** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

A 1	OI LITE	e 2021 Calendar year, or tax year beginning	iu enung					
В	Check if pplicable	C Name of organization		D Employer identific	cation number			
	Addre	e Christian Worship Hour	46-0349721					
	Name chang	Doing business as	Doing business as					
	□lnitial □return □Final	Number and street (or P.O. box if mail is not delivered to street address) 1623 6th Avenue SE	E Telephone numbe 605-725-					
	⊥return/ termin ated				4,060,903.			
	□Amen	ded Abondoon CD 57401		G Gross receipts \$				
\vdash	return □Applic			H(a) Is this a group re				
	⊥tion pendir		for subordinates? Yes X No					
			H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions					
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) te: ▶ www.christianworshiphour.com	1) or 527	-				
		organization: X Corporation Trust Association Other ►	I Veen	H(c) Group exemption				
	art I	Summary	L Year	of formation: 1970 N	M State of legal domicile: SD			
	1	Briefly describe the organization's mission or most significant activities: To	offer a	worship ser	rvice			
Se		through media broadcast to the houseboun						
na.	2	Check this box if the organization discontinued its operations or disp	osed of more	than 25% of its net ass	sets.			
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)		3	11			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8			
ري وي	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			8			
ıitie.	6	Total number of volunteers (estimate if necessary)			40			
Activities & Governance	7 a			7a	0.			
_ ⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
d)	8	Contributions and grants (Part VIII, line 1h)		4,311,877.	4,055,148.			
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,504.	5,755.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,324,381.	4,060,903.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	301,041.	290,025.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ç	b	Total fundraising expenses (Part IX, column (D), line 25) 155,	<u> 290. </u>					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,761,910.	3,787,813.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,062,951.	4,077,838.			
	19	Revenue less expenses. Subtract line 18 from line 12		261,430.	-16,935.			
Net Assets or			Ве	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		3,467,393.	3,374,479.			
t As	21	Total liabilities (Part X, line 26)		309,500.	169,616.			
	22	Net assets or fund balances. Subtract line 21 from line 20		3,157,893.	3,204,863.			
	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedu	iles and statem	ents, and to the best of my	/ knowledge and belief, it is			
true	, correc	et, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowledge.				
		Signature of officer		Dete				
Sig		, -		Date				
Her	е	Bill Edwards, President Type or print name and title						
		Date Check	PTIN					
Paid	I	Print/Type preparer's name Lisa Chaffee, CPA Lisa Chaffee, CPA	CPA 1	L1/15/22 self-employ				
	arer	Firm's name ► Eide Bailly LLP	~ -	Firm'e FIN	45-0250958			
	Only	Firm's address 1730 Burnt Boat Loop, Ste. 100		THIII 3 LIN				
-00	z ,	Bismarck, ND 58503-0886		Phone no 70	1-255-1091			
Ma	/ the IF	RS discuss this return with the preparer shown above? See instructions		11 113/10 110: 1	X Yes No			

Form	_{1990 (2021)}	46-0349721	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	The Christian Worship Hour was ordained by God to procla	aim the Gospe	1
	of the Lord Jesus Christ to the world. The Christian Wor		
	proclaims the Word of God simply and humbly in all its t		
	purity, with special concern and compassion for the lost		pe
2	Did the organization undertake any significant program services during the year which were not listed on the		_
_	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes." describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vec	X No
Ū	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	massured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	ors, the total expenses, a	i i d
 4а	(Code:) (Expenses \$3 , 620 , 022 . including grants of \$) (Reve	nuo ¢	1
та	The vision of the Christian Worship Hour is to offer a v		/
	to those who are housebound and/or unchurched. The Word		
	those confined in hospitals, nursing homes, jails and pr		
	the mediums of television, short-wave radio, and print.		
	Worship Hour is available on more than 100 television st		11
	satellite networks throughout the nation and around the		+ho
	world-wide internet. The purpose of the Christian Worshi		
	glorify God, to bring the lost to God, and to comfort Go		
	everywhere.	od s beobie	
	everywhere.		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
			·

including grants of \$

) (Revenue \$

Form 990 (2021) Christian Worship Hour Part IV Checklist of Required Schedules

1 Is the organization described in section 501(s)(9) or 4947(s)(1) (other than a private foundation)? 1 IY **ex** complete Schedule B, Schedule G, Schedule S, Schedule of Contributors? See instructions 2 Is the organization reague in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If **I**ex**, complete Schedule C, Part I 3 Section 501(c)(3) organizations by the organization organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If **I**ex**, complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98 197 If **I**ex**, complete Schedule C, Part II 5 Is the organization assessment in the organization of the organization and in a section 501(c)(4), 501(c)(6), or 501(c)(6) organization for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If **I**ex**, organization for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If **I**ex**, organization for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If **I**ex**, organization for amounts on the minute of accounts in the organization organization and an account in the organization organization and the part X, inc. 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc Part X, inc. 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc Part X, inc. 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, inc. 14, for exp. 22, complete Schedule D, Part X, inc. 23, for expected propart, or debt in organization, expected propart an amount for liability and propart and				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributory? See instructions 3 Did the organization engage in direct or indirect politicide campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 801(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 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.1912 "Yes," complete Schedule C, Part III 5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I II 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization incorb; or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 Did the organization incorb; or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VII 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for the inve	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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section 501(6)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? // "yes," complete Schedule C, Part II. 4	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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 III 5 bit the organization as 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. 98.197 if "Yes," complete Schedule C, Part III 6 bit the organization maintain any doror advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I D bit the organization receiver to fold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 D bit the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 D bit the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 D bit the organization report an amount to Part X, line 21, for escow 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 V II 10 D bit the organization is assets or any of the following questions is "Yes," then complete Schedule D, Part V II 10 bit the organization is asset or any of the following questions is "Yes," then complete Schedule D, Part V II 11 b D bit the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II 11 b D bit the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II 11 b D bit the organization shallmility for uncertain tax posi	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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8 b) bit the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," 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 courseling, debt management, credit repair, or debt negotiation services? # "Yes," complete Schedule D, Part V " 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? # "Yes," complete Schedule D, Part V " 10 If the organization is name to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part VI " 11 b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assests reported in Part X, line 16? # "Yes," complete Schedule D, Part VIII 11 b Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assests reported in Part X, line 16? # "Yes," complete Schedule D, Part VIII 11 b Did the organization is a liability for uncertain tax positions under Filk 48 (ASC 740? # "Yes," complete Schedule D, Part X 11 b Did the organization is liability for uncertain tax positions under Filk 48 (ASC 740? # "Yes," complete Schedule D, Part X 11 b Did the organization included in consolidated, independent audited financial statements for the tax year? # "Yes," complete Schedule D, Part X 1 and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? # "Yes," complete Schedule P, Part S II and IV II W 12 b Was the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 is the organization asswered "No" to line 12a, then completing Sch			7		Х
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14a bid the organization maintain an office, employees, or agents outside of the United States? 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 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 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 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 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? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	13		13		Х
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	b		20b		
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

Form Pa i	n 990 (2021) Christian Worship Hour 46- rt IV Checklist of Required Schedules (continued)	-0349721	<u> P</u>	age 4
	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	nt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	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 t	:he		
	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	041		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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% contr	rolled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II	// 27		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		X	L
b	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? If			l
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	├
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٦,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			 ^`
34		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	l l		
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			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt 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>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	10		
<u>_</u>	Enter the number of Forms W.C. included an line 1e. Enter 0, if not applicable	01		

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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 Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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 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. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? <u>1</u>5 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.

Form 990 (2021) Christian Worship Hour 46-0349721 Page 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			X					
Sec	tion A. Governing Body and Management		T						
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 11	4							
	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	J	4							
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		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			٠.,					
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X					
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6		X					
7a		_		\ _{3,7}					
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			\ _{3,7}					
_	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v						
	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Λ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x					
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1					
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No					
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104							
D	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									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	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					
	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							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶MN								
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)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	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 interest policy, and	finan	cial						
	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 Avenue SE, Aberdeen, SD 57401								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.			
(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average	(do			Position o not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of		
	week	_	Cer ar	ia a a	recio	r/trus	iee)	from	from related	other 		
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	Individual trustee or director	Institutional trustee		yee	m pen		1099-NEC)	1000 NEO)	and related		
	below	idual	ution	<u></u>	Key employee	sst co	er	,		organizations		
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former					
(1) Kent Cutler	40.00											
Secretary/Treasurer		Х		Х				49,186.	0.	0.		
(2) Stacey Bebo	5.00											
Director		Х						30,890.	0.	0.		
(3) William (Bill) Edwards	5.00											
President		Х		X				0.	0.	0.		
(4) Mike Salem	2.00											
Vice President		Х		Х				0.	0.	0.		
(5) Joan Ganje Fischer	1.00											
Director		Х						0.	0.	0.		
(6) Amy Kessler	1.00											
Director		Х						0.	0.	0.		
(7) Mark Johnson	1.00											
Director		Х						0.	0.	0.		
(8) Andre Cobbs	1.00											
Director		Х						0.	0.	0.		
(9) Dan Mardian	1.00								_			
Director		Х						0.	0.	0.		
(10) Larry Sime	1.00	1								_		
Director		Х						0.	0.	0.		
(11) Pat Klabo	1.00	1								_		
Director		Х						0.	0.	0.		
		-										
		-										
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		1										
	L	<u> </u>		I		_	_	1		Form 990 (2021)		

132007 12-09-21 Form **990** (2021)

Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	<u>iH t</u>	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average	Position (do not check more than one		Reportable	.	Es	timate	:d					
		hours per	box	box, unless person is both an		compensation compensation		n n	am	ount o	of			
		week		officer and a director/trus		or/trust	ee)	from	from related	t l		other		
		(list any	Individual trustee or director						the	organization		com	pensa	tion
		hours for	or dir	au			ited		organization	(W-2/1099-MIS			om the	
		related	stee (ruste			Suec		(W-2/1099-MISC/	1099-NEC)			anizati	
		organizations	al tru	nal t		loyee	comi		1099-NEC)				d relate	
		below	ividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	วทร
		line)	Pul	l su	#0	Key	en Hig	횬						
			ļ											
											-			
			ł											
							\vdash							
			ł											
1b	Subtotal	•	•		•			<u> </u>	80,076.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								80,076.		0.			0.
2	Total number of individuals (including but n							2 10		000 of roportable				
2		iot iiiriitea to tri	use	IISLE	uaL	JOVE	;) WIII) IE	eceived more man \$100,	ooo or reportable	,			0
	compensation from the organization												Yes	No
						_					1		162	NO
3	Did the organization list any former officer,	•	-	•	•	•		_		•				37
	line 1a? If "Yes," complete Schedule J for s											3		_X_
4	For any individual listed on line 1a, is the su	•							-	•				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
5	Did any person listed on line 1a receive or a	accrue comper	sati	on fr	om	any	unre	late	ed organization or individ	lual for services				
	rendered to the organization? If "Yes." com	nplete Schedule	J f	or su	ıch ı	oers	on .					5		X
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of com	oensa ^t	tion fro	m	
	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A)		,		. <u>g</u>				(B)			(C	<u>.</u>	
	Name and business	address							Description of s	ervices	С	comper		า
<u>g1</u>	eight Advertising, Inc.							\dashv	Purchase of a					
	105 Weir St, Omaha, NE							- 1	marketing, w		2	064	5 51	1 2
		00137						-	marketing, we	ווספר ריב	<u> </u>	,066	J, J.	10.
	rns Group, Inc LO 14th Avenue SE, Wate	nt or	aъ	_	7 2	Λ 1		ļ	 Mailing Serv			25,	2,53	2.2
тр_	lu 14lii Avenue SE. Wate	T LOMII.	വ	2	14	$U \perp$			matiina servi	rces l		40	4.33	

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2021)
Part VIII

		Check if Schedule O contains a response	or note to any lin	ie in this Part VIII			
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
nts nts		Federated campaigns1a		-			
ira oui		Membership dues 1b					
S, G	C	Fundraising events 1c					
ar it	(Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	6	Government grants (contributions)					
Sign		All other contributions, gifts, grants, and					
uti Je	-		055,148.				
SE		Noncash contributions included in lines 1a-1f 1g \$	299,107.				
no n	•			4,055,148.			
Oa		Total. Add lines 1a-1f		-,033,140.			
			Business Code				
Se	2 8	1					
e Zi	k						
S Z	c	:					
am	c	I					
Program Service Revenue	6	•					
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
	Ü	,	,	5,755.			5,755.
		other similar amounts)		3,733.			3,733.
	4	Income from investment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis		-			
o	•	and sales expenses					
Σ.				-			
Revenue		Gain or (loss) 7c					
r R		Net gain or (loss)	<u> </u>				
Other	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	k	Less: direct expenses8b					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
		and allowances10a					
	L			-			
		Less: cost of goods sold	<u> </u>				
-		Net income or (loss) from sales of inventory	B				
<u>0</u>			Business Code				
e son	11 a	1					
Miscellaneous Revenue	k						
Sell	C	:					
Ais	C	All other revenue					
	-	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	>	4,060,903.	0.	0.	5,755.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 80,076. 70,731. 9,345. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 174,190. 36,182. 134,353. 3,655. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 12,921. 22,278. 35,759. 560. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 15,070. 15,070. Accounting Lobbying Professional fundraising services. See Part IV, line 17 1,210. 1,210. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 333,262. 257,320. 33,932. 42,010. Office expenses 13 Information technology 14 15 Royalties 74,096. 74,096. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 8,817. 8,817. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 3,328,642. 3,231,818. 96,824. Broadcast and Productio Credit Card Fees and Cu 12,242. 12,242. 12,241. 12,241. Bank and Credit Card Fe 2,233. 2,233. d Film Production e All other expenses 4,077,838. 3,620,022. 302,526. 155,290. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,882,277.	2	699,653.
	3	Pledges and grants receivable, net				3	117,953.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			182,933.	9	302,935.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	192,640.			
	b	Less: accumulated depreciation	. 10b	66,629.	41,933.	10c	126,011. 2,127,927.
	11	Investments - publicly traded securities		1,309,649.	11	2,127,927.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	50,601.	15	0.		
	16	Total assets. Add lines 1 through 15 (must ed	3,467,393.	16	3,374,479.		
	17	Accounts payable and accrued expenses		309,500.	17	169,616.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
.iab		controlled entity or family member of any of th	-	· · · · · · · · · · · · · · · · · · ·		22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · -		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	-	·		۰.	
	00	of Schedule D			309,500.	25	169,616.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl		▼	309,300.	26	109,010.
S		and complete lines 27, 28, 32, and 33.	ieck lier				
nce	27	Net assets without donor restrictions			3,083,023.	27	3,142,943.
3ala	28	Net assets with donor restrictions			74,870.	28	61,920.
J E	20	Organizations that do not follow FASB ASC			, 1, 0, 01		02/3201
Fun		and complete lines 29 through 33.	500, CHC	lock flore			
P	29	Capital stock or trust principal, or current fund	ls			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,157,893.	32	3,204,863.
Z	33	Total liabilities and net assets/fund balances			3,467,393.	33	3,374,479.
	JJ	Total habilities and thet assets/fully baldfilles			5,10,,555.	JJ.	5,57±,±75•

Pai	TEXT RECONCILIATION OF NET ASSETS							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>1,06</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2 4	1,07	7,8	<u> 38.</u>			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,15	<u>93.</u>				
5	Net unrealized gains (losses) on investments	5	1	5,1	70.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	4	8,7	35.			
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	3,20	4,8	63.			
Pa	rt XII Financial Statements and Reporting	-						
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Vere the organization's financial statements compiled or reviewed by an independent accountant?							
	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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection
Employer identification number

Christian Worship Hour 46-0349721 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 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.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the 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, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3291769.	3883108.	4027955.	4311877.	4055148.	19569857.			
2	Tax revenues levied for the organ-									
	ization'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	3291769.	3883108.	4027955.	4311877.	4055148.	19569857.			
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.						19569857.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 4	3291769.	3883108.	4027955.	4311877.	4055148.	19569857.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	9,313.	24,145.	43,771.	12,504.	5,755.	95,488.			
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						19665345.			
	Gross receipts from related activities,	etc. (see instructio	ns)			12				
	First 5 years. If the Form 990 is for the			ourth, or fifth tax y	ear as a section 50	D1(c)(3)				
	organization, check this box and stor	-		· · · · · · · · · · · · · · · · · · ·						
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2021 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	99.51 %			
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	99.49 %			
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X			
b	33 1/3% support test - 2020. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			▶□			
17a	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part '	VI how the organiz	ation			
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		>			
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>			

Schedule A (Form 990) 2021 Christian Worship Hour 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	etion A. Public Support	now, picase comp	note i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	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 Sec	Public support. (Subtract line 7c from line 6.)						
	· · · · · · · · · · · · · · · · · · ·	(a) 2017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•			•		. —
<u></u>	check this box and stop here						P
	etion C. Computation of Public			. (6)		Tarl	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020 etion D. Computation of Investigation	·	•			16	%
	•			ino 10! (^)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			on line 14, and line		18	7 is not
198	33 1/3% support tests - 2021. If the					41	▶ □
b	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the	=	-				
	line 18 is not more than 33 1/3%, chec	k this box and st	t op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	a did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	▶

Part IV Supporting Organizations

(Complete only if you checked a box in 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

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

	Yes	No
1		
2		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
401		
10b ule A (Forn	n 990)	2021

46-0349721 Page 5 Christian Worship Hour Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No Yes 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a

that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

2b

За

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	اءا		

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

Schedule A (Form 990) 2021

instructions).

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· u	t i Type in Non I anotionally integrated cook	u)(o) capporting crya	inzations (continu	uea)	
Secti	on D - Distributions		·	Í	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity	-		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets	- 11 - 3		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	SVIGO GOLGIIO III		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 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-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization **Employer identification number** Christian Worship Hour 46 - 0349721Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
_	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(contributor, duri	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, duri literary, or educa	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering (b) instead of the contributor name and address), II, and III.					
year, contributio is checked, ente purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the one exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \cdot\ \\ \rightarrow \ \\ \rightarrow \ \rightarrow \ \rightarrow \ \\ \rightarrow \ \rightarrow \ \\ \rightarrow \ \\ \rightarrow \ \\ \rightarrow \ \rightarrow \ \\ \rightarrow \ \rightarrow \ \\ \rightarrow \ \rightarrow \ \\ \rightarrow \ \\ \rightarrow \ \rightarrow \ \\ \rightarrow \ \\ \rightarrow \ \\ \rightarrow \ \rightarrow \ \rightarrow \ \\ \rightarrow \ \rightarrow \rightarrow \rightarrow \rightarrow \ \rightarrow \rightar					
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify ling requirements of Schedule B (Form 990)					

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

Christian Worship Hour

46-0349721

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 299,107.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Christian Worship Hour

46-0349721

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
_	Stock				
_1					
		\$\$	06/30/21		
(a)		(c)			
No. rom	(b) Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I	Description of noncash property given	(See instructions.)	Date received		
	-				
			-		
(a) No.	(b)	(c)	(d)		
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received		
Part I		(See Instructions.)			
			-		
(a) No.	4.3	(c)	4-0		
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I		(See instructions.)			
		\$			
(a)		(c)			
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I	Description of noncash property given	(See instructions.)	Date received		
		\$			
(a)		(c)			
No.	(b)	FMV (or estimate)	(d)		
from Part I	Description of noncash property given	(See instructions.)	Date received		
		\$			

Page 4 Name of organization **Employer identification number** Christian Worship Hour 46-0349721 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Christian Worship Hour

Employer identification number 46-0349721

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or A	ccounts. Complete if the
	<u> </u>	(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised fur	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes	on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	ion or education)	Preservation of a hist	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the organ	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		on, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conservati	on easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enf	orcing conservation ea	asements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above		. , , , ,	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		·	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statements th	nat describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tros	euros or Othor	Similar Assats
rai	Complete if the organization answered "Yes" on Form		isules, or Other C	Sillilai Assets.
4-			nue statement and he	lance sheet works
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publication are idea in Part VIII the tout of the feetnets to its financial	· · · · · ·		lince of public
h	service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958			an about works of
b		•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in iurtherand	e of public service,
	provide the following amounts relating to these items:			▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1			
0		ourse or other similar as		
2	If the organization received or held works of art, historical trea		-	provide
_	the following amounts required to be reported under FASB AS			▶ ¢
a	Revenue included on Form 990, Part VIII, line 1			
a	Assets included in Form 990, Part X			🖊 🕽

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		99,745.	66,629.	33,116.
e Other		92,895.		92,895.
Total Add lines 1a through 1e (Calumn (d) must ague	J. Forms 000 Dort V. salvin	an (D) line 10a)	7	126 011.

Schedule D (Form 990) 2021

Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	>	
Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements to	hat reports the
organization's liability for uncertain tax positions unde			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
		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	4,074,863.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	15,170.		
b	Dona	ted services and use of facilities	2b			
С	Reco	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2 d			45 450
е		ines 2a through 2d			2e	15,170.
3		act line 2e from line 1			3	4,059,693.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:		1 010		
		tment expenses not included on Form 990, Part VIII, line 7b		1,210.		
		(Describe in Part XIII.)	4b			1 210
		ines 4a and 4b			4c	1,210. 4,060,903.
5 Pai	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen	ıte W	ith Fynansas nar F	5 Petur	
Га	ι ΛΙΙ	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ito w	itii Expelises pei r	ı c turi	1.
_	Total				1	4,076,628.
1		expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25:				4,070,020
2			2a			
		ted services and use of facilities year adjustments	2b			
C		losses	2c			
d		(Describe in Part XIII.)				
		ines 2a through 2d	$\overline{}$		2e	0.
3		act line 2e from line 1			3	4,076,628.
4		ints included on Form 990, Part IX, line 25, but not on line 1:				
		tment expenses not included on Form 990, Part VIII, line 7b	4a	1,210.		
		(Describe in Part XIII.)	4b	•		
		ines 4a and 4b			4c	1,210.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	4,077,838.
Pa	t XIII	Supplemental Information.				
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines	1b and 2b; Part V, line 4	; Part >	K, line 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inf	ormation.		
Pai	rt X	I, Line 2:				
_				_		
The	or Or	ganization believes that it has appropri	<u>ate</u>	support for	any	y tax
						-
pos	siti	ons taken affecting its annual filing re	qui	rements and,	as	such,
.		. 1. 1			1	
aoe	es n	ot have any uncertain tax positions that	ar	<u>e material t</u>	o ti	ne
<u>.</u> د ع						a
IlI	lanc	ial statements. The Organization would r	eco	<u>gnize future</u>	aco	crued
ا ا			I L.	b£it	J	
lnt	ere	st and penalties related to unrecognized	l ta	x benefits a	na	
14-	h:1	ities in income tax expense if such inte	~~~	+ and nanal+	ioa	270
<u> </u>	IDII	ittes in income tax expense if such inte	res	t and penart	res	are
ine	urr	ha				
T11(·ur L	cu.				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Christian Worsh	ip Hour			46-034972	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
Form 990, Part IV					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Description United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outs	side the
	he following Part	I. line 3 table ca	ın be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	·	(f) Total expenditures for and investments in the region
Jorth America	0		Program services - broadcast of worship	The Organization utilizes a US-based company to administer the broadcasts of	0.
01011 IM01104			56171665		
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

								_
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the					
			or counsel has provided a sect			>		
3 Enter total number of other organizations or entities								

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.							
Part III can be duplicate (a) Type of grant or assistance	ted if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021 (Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, Line 3, Column (e):
Region: North America
(e) Specific Types of Services in Region: The Organization utilizes a
US-based company to administer the broadcasts of worship services for
foreign countries. The Organization does not make expenditures to foreign
countries.

SCHEDULE L

Department of the Treasury

Name of the organization

Internal Revenue Service

(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

2021

Open To Public Inspection

Employer identification number

Christian Worship Hour							46	-03	497	21		
Part I Excess Benefit	Transactio	ons (section 50)1(c)(3)), secti	ion 501(c)(4), and sec	ction 501(c)(29) orgar	nizatio	ns on	ly).			
Complete if the organ												
1 (a) Name of disqualified person	(b) R	Relationship betv			ified) Description of trans	oootio	n		(d)	cted?	
(a) Name of disquaimed perso	л I	person and or	ganiza	ation	,,	(c) Description of trans		<u>''' </u>		Ye	es	No
											+	
										_	+	
										+-	+	
										+	+	
										+	+	
2 Enter the amount of tax incur	red by the or	ganization mana	agers (or disc	ualified persons duri	ing the year under						
section 4958					·			> \$				
3 Enter the amount of tax, if an	y, on line 2, a	above, reimburs	ed by t	the org	ganization			▶ \$				
Part II Loans to and/or	From Inte	erested Pers	ons.									
Complete if the organ					, Part V, line 38a or F	form 990, Part IV, line	e 26; d	or if th	e orga	nizatio	n	
reported an amount of	í		Í			· · · · · · · · · · · · · · · · · · ·			(h) Ap	nroyadl		
	Relationship n organization	(c) Purpose of loan		an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	,	by boo	ard or	(i) Wr agreen	
			То	From			Yes	No	Yes	No	Yes	No
									<u> </u>			
									<u> </u>	\longmapsto		
								—	—	\longmapsto		

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
_				

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

Schedule L (Form 990) 2021

Total

	Complete if the organization answ (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?		
					Yes No		
Mike	Salem	Board Member	32,400	Rent		Х	
				_			
				1			
				-			
				+			
Part \	/ Supplemental Information						
rait	_	responses to questions on Schedule L (see in	nstructions).				
			,				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization Christian Worship Hour Employer identification number 46-0349721

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art		Itemio continuator	Tom coo, r are vin, into 19				
2	Art - Works of art Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	299,107.	FM7			
10	Securities - Closely held stock		_	23371070				
11	Securities - Partnership, LLC, or							
••								
12								
13	Securities - Miscellaneous Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation durino	the tax vear for c	ontributions				
	for which the organization completed Form 82						0	
	· ·	, ,	J				Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	quires the review	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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.

2021
Open to Public Inspection

Name of the organization

Christian Worship Hour

Employer identification number 46-0349721

Form 990, Part III, Line 1, Description of Organization Mission:

and encouragement for all believers. The Christian Worship Hour seeks

to win the lost to Christ, to minister to the lonely, the elderly, and

the shut-ins, and to nurture the saved in their daily walk with the

Lord. Our purpose will always be to exalt the Lord Jesus Christ so that

all may come to everlasting life through faith in Him, bringing glory

to God the Father Almighty. Amen.

Form 990, Part VI, Section A, line 1a:

The Executive Committee is comprised of Board members Bill Edwards, Kent

Cutler and Mike Salem as authorized by the Board of Directors. The

Executive Committee has broad discretionary authority to act on behalf of
the governing board on most issues that come before the Christian Worship

Hour. The Executive Committee makes recommendations on those issues

requiring the vote of the full Board of Directors at the quarterly business
meetings.

Form 990, Part VI, Section B, line 11b:

The 990 will be reviewed 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.

Form 990, Part VI, Section B, Line 12c:

The Board of Directors and its Officers, the Executive Committee and certain management staff as designated by the Board. The Directors,

officers and management employees determine whether a conflict of interest

Schedule O (Form 990) 2021 Page **2**

Name of the organization Christian Worship Hour	Employer identification number 46-0349721
exists. The full Board of Directors reviews all conflicts	of interest.
Any imposed restrictions are at the sole discretion of the	full Board of
Directors.	
Form 990, Part VI, Section B, Line 15:	
CWH's top management official (the President of the Board)	is an
uncompensated volunteer. The CWH President computes a cos	t of living
adjustment each year in December for all employees, which	the Executive
Committee then recommends for approval by the full Board o	f Directors
during their January meeting.	
Form 990, Part VI, Section C, Line 19:	
These documents are not made available to the general publ	ic except as
available through the Evangelical Council for Financial Ac	countability
website at ECFA.org.	