**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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For t	he 2023 c	alend	ar year, or t	ax yea	r begin	ning		, 2023, a	nd end	ing		, 20		
В	Check	if applicable	:	C Name of or	ganizatio	n <b>CI</b>	RISTIAN WORSHIP	HOUR				D Emp	loyer identification number		
	Addres	s change		Doing busir	ness as								46-0349721		
Ħ		change		·		or P.O. bo	ox if mail is not delivered to stree	t address)		Room/su	ite	E Telen	hone number		
Ħ	Initial r	•		1623				. aaa. 555)				0.0	none names		
Ħ		eturn/termina	tod				, country, and ZIP or foreign pos	tal code	G Gross receipts						
Ħ			iteu	ABERI				siai code				\$ 3,922,186			
H		led return													
Ш	Applica	ation pending	3	F Name and	address	ot principa	al officer:								
_			17.		$\overline{\Box}$		П								
<u> </u>		empt status:		501(c)(3)	501	(c) (	) (insert no.) 49	947(a)(1) or	527		1		st. See instructions		
J	Websi			V.CWH.ORO							H(c) Group e	exemption	number		
		f organizatio		Corporation	Trus	st L As	sociation Other	L	Year of formation	on: <b>19</b> 7	78 M S	State of le	gal domicile: SD		
Pa	art I		nmar	•											
	1	Briefly	descr	ibe the orgar	nizatior	n's miss	ion or most significant ac	tivities: <u>CHRI</u>	STIAN WO	RSHIP	HOUR'S	MISS	ION IS TO TELL		
ø		THE	WORL	D OF THE	SAV	ING G	RACE OF JESUS C	RIST AND TO	ENCOURA	GE BE	LIEVERS	IN T	HEIR FAITH.		
Governance															
Ĩ															
Š	2	Check	this b	ox 📙 if the	organ	ization d	discontinued its operation	s or disposed of n	nore than 25°	% of its r	net assets.		1		
ტ ფ	3	Numb	er of v	oting membe	ers of th	ne gove	rning body (Part VI, line ′	1a)				3	10		
Se	4	Numb	er of ir	ndependent v	oting r	nember	s of the governing body (	(Part VI, line 1b)				4	8		
Activities	5	Total r	umbe	r of individua	als emp	loyed ir	ı calendar year 2023 (Pa	rt V, line 2a)				5	7		
Ę	6	Total r	umbe	r of voluntee	rs (esti	mate if	necessary)					6	38		
∢	7	<b>a</b> Total ເ	nrelat	ed business	revenu	e from	Part VIII, column (C), line	12				7a	0		
		<b>b</b> Net un	relate	d business ta	axable	income	from Form 990-T, Part I,	line 11				7b	0		
											Prior Year	•	Current Year		
	8	Contri	bution	s and grants	(Part \	/III, line	1h)				3,231	,767	3,340,981		
ne	9	Progra	ım ser	vice revenue	e (Part	VIII, line	e 2g)				•		0		
en	10						A), lines 3, 4, and 7d)				2	2,508	52,417		
Revenue	11						nes 5, 6d, 8c, 9c, 10c, an				_	,,,,,,	0		
	12						must equal Part VIII, colu				3,234	- 275	3,393,398		
	13										3,232	.,_,	0		
	14												0		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								310,122		319,357			
Expenses	16	6a Professional fundraising fees (Part IX, column (A), line 11e)								310	, 122	0			
ens	'`			-	•		umn (D), line 25)						0		
ů.X	17				•		nes 11a-11d, 11f-24e)				2 062	276	2 706 362		
ш	18			•		. ,	equal Part IX, column (A				3,962		2,796,362		
	19		•			•	18 from line 12	,			4,272		3,115,719		
_		Reven	ue ies	s expenses.	Subila	act line	io ii o ii ii ii e i z		<u> </u>	+	(1,038				
ō	8 2	. Total a		(Dort V. line	16)					Begi	nning of Curre		End of Year		
sset	Balar 20			(Part X, line	,						2,570		2,711,237		
et A	20 21 21 22 22 22 22 22 22 22 22 22 22 22			es (Part X, lin	,		04 from 15 - 00			-		,908	137,077		
	군   22 art II			re Block	ces. St	ibtract ii	ne 21 from line 20	· · · · · · · · · · · · · · · · · · ·	· · · · · ·		2,069	,182	2,574,160		
					evamine	d this retu	rn, including accompanying sch	adulas and statements	and to the heet of	of my know	ledge and helic	of it is			
							ficer) is based on all information			or my know	icage and bein	JI, IC 13			
Sig	nr	Signatur		EDWARDS	5							Da	to		
												De	ne -		
He	re			EDWARDS	, PR	ESIDE	NT								
				me and title			Dramanavic -i		Dete		<del>- 1</del>	<u></u>	DTIN		
D-	اہ:	Print/	ype pre	eparer's name			Preparer's signature		Date		Check	X if	PTIN		
Pa			chel	.l Merkel			Mitchell Merkel		03-07-20	25	self-em	ployed	P01432123		
	epar		name		Mer	kel (	CPA			F	irm's EIN				
US	e Or	11y Firm's	Firm's address PO Box 70 Phone no								Phone no.	no.			
					E11	enda]	Le ND 58436					701-	349-1040		
May	the I	RS discus	s this	return with the	he pre	oarer sh	own above? See instruct	tions					X Yes No		

) (Revenue \$

including grants of \$

(Expenses \$

Total program service expenses

4e

46-0349721

3) CHRISTIAN WORSHIP HOUR Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		Х
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		Х
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		Х
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		44.		
L	complete Schedule D, Part VI	11a	X	
b		446		
^	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С		11c		· ·
٨	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		116		Х
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
1 <b>2</b> u	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	l	Х

	rt IV Checklist of Required Schedules (continued)	-0349721		Р	age 4
. u	Change of Required Contained (Contained)		Τ,	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	2	2		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	2	3		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a	24	4a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	2	4b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	2	4c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	4d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	5a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	29	5b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	2	6		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	2	7		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule				
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28	Ва	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		3b	x	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>		+		
_	"Yes," complete Schedule L, Part IV	28	Вс		х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> · · · · · · · · · · · · · · · · · ·		9		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M	3	0		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> · · · · ·		1		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		Ť		
-	complete Schedule N. Part II	3	2		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		_		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	3	3		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	· · · ·   •			
•	or IV, and Part V, line 1	3	4		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		-		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · ·	35	5h		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	•	+	-	
•	related organization? If "Yes," complete Schedule R, Part V, line 2	3	6		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	· · · ·	+		Х
<i>31</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3	7		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	⊢	+		X
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	,		3.5	
Pa-		3	8	Х	
Pai	Objects if Oak at the Oak at the Committee of the Committ				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Yes	No
4 ~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			162	NO
1a h	·	0,590			
b					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				

reportable gaming (gambling) winnings to prize winners?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

If "Yes," complete Form 6069.

17

17

Part VI

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • •	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Minnesota			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	▼    X    Another's website    ▼    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 interest policy,			
	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 records.			
	KRISTI GEIST (605)725-2770, 1623 6TH AVE SE, ABERDEEN, SD 57401			

Form	990	(2023)

#### CHRISTIAN WORSHIP HOUR

46-0349721

Page **7** 

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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 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.

<b>E</b>						,				
				(	(C)					
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and title	Average	٠,				nan one s both ar		Reportable	Reportable	Estimated amount
	hours	offic	er and	d a dir	rector	/trustee)	)	compensation from the	compensation from related	of other compensation
	per week (list any			_				organization (W-2/	organizations (W-2/	from the
	hours for	or d	Inst	Officer	Key	High emp	Former	1099-MISC/	1099-MISC/	organization and
	related	vidua	tutio	鱼	emp	nest oloye	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below dotted line)	stee	uste.		Ф	ens.				
	dotted inie)		Ф			ated				
(1) DANI MADDIANI	1.00									
(1) DAN MARDIAN DIRECTOR	<u>+•</u> ••	х						0	0	0
(2) MARK JOHNSON	1.00							0	0	
DIRECTOR	<del>- • • • •</del>	х						0	0	0
(3) JOAN GANJE FISCHER	1.00							0	-	
DIRECTOR	<del> </del>	х						0	0	0
(4)LARRY SIME	1.00							0	•	
DIRECTOR	<del> </del>	х						0	0	0
(5) AMY KESSLER	1.00	Λ						•	•	
DIRECTOR		х						0	0	0
(6) STACEY BEBO	5.00									
DIRECTOR		х						0	0	0
(7)KENT CUTLER	40.00									-
TREASURER		х		x				0	0	0
(8) STACY BAUER	45.00									
SECRETARY		x		x				0	0	0
(9)WILLIAM (BILL) EDWARDS	3.00									
PRESIDENT		х		x				0	0	0
(10)MIKE SALEM	1.00									
VICE PRESIDENT		х		х				0	0	0
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

Form 9	90 (2023) CHRISTIAN WORSHIP VII   Section A. Officers, Directors, T	HOUR rustees,	Key E	mp	loy	ees	s, an	d H	lighest Comp		6-0349 I Emplo		Pa (conti	age <b>8</b> nued)
	(A)  Name and title	(B) Average hours per week	box,	unles	Pos eck mo s pers	ore th	an one both ar trustee)		(D) Reportable compensation from the	(E)  Reportable compensation from related organizations (W-2/	able ation		(F) ated amo	ount
		(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)	1099-MISC/ 1099-NEC)		organ	om the nization a organiza	
<u>(15)</u>														
(16)														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
<u>(24)</u> _														
(25)														
1b c d	Subtotal	ion A .						ŀ	0		0			0
2	Total number of individuals (including but no reportable compensation from the organization)		those	liste	ed a	abov	/e) wl	ho r	eceived more th	an \$100,	000 of			0
3	Did the organization list any <b>former</b> officer, directo		ey emplo	oyee	, or h	nighe	est co	mpe	nsated				Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of reorganization and related organizations greater than	J for such in	ndividua mpensa	l .	. <b></b> and	othe	r com	pens	sation from the			3		х
5	individual	compensation	· · · on from	 any	unre	 elate	 d orga	 ıniza	tion or individual			5		X
Secti	on B. Independent Contractors													<u> </u>
1	Complete this table for your five highest cor compensation from the organization. Report	-	-										tax ve	ar.
	(A)			-					(B)	0	J = L	(C)	., .	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SLEIGHT ADVERTISING, 15405 WEIR ST OMAHA NE 68137	AIRTIME	2,113,624
BORNS GROUP, 1610 14TH AVE SE WATERTOWN SD 57201	MAILING SERVICES	168,924
2 Total number of independent contractors (including but not limited to those list		
received more than \$100,000 of compensation from the organization		

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Form 990 (2023) Part VIII

Sta	tem	ent	of I	R۵۱	enu/	ıρ
υla	LEILI	CIIL	VI I	161	CIIL	16

		Check if Schedule O	contains a res	pons	e or note to any li	ine in this Part V	'III		
				•	j	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants ounts	1a b c	Federated campaigns • Membership dues • • • Fundraising events • •		1a 1b 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (contr All other contributions, gift	ibutions) ts, grants,	1d 1e	2 240 001				
Contribution and Other	g	and similar amounts not in Noncash contributions inclines 1a-1f	eluded in	1f 1g	3,340,981				
	h	Total. Add lines 1a-1f		• • •		3,340,981			
					Business Code				
Program Service Revenue	_								
n S ren									
gram Serv Revenue	d								
	e								
<u>~</u>		All other program service re							
	g	Total. Add lines 2a-2f .							
		Investment income (includi other similar amounts) .				31,558	31,558		
		Income from investment of	•	•					
	5	Royalties							
		Gross rents	<del>                                      </del>		(ii) Personal				
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7a	Gross amount from sales of assets	(i) Securition	es	(ii) Other				
0	b	other than inventory  Less: cost or other basis		,647					
nu	l .	and sales expenses	<del>                                     </del>	788					
evenue		Gain or (loss)		,859					
Other Re	8a	Net gain or (loss) Gross income from fundrais		·		20,859	20,859		
ō		events (not including \$ _ of contributions reported or 1c). See Part IV, line 18		8a					
	h	Less: direct expenses		8b					
		Net income or (loss) from for							
	9a	Gross income from gaming activities. See Part IV, line	J	9a					
		Less: direct expenses •		9b					
		Net income or (loss) from g			1				
			_	<u>::</u>					
		Gross sales of inventory, le returns and allowances • Less: cost of goods sold		10a 10b					
	l				•				
	C	Net income or (loss) from s	sales of inventory	• •					
					Business Code				
e e	11a								
anc	b								
eve	С								
Miscellanous Revenue	d	All other revenue							
	е	Total. Add lines 11a-11d	<u> </u>	<u></u>					
	12	Total revenue. See instruc	tions			3,393,398	52,417	0	0

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# 23) CHRISTIAN WORSHIP HOUR Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or n	<del></del>	1		
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	'	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	319,357	169,259	146,904	3,194
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				
C	Accounting	24,851		24,851	
d	Lobbying				
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				
40	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	227 247	140 150	40.041	
13	Information technology	227,945	149,159	48,041	30,745
14	Royalties				
15	Occupancy	44 530	14 515	10 101	10.014
16 17	Travel	44,730	14,715	19,101	10,914
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,575	8,575		
23	Insurance	0,575	0,313		
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	BROADCAST AND PRODUCTION	2,468,525	2,434,504		34,021
b	BANK AND CREDIT CARD FEES	21,736	_,,	10,868	10,868
C					_3,000
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,115,719	2,776,212	249,765	89,742
26	Joint costs. Complete this line only if the	.,,	, ,	,	, · - <u>-</u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	· · ·	
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	beginning of year	1	End of your
	2	Savings and temporary cash investments	477,919	2	636,095
	3	Pledges and grants receivable, net	63,347	3	96,019
	4	Accounts receivable, net	03,347	4	90,019
	5	Loans and other receivables from any current or former officer, director,		7	
	·	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	174,385	9	115,953
	10a	Land, buildings, and equipment: cost or other	1717505		113,755
		basis. Complete Part VI of Schedule D 10a 211,041			
	b	Less: accumulated depreciation 10b 112,964	127,077	10c	98,077
	11	Investments - publicly traded securities	1,727,362	11	1,765,093
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,570,090	16	2,711,237
	17	Accounts payable and accrued expenses	500,908	17	137,077
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	500,908	26	137,077
		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
llan	27	Net assets without donor restrictions	2,057,432	27	2,570,410
Ba	28	Net assets with donor restrictions	11,750	28	3,750
Pun		Organizations that do not follow FASB ASC 958, check here			
Ē	20	and complete lines 29 through 33.		20	
ts o	29 20	Capital stock or trust principal, or current funds		29	
se	30 31	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	2 060 100	32	2 574 160
Š	32 33	Total liabilities and net assets/fund balances	2,069,182	33	2,574,160
	33	Iotal liabilities attu tiet assets/tuttu balatices	2,570,090	JJ	2,711,237

Form	990 (2023) CHRISTIAN WORSHIP HOUR	46-0349721	Ĺ	Pa	age <b>1</b> :
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,	393,	398
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	115,	719
3	Revenue less expenses. Subtract line 2 from line 1	3		277,	679
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	069,	182
5	Net unrealized gains (losses) on investments	5		227,	299
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	574,	160
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	[	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Cuidanae 2 C E.B. Dart 200 Subport E2		20		

**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

EEA

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

CHRISTIAN WORSHIP HOUR 46-0349721 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

TIM 990) 2023 CHRISTIAN WORSHIP HOUR 46-0349721
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Section	on A. Public Support			-	-	•	
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	. ,		, ,			
	membership fees received. (Do not						
	include any "unusual grants.")	4,027,955	4,311,877	4,055,148	3,231,767	3,340,981	18,967,728
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	<b>Total.</b> Add lines 1 through 3	4,027,955	4,311,877	4,055,148	3,231,767	3,340,981	18,967,728
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 .						18,967,728
Section	on B. Total Support		•		•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4,027,955	4,311,877	4,055,148	3,231,767	3,340,981	18,967,728
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	43,771	12,504	5,755	1,124	52,417	115,571
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	<b>Total support.</b> Add lines 7 through 10						19,083,299
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop her						
Section	on C. Computation of Public Suppo						
14	Public support percentage for 2023 (line 6		•			14	99.39 %
15	Public support percentage from 2022 Sch					15	99.55 %
16a	33 1/3% support test - 2023. If the organ						
	box and <b>stop here.</b> The organization qual	•		-			_
b	33 1/3% support test - 2022. If the organ						
47-	this box and <b>stop here</b> . The organization	•		•			_
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization mee					•	
	Part VI how the organization meets the fa			~			_
<b>L</b>	organization						_
b	10%-facts-and-circumstances test - 202	•					
	15 is 10% or more, and if the organization					•	•
	in Part VI how the organization meets the			-	=		_
10	organization						
18							
	instructions			<del></del>			<u> </u>

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(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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	<b>Total.</b> Add lines 1 through 5						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support	•	•	•		•	
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) 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						
С	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,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	•	rst, second, thir	d, fourth, or fif	th tax year as a	section 501(c)	)(3)
	organization, check this box and stop her						
	on C. Computation of Public Suppo						
15	Public support percentage for 2023 (line 8		•	3, column (f))		15	%
16	Public support percentage from 2022 Sch					16	%
	on D. Computation of Investment In				(5)		
17	Investment income percentage for 2023 (I		. ,	•		17	%
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the orga						
_	17 is not more than 33 1/3%, check this b	-	-		•		nızation 📙
b	33 1/3% support tests - 2022. If the organization						_
	line 18 is not more than 33 1/3%, check this box	-	-			-	· · · · · ·
20	Private foundation. If the organization die	d not check a	box on line 14,	19a, or 19b, cl	neck this box a	na see instructi	ions 📙

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.

  b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
  - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI*.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
)			
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ωh		
	9b		
	9с		
	30		
	10a		
	10b		
du	le A (Fo	orm 990	0) 2023

Yes No

	e A (Form 990) 2023 CHRISTIAN WORSHIP HOUR	46-0349721		Page !
Part	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 of			
	11c below, the governing body of a supported organization?	118	_	
b	A family member of a person described on line 11a above?	111	9	
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b,			
Casti	provide detail in Part VI.	110	C	
Section	on B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.   11.
			Yes	No.
1	Did the governing body, members of the governing body, officers acting in their official capacity, or members	·		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organiz			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated and the control of the control			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax years.			
2	Did the organization operate for the benefit of any supported organization other than the sup			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes,"	-		
	VI how providing such benefit carried out the purposes of the supported organization(s) that of	•		
0 41	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		14.	
	\\\\	- £ 41	Yes	No.
1	Were a majority of the organization's directors or trustees during the tax year also a majority			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part			
	or management of the supporting organization was vested in the same persons that controlle	-		
Socti	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secu	on b. All Type III Supporting Organizations		Yes	s No
1	Did the erganization provide to each of its supported erganizations, by the last day of the fifth month of the		168	NO
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	rior tox		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pr			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
2	organization's governing documents in effect on the date of notification, to the extent not previously provide Were any of the organization's officers, directors, or trustees either (i) appointed or elected b			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," exp			
2	how the organization maintained a close and continuous working relationship with the supported by reason of the relationship described in line 2, above, did the organization's supported org			
3	a significant voice in the organization's investment policies and in directing the use of the organization.			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organizations investment policies and in directing the use of the organizations.	-		
Section	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test	during the year (see inst	ruotio	nel
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	daning the year (See IIISt	uclio	113).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 be</i>	alow.		
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity.			
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	The entity (see instructions).	Yes	s No
a	Did substantially all of the organization's activities during the tax year directly further the exer	mnt nurnoses of	160	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Pa</b>			
	those supported organizations and explain how these activities directly furthered their exe			
	how the organization was responsive to those supported organizations, and how the organizations			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization			
D	involvement, one or more of the organization's supported organization(s) would have been e			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization			
2	have engaged in these activities but for the organization's involvement.	2b	'	
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	rootoro or		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, did			
h	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	f acab		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<sup>r</sup> d.   <b>3b</b>	'	1

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(explai</i> i	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zatic	ons must complete Section	s A through E.
Sooti	on A. Adjusted Not Income		(A) Prior Year	(B) Current Year
Secu	on A - Adjusted Net Income		(A) Filol feal	(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		
Cooti	on B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year
Secu	on B - Willimum Asset Amount		(A) Prior 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly in	tegrated Type III supportin	g organization

Schedule A (Form 990) 2023

Excess from 2023

Part	v   Type III Non-Functionally integrated 509(a)(3	) Supporting Organi	zations (continue	<u>a)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) -	- provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
-	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
1	-				
0	and 4c. Breakdown of line 7:				
8	F				
a h	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				

EEA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page **8** 

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
· are vi	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	b, lines 1 and 2, Fair IV, Section C, line 1, Fair IV, Section D, lines 2 and 3, Fair IV, Section E, lines 10, 24, 25,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

CHRIS	TIAN WORSHIP HOUR		46-0349721
Pa	rt I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds or Acco	ounts
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) I am a market a	(4)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
_	funds are the organization's property, subject to the organization	· ·	Yes No
6	Did the organization inform all grantees, donors, and donor a		d
	only for charitable purposes and not for the benefit of the don		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recreation	n or education)	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c, acqu		
	on a historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, rel		<u> </u>
	tax year	,g,	, <u>-</u>
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ū	otali and volunteer hours devoted to morntoning, inspecting, i	landing of violations, and emoraling conscive	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
,	Amount of expenses incurred in monitoring, inspecting, name	ing of violations, and emorcing conservation	easements during the year
8	Does each conservation easement reported on line 2d above	scatisfy the requirements of section 170/h)///	\/P\/i\
0			
•			
9	In Part XIII, describe how the organization reports conservati		
	sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that desc	cribes the
Dor	organization's accounting for conservation easements  t III Organizations Maintaining Collections	of Art Historical Transuras or C	Other Similar Accets
Par			Aller Sillillar Assets
	Complete if the organization answered "Yes" o		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub		erance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financial ga	in, provide the
	following amounts required to be reported under FASB ASC 9	-	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

Par	t III Organizations Maintaining Co	ollections of A	۲t, His	torical T	reasures,	or Ot	her Similar <i>F</i>	Assets (	contir	nued)
3	Using the organization's acquisition, accession,	and other records	, check a	ny of the fol	lowing that ma	ake sigr	nificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	☐ Loan or	r exchange pro	ogram				
b	Scholarly research		е	_	0 1	-				
c	Preservation for future generations									_
4	Provide a description of the organization's collection	ctions and explain	how they	further the	organization's	evemr	nt nurnose in Part			
•	XIII.	otions and explain	now are,	Taranor and	organizations	СХСПІР	r purpose irri art			
5	During the year, did the organization solicit or re	ocivo donations of	fort hiet	orical traceu	ros or other s	imilar				
3	assets to be sold to raise funds rather than to be							🗆 s	es [	No
Dar	t IV Escrow and Custodial Arrang		ii oi iiie	organization	is collection?	• • •	<del></del>	· · ·	es [	_ NO
ı aı	Complete if the organization an		on Eor	~ 000 D	ort IV/ line (	orr	onartad on ar	mount o	. Ear	<b>~</b>
	990, Part X, line 21.	isweieu ies	OH FOH	11 990, F	art iv, line s	9, UI I	eported arr ar	HOUHT O	I FOII	11
1a	Is the organization an agent, trustee, custodian		-					п.		٦
	included on Form 990, Part X?							٠. 🗆 ١	es [	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follo	owing tab	ole.			<u> </u>			
								mount		
С	Beginning balance						-			
d	Additions during the year						_			
е	Distributions during the year									
f	Ending balance									_
2a	Did the organization include an amount on Form					-			=	No
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the exp	olanation	has been p	rovided on Pa	rt XIII			٠. ل	
Par		1 1157 11	_	000 B	( D / P	4.0				
	Complete if the organization an	iswered "Yes"	on For	m 990, Pa	art IV, line	10.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two years I	back	(d) Three years bac	k (e) F	our years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	year end balance	(line 1g,	column (a))	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.								
3a	Are there endowment funds not in the possession		ion that a	are held and	administered	for the				
	organization by:	· ·							Yes	No
	(i) Unrelated organizations?							3a	i)	
	(ii) Related organizations?							3a(		
b	If "Yes" on line 3a(ii), are the related organizatio							31	-	
4	Describe in Part XIII the intended uses of the or								-	1
Par		-								
	Complete if the organization an	swered "Yes"	on For	n 990, Pa	art IV, line 1	11a. S	ee Form 990	, Part X	line 1	10.
	Description of property	(a) Cost or other			r other basis		Accumulated		ook value	
	, erepery	(investmen		1 ' '	other)		epreciation	(-, -		
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment			1 .	211,041		112,964		98	077
e	Other			1	,					
	Add lines 1a through 1e (Column (d) must equal	Form 990, Part X	line 10c	column (B)					98	077

_(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	

Other Liabilities Part X

> Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))	

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

Part	·	Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,393,398
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,393,398
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,393,398
Part		r Retu	ırn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,115,718
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,115,718
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,115,718
Part	XIII Supplemental Information		
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Par	t X, line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01. 0	eneral Explanation Attachment		
	-		
PART	X, LINE 2:		
THE C	RGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS	TAKEN	AFFECTING ITS
ANNUA	L FILING REQUIREMENTS AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIO	NS TH	AT ARE MATERIAI
	· · · · · · · · · · · · · · · · · · ·		
TO TH	E FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INT	EREST	AND PENALTIES
RELAT	ED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SU	CH IN	TEREST AND
PNEAL	TIES ARE INCURRED.		

Schedule D (Form 990) 2023

#### SCHEDULE L (Form 990)

Transactions With Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CHRISTIAN WORSHIF		ransactio	ns (section 50°	1(c)(3).	section	501(c)(4), a	and se	46 - ection 501(c)(29	03 <b>497</b>		ons or	nlv).		
								a or 25b, or For					40b.	
1 (a) Name of disqualified person			(b) Relationship between disqualified person and organization			(c) Description of transaction					(0		(d) Corrected? Yes No	
(1)														
(2)														
<ul><li>2 Enter the amount of under section 4958</li><li>3 Enter the amount of</li></ul>							-	-			*_ *_			
Complete	if the or	ganization	rested Person answered "Yes ount on Form 9	s" on Fo				38a, or Form 99	90, Pai	rt IV, I	ine 26	; or if	the	
(a) Name of interested person		Relationship h organization	on loan		(d) Loan to or from the organization?		1 ''		(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				То	From	-			Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
Part III Grants or	Assista	ance Bene	efiting Interest answered "Yes	ed Per	sons		\$ ne 27							
(a) Name of interested person (b) Rela		(b) Relati	onship between intereson and the organization	(c) Amount of assistance		(d) Type of assistance		(e) Purpose of assistance						
(1)														
(2)														
(3)														
(4)														
(5)														

Schedule L (Form 990) 2023 CHRISTIAN WC			46-0349721	F	Page 2
Part IV Business Transactions Invol					
Complete if the organization a	nswered "Yes" on Form 990	), Part IV, line 28a, 2	28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
(1) MIKE SALEM	OFFICER (VICE PRESIDENT)		OWNS BUILDING CWH PAYS EXPENSES IN LIEU RENT		x
(1) IIIII DIMINI			DAUGHTER IS FINANCIAL		
(2) BILL EDWARDS	PRESIDENT		ADVISOR FOR CWH		х
(3)					
_ (4)					
(5)					
Provide additional information	for responses to questions	on Schedule L. See	instructions.		
	1 '				

Schedule L (Form 990) 2023 EEA

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CHRISTIAN WORSHIP HOUR 46-0349721 01. Form 990 governing body review (Part VI, line 11) THE 990 WILL BE REVEIWED BY THE ACCOUNTANT AND MEMBERS OF THE EXECUTIVE COMMITTEE PRIOR TO FILING. THERE IS CURRENTLY NO FORMAL REVIEW PROCESS FOR FORM 990 BY THE GOVERNING BOARD 02. Conflict of interest policy compliance (Part VI, line 12c) THE BOARD OF DIRECTORS AND ITS OFFICERS, THE EXCUTIVE COMMITTEE AND CERTAIN MANAGEMENT STAFF AS DESIGNATED BY THE BOARD. THE DIRECTORS, OFFICERS AND MANAGEMENT EMPLOYEES DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. THE FULL BOARD OF DIRECTORS REVIEWS ALL CONFLICTS OF INTEREST. ANY IMPOSED RESTRCTIONS ARE AT THE SOLE DISCRETION OF THE FULL BOARD OF DIRECTORS 03. Other officer or key employee compensation (Part VI, line 15b CHRISTIAN WORSHIP HOUR'S PRESIDENT IS AN UNCOMPENSATED VOLUNTEER. THE PRESIDENT COMPUTES A COST OF LIVING ADJUSTMENT EACH YEAR IN DECEMBER FOR ALL EMPLOYEES, WHICH THE EXECUTIVE COMMITTEE THEN RECOMMENDS FOR APPROVAL BY THE FULL BOARD OF DIRECTORS DURING THEIR JANUARY MEETING. 04. Governing documents, etc, available to public (Part VI, line 19) THESE DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC THROUGH OUR WEBSITE AND THE EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY WEBSITE AT ECFA.ORG