to cor	afficte?	12b		-
-	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise.	5 (U CUI	illicia:	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c		
40	describe on Schedule O how this was done	• • • • • •	• • • • • • • • • • • • • • • • • • • •	13		X
13	Did the organization have a written whistleblower policy?		•			X
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by		•	14	3834888	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The examination's CEO. Executive Director or ten management official			15a	Restriction of the	X
a b	Other officers or key employees of the organization			15b		X
Ų	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		• • • • • • • • • • • • • • • • • • • •	130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a	, 5 × 5 × 5 × 7 × 7	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b	000000000000000000000000000000000000000	797000019090
Sec	tion C. Disclosure					
<u> 17</u>	List the states with which a serv of this Earn 900 is required to be filed.					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se					
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	•	, ,			
	X Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est poli	cy,			
	and financial statements available to the public during the tax year.		• '			
20	State the name, address, and telephone number of the person who possesses the organization's books and recor	ds				
	IGEL GROTHOFF 4215 FOX CREEK RD.	~-				
	VERNON IL 6286	4	618	3-24	4-1	485

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

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

- 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and litte	(B) Average hours per waek	(C) Position (do not check more than one box, unless person is both en officer and a director/trustee))	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) DANIEL HOFFMAN											
BOARD MEMBER	0.00	X						0	o	o	
(2) TOM JACKSON	0.00						\dashv				
(2) 1011 0110110011	0.00		İ								
BOARD MEMBER	0.00	X						0	0	0	
(3) HARRIETT KOCH											
	0.00								_	_	
BOARD MEMBER	0.00	X						0	0	0	
(4) JODY MCKELVY											
	0.00							_	_	_	
BOARD MEMBER	0.00	X					_	0	0	0	
(5) CARL MILLER											
	0.00							•	_		
VICE PRESIDENT	0.00	X			_		4	0	0	0	
(6) CHERIE ROGIER	٠										
<u> </u>	0.00	_ ا						0	o	0	
BOARD MEMBER	0.00	X					\dashv	<u> </u>	<u> </u>		
(7) SARAH SLEDGE	0.00										
DARDO MONTORO	0.00	\mathbf{x}						0	o	0	
BOARD MEMBER (8) JOHN SNODSMITH	0.00	^				\vdash	\dashv				
(6) COHN SHODSMIII	0.00										
BOARD MEMBER	0.00	x						0	o	0	
(9) MELIA STEFFY	0.00	† 						_			
(0,111111111111111111111111111111111111	0.00										
BOARD MEMBER	0.00	X						0	0	0	
(10) CINDY TINSLEY											
•	0.00										
BOARD MEMBER	0.00	X						0	0	0	
(11) SARAH WATTS									<u>-</u>		
	0.00										
BOARD MEMBER	0.00	X			L			0	0		
										Form 990 (2022)	

(A) Name and title	(B) Average hours per week	(d bo	lo not	Pos check ess pe	C) sition more	than cois both	one an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from relatec organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(12) NORMA FAIRCH										
BOARD MEMBER	0.00	4		x				o	o	C
(13) JANET GARRETS	ON									
	0.00									
(14) ANGEL GROTHO	0.00			X			-	0	0	
	0.00									
TREASURER (15) SUZIE SCHMIDT	0.00			X				0	0	
(15) SUZIE SCHMIDI	0.00									
PRESIDENT	0.00	_		x				0	0	C
	5 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 1 - 1 - 1									
				-						
				H,						
£	***********									
1b Subtotal	**********									
c Total from continuation shee							- 1			
d Total (add lines 1b and 1c) . 2 Total number of individuals (in	cluding but not l	imite	d to) who received more than	\$100,000 of	
reportable compensation from	the organization)	0							Yes No
3 Did the organization list any fo employee on line 1a? If "Yes,"								e, or highest compensated	1-	3 X
For any individual listed on line organization and related organization and related organization.	e 1a, is the sum	of re	porta	able	com	pens	ation			4 X
5 Did any person listed on line 1 for services rendered to the or	ganization? If "\									5 X
Section B. Independent Contracto 1 Complete this table for your five		enee	ted :	nder	nend	ent o	ontre	actors that received more t	han \$100 000 of	
compensation from the organization	zation. Report c							ar year ending with or withi	in the organization's tax yea	
Name and	(A) business address							Descripti	(B) ion of services	(C) Compensation
				-						
2 Total number of independent of	contractors (incli	ıdina	hut	not!	limit	nd to	thee	a lieted above) who		
received more than \$100,000	of compensation	fron	n the	org	aniz	ation	แเดร	e iisted above) wild	0	

35-2179332 Form 990 (2022) MVTHS DISTRICT 201 FOUNDATION Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or exempt function revenue (C) (D) Revenue excluded Unrelated from tax under husiness revenue sections 512-514 ts, Grants Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 26,973 Noncash contributions included in 26,973 h Total. Add lines 1a-1f. Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,176 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 39 other than inventory 7a **b** Less: cost or other Other Revenue basis and sales exps. 39 7с c Gain or (loss) 39 39 d Net gain or (loss) Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 271,141 13,701 b. Less: direct expenses 257.440 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances 10b b Less: cost of goods sold

Buşiness Code

293,628

9,215

0

c Net income or (loss) from sales of inventory

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

Total revenue. See instructions

Form 990 (2022) Part IX **Statement of Functional Expenses**

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			прієте соіштіп (А).	
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		Yiek is and		
	and domestic governments. See Part IV, line 21	99,018	99,018		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
12	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits Payroll taxes				
10	Fees for services (nonemployees):				
a	[18] [18] [18] [18] [18] [18] [18] [18]				
b	Management			-	
c	~	4,465		4,465	
d	Accounting Lobbying	- 1/100			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	679		679	
12	Advertising and promotion				
13	Office expenses	434		434	
14	Information technology	35		35	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 540		1,540	
23	Insurance	1,540		1,340	
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.) TEACHER INCENTIVE AWARDS	684		684	
a b	PAYPAL ACCOUNT FEES	182		182	
	114 (174) 144 (174) 144 (174) 144 (174) 144 (174) 144 (174)	102		202	
d	- in the contract of the contr				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	107,037	99,018	8,019	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

			(A)		(B)
17.	L Oash and interest basis		Beginning of year		End of year
]]	Cash—non-interest-bearing		43,953	1	214,200
	, , , , , , , , , , , , , , , , , , , ,		48	2	48
3	3			3	
4				4	
5					
	trustee, key employee, creator or founder, substan				
	controlled entity or family member of any of these		· · · · ·	5	
6					
- B	under section 4958(f)(1)), and persons described in	n section 4958(c)(3)(B)		6	
Assets				7	
8 ٣				8	
9				9	
10	Da Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D				
	b Less: accumulated depreciation	10b		10c	
11			366,026	11	316,450
12				12	
13	Investments—program-related. See Part IV, line 11			13	
14			i j	14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal li	ne 33)	410,027	16	530,698
17	Accounts payable and accrued expenses		190	17	46
18	Conta accepta			18	
19	D-fd			19	
20	Toy avamet hand liabilities			20	
21	***************************************	t IV of Schedule D		21	
ຫ 22					
Liabilities	trustee, key employee, creator or founder, substant				
ᅙ	controlled entity or family member of any of these p			22	***************************************
23 ٿ	·			23	
24		ind a antina		24	
25					
"	parties, and other liabilities not included on lines 17				
	of Schedule D	-24). Complete (alt X		25	
26			190		46
- 20	Organizations that follow FASB ASC 958, check		133	<u> </u>	
ξ.	and complete lines 27, 28, 32, and 33.	Hele X			
Ĕ 27	P. Blat and the colline of decision and delegations		389,742	27	332,802
is 27 28 28			20,095		197,850
B 40	***************************************	shock horo	20,033	20	
5	Organizations that do not follow FASB ASC 958	, check here			
<u> </u>	and complete lines 29 through 33.			***************************************	
္က 29 ကို ၁၈	The state of the s	, , , , , . ,		29	
30	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			30	
Net Assets or Fund Balances 25 28 30 31 32			1 400 027	31	E20 650
စ္ခ် 32 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		32	530,652
33	Total liabilities and net assets/fund balances		410,027	33	<u>530,698</u>

the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If the organization changed either its oversight process or selection process during the tax year, explain on

Form **990** (2022)

X

2c

3a

3b

SCHEDULE A (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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

Inspection

Name of the organization MVTHS DISTRICT 201 FOUNDATION Employer identification number 35-2179332

The	orga	nization is not	a private foundation because	se it is: (For lines 1 through 12,	check onl	y one box.	.)				
1		A church, co	nvention of churches, or ass	sociation of churches described	in section	n 170(b)(1)(A)(i).				
2		A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (For	m 990).)						
3	П	A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(i	ii).				
4		A medical re	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 stat	e:								
5		An organizati	ion operated for the benefit	of a college or university owner	or operat	ed by a go	overnmental unit described in				
		section 170(b)(1)(A)(iv). (Complete Part	: 1 1 .)							
6		A federal, sta	ite, or local government or g	overnmental unit described in s	section 17	70(b)(1)(A)(v).				
7	X	~	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fi complete Part II.)	rom a gove	ernmental	unit or from the general publ	C			
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultur	al research organization des	scribed in section 170(b)(1)(A)((ix) operat	ed in conju	unction with a land-grant colle	ege			
		or university	or a non-land-grant college	of agriculture (see instructions)	. Enter the	name, cit	y, and state of the college or				
	_	university:									
10		_) more than 33 1/3% of its support functions are things				oss			
		•		npt functions, subject to certain nd unrelated business taxable i							
		• •	•	0, 1975. See section 509(a)(2	,		•				
11			•	exclusively to test for public sat							
12	;	_		exclusively for the benefit of, to	•		, ,	oses of			
		one or more	publicly supported organizat	tions described in section 509(scribes the type of supporting o	a)(1) or se	ction 509	(a)(2). See section 509(a)(3)	. Check			
	a	Type 1. A	supporting organization op	erated, supervised, or controlle	d by its su	pported or	rganization(s), typically by giv	ing			
		the suppo	orted organization(s) the por	wer to regularly appoint or elect	a majority	of the dir	ectors or trustees of the				
				omplete Part IV, Sections A a							
	b			pervised or controlled in conne							
				rting organization vested in the Part IV, Sections A and C.	same per	sons that o	control or manage the suppor	ted			
	C	Type III f	iunctionally integrated. A street organization(s) (see ins	supporting organization operate structions). You must complet e	d in conne Part IV,	ection with Sections	, and functionally integrated v A, D, and E.	vith,			
	d		· -	d. A supporting organization op							
				e organization generally must s				iess			
				must complete Part IV, Section							
	e	Uneck th	is box if the organization red Ilv integrated, or Type III no	eived a written determination fr n-functionally integrated suppor	rting organ	is mai ii is nization.	a type i, type ii, type iii				
	Ŧ		nber of supported organizat	• •	•						
	g	Provide the fo	ollowing information about the	ne supported organization(s).							
()) Nam	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
	org	ganization		(described on lines 1-10		ur governing	support (see	other support (see			
				above (see instructions))		ment?	instructions)	instructions)			
7.00					Yes	No	<u>.</u>	<u> </u>			
(A)					İ	İ					
(D)							<u> </u>				
(B)											
(C)											
(C)					i						
(D)					 	 					
(~)						l					
(E)											
. ,						<u> </u>					
Tota	ıl										
	_		n Act Notice see the Instruc	tions for Form 990 or 990 F7				Schedule 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.)

	tion A. Public Support				I		T
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78,090	76,192	19,301	33,834	26,97	3 234,390
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	78,090	76,192	19,301	33,834	26,97	3 234,390
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						234,390
-	tion B. Total Support						•
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	78,090	76,192	19,301	33,834	26,97	3 234,390
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,326	7,607	5,989		9,17	6 36,996
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						271,386
12	Gross receipts from related activities, etc.	. (see instructions)				12	389,871
13	First 5 years. If the Form 990 is for the o	rganization's first, s	econd, third, fourt	n, or fifth tax year a	as a section 501(c))(3)	
	organization, check this box and stop he	re				<u></u>	
Sec	tion C. Computation of Public S	upport Percent	age				
14	Public support percentage for 2022 (line 6	6, column (f) divided	by line 11, colum	n (f))		14	86.37%
15	Public support percentage from 2021 Sch					15	89.05%
16a							
	box and stop here. The organization qua	lifies as a publicly s	upported organiza	tion			X
b	33 1/3% support test—2021. If the organ	nization did not ched	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or m	ore, check	
	this box and stop here. The organization	qualifies as a public	cly supported orga	inization			.,
17a	10%-facts-and-circumstances test-20	22. If the organization	on did not check a	box on line 13, 16	Sa, or 16b, and line	: 14 is	
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	acts-and-circumstan	ces test. The orga	ınization qualifies a	as a publicly suppo	orted	
	organization		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b	10%-facts-and-circumstances test—20	21. If the organization	on did not check a	box on line 13, 16	Sa, 16b, or 17a, an	d line	
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the	facts-and-circumst	ances test. The or	ganization qualifie	s as a publicly sup	ported	_
	organization						
18	Private foundation. If the organization d	id not check a box o	on line 13, 16 a , 16	b, 17a, or 17b, che	eck this box and se	ee	_
	instructions						.,

Schedule A (Form 990) 2022 MVTHS DISTRICT 201 FOUNDATION

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

cupport contoucher organizations becombed in costion sec(a)(2)	
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under	Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)	

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sac	line 6.) tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9		(a) 2010	(6) 2010	(6) 2020	(4) 2021	(0) 2022	(.,
9.12	***************************************						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First 5 years. If the Form 990 is for the or	ganization's first	second third four	th or fifth tay year	as a section 501/	c)(3)	
14	organization, check this box and stop her		second, timu, tour				000000000000000000000000000000000000000
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2022 (line 8			mn (f))	Carried Salaria and America	1	5 %
16	Public support percentage from 2021 Scho						6 %
	tion D. Computation of Investme						
17	Investment income percentage for 2022 (I			3, column (f))		1	7 %
18	Investment income percentage from 2021 5					4	8 %
19a	33 1/3% support tests-2022. If the orga	nization did not o	heck the box on lin	e 14, and line 15 i	s more than 33 1/3	3%, and line	
	17 is not more than 33 1/3%, check this be	ox and stop here	. The organization	qualifies as a pub	licly supported org	anization	
b	33 1/3% support tests-2021. If the orga	nization did not o	heck a box on line	14 or line 19a, an	d line 16 is more th	nan 33 1/3%, and	-
	line 18 is not more than 33 1/3%, check th	is box and stop	here. The organiza	tion qualifies as a	publicly supported	organization	
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this b	ox and see instruc		lula A (Form 990) 202

Part IV **Supporting Organizations**

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

MVTHS DISTRICT 201 FOUNDATION

Section A. All Supporting Organizations

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

	Yes	No
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Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		61 (00)	00100100
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		<u></u>
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1800000000
Sacti	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2		
7601	ion o. Type ii oupporting organizations	Т	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	A. 200 A 60 A 60 A 60 A 60 A 60 A 60 A 60	
Secti	ion D. All Type III Supporting Organizations			
		I	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			000000000
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations	_		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	i).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Texts Apparent News 20 and 25 below).	ucuoris). T	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		100	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	x:000000000000000000000000000000000000	14-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
ь	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
_	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		p monthé 6900
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

thedule A (Form 990) 2022 MVTHS DISTRICT 201 FOUND	ATION	35-2179	332 Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization			
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	Ca is in minute in court in the	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		

Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 2 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2022

Secti	on D – Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish exempt p	urposes		1	
2	Amounts paid to perform activity that directly furthers exempt purp	ooses of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the org	anization is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable
			Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required-explain in Part VI). See		>4		
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				***************************************
ī	Carryover from 2017 not applied (see instructions)				
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
C	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See Instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Fo	m 990) 2022 MVTE Supplemental Information	S DISTRICT 20			5-2179332	Page 8
	III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Se 3a, and 3b; Part V, line 1; F lines 2, 5, and 6. Also comp	A, lines 1, 2, 3b, 3c, 4 ection C, line 1; Part I\ Part V, Section B, line	b, 4c, 5a, 6, 9a, 9b, /, Section D, lines 2 1e; Part V, Section	, 9c, 11a, 11b, a and 3; Part IV, D, lines 5, 6, ar	and 11c; Part IV, Section E, lines ad 8; and Part V,	Section 1c, 2a, 2b,
PART I	I, LINE 10 - OTHE	R INCOME DETA	ΙĻ			
SPECIA	L EVENTS-GROSS IN	COME	\$	0		
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Page 8

SCHEDULE G (Form 990)

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	MVTHS DISTRICT 20	1 FOUNDAT	ION			35-21793	32			
P	Fundraising Activities. Complete Form 990-EZ filers are not required				ed "Yes" on Form	990, Part IV, line	17.			
1	Indicate whether the organization raised funds through				Check all that apply.					
а	— Mail solicitations	e Solicitatio	n of no	n-gov	emment grants					
b	Internet and email solicitations	f Solicitatio	n of go	vernn	ient grants					
c	Phone solicitations									
d	In-person solicitations									
2a	Did the organization have a written or oral agreement	with any individual	(includ	ling of	ficers, directors, truste	es,				
b	or key employees listed in Form 990, Part VI!) or entity of "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	-			-		Yes No			
				id fund- r have		(v) Amount paid to	(vi) Amount paid to			
	(i) Name and eddress of individual or entity (fundraiser)	(ii) Activity	austodu or		(iv) Gross receipts from activity	(or relained by) fundraiser listed in col. (I)	(or retained by) organization			
			Yes	No						
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Tota 3	list all states in which the organization is registered o			utions	or has been notified i	t is exempt from	L			
J	registration or licensing.		J		Had addit Hatilida					
		, . ,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

MVTHS DISTRICT 201 FOUNDATION 35-2179332 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events TURE FUND DONAT BAND FUNDRAISIN 3 (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 197,850 27,820 45,471 271,141 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 197,850 27,820 45,471 271,141 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages B Entertainment 13,701 13,701 9 Other direct expenses 13,701 10 Direct expense summary. Add lines 4 through 9 in column (d) 257,440 11 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts garning activities: a Is the organization licensed to conduct garning activities in each of these states?

10a Were any of the organization's garning licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	dule G (Form 990) 2022	MVTHS DISTR	RICT 201	1 FOUN	DATION	35-2179332			Pag	je 3
1	Does the organization con	duct gaming activities wi	th nonmembe	rs?				Ye	es	No
2	Is the organization a grant							_		_
	formed to administer chari	table gaming?						Ye	8	No
3	Indicate the percentage of	gaming activity conducte	ed in:							
а	The organization's facility						13a			%
b	An outside facility				***************************************					%
4	Enter the name and addre	ss of the person who pre	pares the orga	anization's g	aming/special events boo	oks and				
	records:									
	Name									
	Address	**********								
-	D #i		and form who	tha araa	ization receives gaming					
5a	Does the organization hav	-	-	-				Ye	,	No.
b	revenue? If "Yes," enter the amount	of gamina revenue recei	und by the ere	anization	•	and the	• • • • • • •	_ '	_	. 140
U	amount of gaming revenue					and the				
C	If "Yes," enter name and a	- · · · · · · · · · · · · · · · · · · ·								
•	ii 105, onto namo ana a	adias of the time party.								
	Name									
	Address									
6	Gaming manager informat	tion:								
	Name			- , , - ,						
	Gaming manager compen	sation \$								
	Description of conject pro	widod								
	Description of services pro	Midea								
	Director/officer	Employee	☐ Inde	ependent co	ntractor					
17	Mandatory distributions:									
а	Is the organization require	d under state law to mak	e charitable d	istributions f	rom the gaming proceeds	s to				
	retain the state gaming lice							Ye	98	No
b	Enter the amount of distrib	outions required under st	ate law to be o	distributed to	other exempt organization	ons or				
	spent in the organization's	own exempt activities di	uring the tax y	rear \$						
Pa	rt IV Supplement	al Information. Pro	vide the ex	planations	required by Part I, Ii	ine 2b, columns (iii)	and (v); and		
			c, 16, and 1	7b, as app	olicable. Also provide	any additional info	rmation	١.		
	See instruction	ons.				·				
								• • • • • • •		
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Schedule G (Form 990) 2022

SCHEDULE ! (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

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

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

Attach to Form 990.

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

2022

Open to Public Inspection

Employer identification number

MVTHS DISTRICT 201 F		ON				3	5-2179332	
Part I General Information on Grants and A								
 Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistance Describe in Part IV the organization's procedures for monit 	e?						Yes	X No
Part II Grants and Other Assistance to Dom Part IV, line 21, for any recipient that re	nestic Organ	izations	and Domestic Go				vered "Yes" on Form	990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grai or assistance	nt
(1) MVTHS DISTRCT 201 11101 N WELLS BYPASS MOUNT VERNON IL 62864			99,018				EDUCATION PROGR	RAMS
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
 Enter total number of section 501(c)(3) and government or Enter total number of other organizations listed in the line 	-	ed in the line	1 table	•••••			<u>.</u>	

	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
	Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
1										
2										
3										
4										
5										
6										
Part IV	 Supplemental Information. Provi	ide the information re	quired in Part I, line	 2; Part III, column (b); and any other additional	information.				
. ,										
•										
•		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								

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.

2022

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

MVTHS DISTRICT 201 FOUNDATION 35-2179332 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 OFFICERS REVIEWED COPY OF TAX RETURN PRIOR TO ITS FILING AND APPROVED AMOUNTS REPORTED ON TAX RETURN. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FEDERAL 990 IS PUBLICLY AVAILABLE ON ORGANIZATION'S WEBSITE.

Illinois Statements

Statement 1 - Form AG990-IL, Page 2, Line 11 - Financial Institutions where Organization <u>Maintains Three Largest Accounts</u>

Description

EDWARD JONES 1726 BROADWAY, MT. VERNON, IL 62864 PEOPLES NATIONAL BANK 520 S. 42ND STREET, MT. VERNON, IL 62864