efile	e Pu	ıblic Visu	ual Render	ObjectId: 202313189349304181 - Su	Ibmissio	n: 2023-11	-14	T	IN: 38-2436530	
Form	00	20	Re	turn of Organization Exempt	From	Income	Тах	(OMB No. 1545-0047	
Form	32	0	Under section	501(c), 527, or 4947(a)(1) of the Internal Reve	enue Code	(except priva	ate foundatio	ıs)	2022	
		of the		So to <u>www.irs.gov/Form990</u> for instructions					Open to Public Inspection	
Treası Interna	al Rev								-	
A erv i Fa	9r th	e 2022 ca		or tax year beginning 01-01-2022 ,and end	ing 12-31 [.]	-2022				
		applicable:	C Name of organiz NORTHERN CHR	zation RISTIAN RADIO INC			D Employer i	denti	fication number	
_		change					38-243653	30		
O Na O Ini		5	Doing business	as						
_		n/terminated					FT b b b b b b b b b b			
		d return		reet (or P.O. box if mail is not delivered to street address)	Room/suite	9	E Telephone n			
ОАр	plicati	ion pending	PO BOX 695				(989) 732	-6274		
			City or town, st GAYLORD, MI	ate or province, country, and ZIP or foreign postal code 49734			G Gross receiț	ots \$ 9	76,293	
				address of principal officer:		H(a) Is this	a group retur	n for		
			PATRICK SCOT PO BOX 695	1			linates?		🗌 Yes 🗹 No	
			GAYLORD, MI	49734		H(b) Are all include	subordinates		🗆 Yes 🔲 No	
Tax	(-exer	mpt status:	✓ 501(c)(3)	□ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □	527		," attach a list	See	instructions.	
J W	ebsi	te: 🕨 WW	W.NCRADIO.OR	G		H(c) Group	exemption nu	mber	•	
						L Year of forma	tion: 1982 M	Stato	of legal domicile: MI	
K Forn	n of o	rganization:	Corporation	□ Trust □ Association □ Other ►			1902	State	or regul donnene. Ph	
Pa	art I	Sum	mary							
				zation's mission or most significant activities: IA MINISTRY COMMITTED TO STRENGTHENING C						
CG CG										
an										
len.										
Governance	_		s box 🕨 🗌	ers of the governing body (Part VI, line 1a)				3	6	
×			-	voting members of the governing body (Part VI, line Id)				4	6	
les			·	ils employed in calendar year 2022 (Part V, line 2		5	7			
				rs (estimate if necessary)	,			6	55	
Activit				revenue from Part VIII, column (C), line 12			•	0 7a	0	
4								7a 7b	0	
	U	Net unien	ateu business ta	axable income from Form 990-T, Part I, line 11 .			· ·	70		
		Contributi	ione and example	(Dort)/III line 1b)		Pric			Current Year	
ēŋ	8			(Part VIII, line 1h)			880,643		916,935	
Revenue	9			(Part VIII, line 2g)			0		0	
å			•	VIII, column (A), lines 3, 4, and 7d)	•		724	<u> </u>	9,407	
				column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22 12)		43,656 925,023		49,951 976,293	
				8 through 11 (must equal Part VIII, column (A), lin		_				
				nts paid (Part IX, column (A), lines 1–3)			0		0	
				embers (Part IX, column (A), line 4)			270 117		0	
Exp enses				tion, employee benefits (Part IX, column (A), lines			379,117		447,205	
en:				fees (Part IX, column (A), line 11e)	•		0	<u> </u>	0	
с Д				Part IX, column (D), line 25) ▶255,798			001.053			
Dedial.				column (A), lines 11a–11d, 11f–24e)	•		391,229		450,534	
				13–17 (must equal Part IX, column (A), line 25)			770,346		897,739	
<u>ي</u>	19	Revenue l	less expenses. S	Subtract line 18 from line 12	• •	Boginsing	154,677			
Net Assets or Fund Balances						beginning C	of Current Year	ar End of Year		
sse Bala	20	Total asse	ets (Part X, line :	16)			883,251	. 952,879		
ot A	21	Total liabi	lities (Part X, lin	e 26)			32,868		37,761	
ž	22	Net asset	s or fund balanc	es. Subtract line 21 from line 20			850,383		915,118	
Pa	rt II	Signa	ature Block					•		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

any knowledge.

Sign Here Signature of officer Date PATELICK SCOTT CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Print/Type preparer's name Preparer's signature Date 2023-11-14 Check [] if PTIN Paid Print/Type preparer's name DON LLC Firm's EIN > 20-2349670 Phone no. (231) 946-1722 Way the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 11282Y Poor Poor For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2022) Page 2 Form 990 (2022) Part III Statement of Program Service Accomplishments Paieffy describe the organization's mission: Paieffy describe the organization's mission: Paieffy describe the organization's mission: 10 BFieffy describe the organization MINISTRY THROUGH WHICH GOD IS CHANGING LIVES, STRENGTHENING FAMILIES AND IMPACTING COMMUNITIES FOR CHRIST IN NORTHERN MICHIGAN AND ONTARIO. Yes V No 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 Yes No 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? Yes No		Ĭ.											
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Prepared Firm's name DOULC Firm's audress Pio 80.9397 TRAVERSE CTY, MI 498650947 Phone no. (231) 946-1722 ay the IRS discuss this return with the preparer shown above? See Instructions. Image: See Instructions. Image: See Instructions. or Paperwork Reduction Act Notice, see the separate instructions. Image: See Instructions. Image: See Instructions. Image: See Instructions. Page 2 Page 2 Page 2 Page 2 Image: See Instructions. Image: See Instructins. Image: See Instructions.<	bie					Check 📙 if							
Se Only Prim's address Pro BOX 947 TRAVERSE CITY, ML 496850947 Phone no. (231) 946-1722 ay the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 11282Y Form 990 (or P Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (Page 2 Page 2 Page 2 Part III Statement of Program Service Accomplishments Page 2 Briefly describe the organization's mission: Be A CHRIST CONTREED MEDIA MINISTRY THROUGH WHICH GOD IS CHANGING LIVES, STRENGTHENING FAMILIES AND IMPACTING BMMUNITIES FOR CHRIST IN NORTHERN MICHIGAN AND ONTARIO. Ves ? No III "Yes," describe these new services on Schedule 0. IVes ? No III "Yes," describe these new services on Schedule 0. IVes ? No III "Yes," describe these changes on Schedule 0. IVes ? No III "Yes," describe these changes on Schedule 0. IVes ? No III "Yes," describe these changes on Schedule 0. IVes ? describe these changes on Schedule 0. III "Yes," describe these changes on Schedule 0. IVes ? describe these changes on Schedule 0. III "Yes," describe these changes on Schedule 10. IVes ? describe these changes on Schedule 0. III "Yes," describe these changes on Schedule 0. IVes ? describe these change on Schedule 0.		٦r	Firm's name 🕨 DGN LLC				-2349670						
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ay the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 11282Y Form 990 (2 Page 2 - Page 1 - Page 2 - Page 1 - Page 2 - P	Sign Here Signature of officer Date PATRICK SCOTT CEO Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Paid Firm's name DGN LLC Firm's name DGN LLC Firm's name DGN LLC Firm's name Phor May the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 1: For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 1: Page 2 Cat. No. 1: Check if Schedule O contains a response or note to any line in this Part III Cat. No. 1: 1 Briefly describe the organization's mission: TO BE A CHRIST CENTERED MEDIA MINISTRY THROUGH WHICH GOD IS CHANGING LIVES, STRENGTHENING COMMUNITIES FOR CHRIST IN NORTHERN MICHIGAN AND ONTARIO. 2 Did the organization undertake any significant program services during the year which were not listed or the prior Form 990 or 990-E2?			Phone no. (231)	946-1722								
Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2 Page 2 Page 2 Imm 990 (2022) Page 2 Partill Statement of Program Service Accomplishments Check if Schedule 0 contains a response or note to any line in this Part III Imm 990 (2022) De A CHRIST CENTRERD MEDIA MINISTRY THROUGH WHICH GOD IS CHANGING LIVES, STRENGTHENING FAMILIES AND IMPACTING MMUNITIES FOR CHRIST IN NORTHERN MICHIGAN AND ONTARIO. Imm 990 (2022) Imm 990 (2022) Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Did the organization difficant program services during the year which were not listed on the prior Form 990 or 990-E27 Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 990 (2022) Imm 2014 Imm 990 (2022) Imm 990 (2022) Imm 2014 Imm 990 (2022) Imm 990 (2022) Imm 2014 Imm 990 (2022) <td></td> <td></td> <td>TRAVERSE CITY, M</td> <td>I 496850947</td> <td></td> <td></td> <td></td>			TRAVERSE CITY, M	I 496850947									
Page 2 Part NI Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: DB & CHNIST CENTERED MEDIA MINISTRY THROUGH WHICH GOD IS CHANGING LIVES, STRENGTHENING FAMILLES AND IMPACTING MMUNITIES FOR CHRIST IN NORTHERN MICHGAN AND ONTARIO. Immunities For CHRIST IN NORTHERN MICHGAN AND ONTARIO. Immunities For CHRIST IN NORTHERN MICHGAN AND ONTARIO. If "Yes," describe these new services on Schedule 0. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	ay the IR	S discu	ss this return with the preparer s	shown above? See Instructions.			🗹 Yes 🗌 No						
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Part III Statement of Program Service Accomplishments Check If Schedule 0 contains a response or note to any line in this Part III . Interview of the organization's mission: DE & CHRIST CENTRERD MeDIA MINISTRY THROUGH WHICH GOD IS CHANGING LIVES, STRENGTHENING FAMILIES AND IMPACTING MMUNITIES FOR CHRIST IN NORTHERN MICHIGAN AND ONTARIO. Id the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E22 Image: Content of the organization cases conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule 0. If 'Yes,'' describe these changes on Schedule 0. If 'Yes,'' describe these changes on Schedule 0. If 'Yes,'' describe these changes on Schedule 0. If 'Yes,'' describe these changes on Schedule 0. If 'Yes,'' describe these changes on Schedule 0. If 'Yes,'' describe these changes on Schedule 0. If 'Yes,'' describe these changes on Schedule 0. If 'Yes,'' describe the organization's program service required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. Image: Code:) (Expenses \$ 337,373 including grants of \$) (Revenue \$) Proom 990, part III, LINE 4A - FIRST ACCOMPLISHMENTTHE PROMISE FM SERVES APPROXIMATELY 40 CONTRES ALL OVER NORTHERN MICHIGAN FOR MONTRES AND ONTRES AND OTHER THENES FOR NORTHERN MICHIGAN FAND ONTRES AND ONTRES AND ON	orm 990 ((2022)					Daga						
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4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 337,373			
		F	orm 99	0 (2022)
	Page 3			
	rage 5			
	990 (2022)			Page 3
Pa	TTIV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A \mathfrak{B}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> , Part I 🔞	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🐒	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV $rac{1}{80}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI. 🐒	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗐	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> ¹⁰ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported	11c		No
u	in Part X, line 16? If "Yes," complete Schedule D, Part IX 🧐	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🐨	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗐	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🗐	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			I

	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
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	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
		Form	n 990 (2022)
	Page 4		
-			_
	990 (2022) t IV Checklist of Required Schedules (continued)		Page 4
i ui		Y	es 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	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K. If</i> " <i>No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L</i> , Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27	No
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	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
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	36	No
27	Did the evention institute many then EQ(of the activities through an activity that is not a value of evention and that	1	1

57	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	
Pa	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>	\Box
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	Vac	
		1c	Yes Form 99	n (2022
		Г	101111 33	U (2022
	Page 5			
Form	990 (2022)			Page !
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	7		
		2b	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Tes	
	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
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).			
а	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?	5 7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . \ldots .	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
e	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract:	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
0	sponsoring organization have excess business holdings at any time during the year?			
9		0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			

12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	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			
С	Enter the amount of reserves on hand	_		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2022)
				()
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Form	990 (2022)			Page 6
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" resp	onse to	-
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management		Vee	Na
1-	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
Ia	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? \cdot	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\ .$	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		N 1 -
10			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990	ĻЦ		
12a			Vee	1
b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on

on _

	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
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		
50	ction C. Disclosure	105		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	🗌 Own website 🛛 🗹 Another's website 🗹 Upon request 🛛 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: PATRICK SCOTT PO BOX 695 GAYLORD, MI 49734 (989) 732-6274			
		F	orm 99	0 (2022)
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Form	990 (2022)			Page 7
Par	t VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emp and Independent Contractors	oloyee	:s,	
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	<u> </u>	
	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
year.	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within th List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amo	5	nization	's tax
	mpensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.			
	ist all of the organization's current key employees, if any. See the instructions for definition of "key employee."	,		
who r	ist the organization's five current highest compensated employees (other than an officer, director, trustee or key employ received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of mo rganization and any related organizations.		\$100,0	000 from
	ist all of the organization's former officers, key employees, or highest compensated employees who received more than portable compensation from the organization and any related organizations.	\$100,0	00	

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		(C) ition (do not ch box, unless pe ficer and a dire ificer and a dire ficer and a dire ficer and a dire	heck mo erson is ector/tru		both an		(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LEANNE ACKERT CHAIRMAN	2.00	х		х				0	0	0
(2) DOUG NITCHMAN VICE CHAIRMAN	2.00	х		х				0	0	0
(3) GRACE WAY SHARROW SECRETARY	2.00	х		х				0	0	0

(4) KIM CARLSON	5.00	х	х		0	0	0
TREASURER		X	~		0	Ű	5
(5) MARY KATKE-GILLUM	1.00	х			0	0	0
DIRECTOR	•	~			0	U	0
(6) RALPH DUBEY	1.00						
DIRECTOR	•	Х			0	0	0
(7) PATRICK SCOTT	40.00						
CEO			Х		97,040	0	17,994

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Part VII	Section A. Officers,	Directors, Tru	istees, Key Employees,	and Highe	st Compensated	Employees (con	tinued)

(A) Name and title	(B) Average hours per week (list	Positio box,	(C) on (do not chec unless person i and a director	s bo	th a	n offic	ne er	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099- MISC/1099-NEC)	organizations (W-2/1099- MISC/1099-NEC)	from the organization and related organizations

1b Sub-Total			.)	•					
c Total from continuation she d Total (add lines 1b and 1c)					97,040		0		17,994
2 Total number of individuals (i			e listed above) who r	eceived m			0		17,551
of reportable compensation f						00,000			
								Yes	No
3 Did the organization list any	former officer,	director or trust	ee, key employee, or	highest co	mpensated	employee on			
line 1a? If "Yes," complete So	chedule J for su	ch individual 🔒					3		No
4 For any individual listed on lin organization and related orga						n the			
individual			• • • • • •	• •			4		No
5 Did any person listed on line	1a receive or a	ccrue compensat	tion from any unrelate	ed organiz	ation or ind	vidual for			
services rendered to the orga							5		No
Section B. Independent Co	ontractors								
1 Complete this table for your from the organization. Report							npensa	tion	
	(A)		year chang with or			(B)		(C)
	Name and busir	ness address			Desc	ription of services		Compen	isation
							-+		
2 Total number of independent co compensation from the organiz		iding but not lim	ited to those listed at	ove) who	received m	ore than \$100,00	0 of		
							F	orm 99 0	0 (2022)
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Part VIII Statement of Re	venue								
Check if Schedule O	contains a resp	onse or note to	any line in this Part V	1	<u></u>		<u></u>	<u> </u>	
			(A) Total revenue		(B) ated or	(C) Unrelated		(D) Reven	
					empt nction	business revenue	-	excluded	l from sections
					venue			512 - !	
Federated campaigns	1a								
Contributions, Sifts, Grants, and Membership dues	1b								
DtherAmt	10								
DtherAmt Similar ArfioLittedraising events	1c								
	<u> </u>								
d Related organizations	1d								
e Government grants (contributions)	1e								
f All other contributions, gifts, grants,	I								
and similar amounts not included above	1f								
916,935 g Noncash contributions included in	I								
lines 1a - 1f:\$	1g								
h Total. Add lines 1a-1f		•							
		• 916,9 Business Cod							
2a							+		
Bevenue									
Rev							+		
		1							

Corvi			-				
đ	5 1						
Drodram			-				
å			-				
	f All other program	service revenue.					
	9 Total. Add lines 2	2a-2f 🕨			I	1	L
	3 Investment income	(including dividends,	interest, and other	9,407			9,407
	similar amounts) .	ment of tax-exempt b		5,407			5,07
	,	(i) Real	(ii) Personal				
	6a Gross rents						
		6a		-			
	expenses	6b		-			
	c Rental income or (loss)	6c					
	d Net rental income	_					
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
nue		7b					
Other Revenu	other basis and sales expenses			-			
er F	Gain or (loss)	7c					
th Oth	d Net gain or (loss)	· · · · · ·	•				
Ŭ	(not including \$ contributions reported	of d on line 1c).					
	See Part IV, line 18	84		-			
	b Less: direct expense						
	c Net income or (los	s) from fundraising ev	ents				
	9a Gross income from g See Part IV, line 19	gaming activities.					
	b Less: direct expense	ses 9b		-			
	c Net income or (los	s) from gaming activit	ies 🕨	<u> </u>			
	10-Cross splas of inve	anton (loss					
	10aGross sales of inverse returns and allowa	inces · · 10a					
	b Less: cost of goods	s sold 10b		1			
	c Net income or (los	s) from sales of invent	tory 🕨	-			
			Business Code				10.05
	11aMISCELLANEOUS	REVENUE		49,951			49,951
	b						
Ōtŀ	er f evenueMiscAmt						
	d All other revenue		ł				
	e Total. Add lines 1:		·	l	<u> </u>	<u> </u>	
	12 Total revenue. Se			49,951			
	12 Iotal levellue. Se			976,293	0	0	59,358
							Form 990 (2022)

Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ons must complete co	olumn (A).
	Check if Schedule O contains a response or note to a	ny line in this Part IX			🗆
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	115,034		23,007	92,027
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	258,590	90,507	118,951	49,132
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	47,353	24,624	4,735	17,994
10	Payroll taxes	26,228	6,295	10,229	9,704
11	Fees for services (non-employees):				
a	Management				
b	Legal	350		350	
c	Accounting	2,725		2,725	
Ċ	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	65,612	36,086	29,526	
12	Advertising and promotion	90,914	90,914		
	Office expenses	23,290	3,318	8,326	11,646
14	Information technology				
15	Royalties				
16	Occupancy	143,954		76,296	67,658
17	Travel	6,332	5,699	633	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	11,369		11,369	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,747	28,605	1,571	1,571
23	Insurance	8,357	6,769	1,170	418
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a PROGRAMMING	39,907	39,907	0	0
	b BANK CHARGES	11,296	0	5,648	5,648
	c LOSS ON DISPOSAL OF ASS	8,289	0	8,289	0
	d DUES AND SUBSCRIPTIONS	3,728	3,728	0	0
	e All other expenses	2,664	921	1,743	
25	Total functional expenses. Add lines 1 through 24e	897,739	337,373	304,568	255,798
26	Joint costs. Complete this line only if the organization				

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		
Check here 🕨 🗋 if following SOP 98-2 (ASC 958-720).		
		Earm 000 (2022)

Form 990 (2022)

— Page 11 -

Form 990 (2022)

Page 11

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX .			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			208	1	195
	2	Savings and temporary cash investments $\ .$		[503,213	2	593,199
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	[1,317	4	3,317	
	5 6	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the Loans and other receivables from other disquali	contributor, or 35% sons		5		
		section 4958(f)(1)), and persons described in s	ection 4	4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		[7	
Assets	8	Inventories for sale or use				8	
SS	9	Prepaid expenses and deferred charges		· · .		9	
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	984,119			
	b	Less: accumulated depreciation	10b	714,910	291,554	10c	269,209
	11	Investments—publicly traded securities			11		
	12	Investments-other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	. 11	. –		13	
	14	Intangible assets		86,959	14	86,959	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq			883,251	16	952,879
	17	Accounts payable and accrued expenses		-	32,868	17	37,761
	18	Grants payable		-		18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	F		20		
60	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri	cer, director, trustee, key		22		
Ë	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		· ·		23	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	·		25		
	26	Total liabilities. Add lines 17 through 25 .			32,868	26	37,761
lances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	heck h	ere ▶ 🗹 and	850,383	27	915,118
B	28	Net assets with donor restrictions		[28	
or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds			29		
Assets	30	Paid-in or capital surplus, or land, building or ec	quipmer	nt fund		30	
SS	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
	32	Total net assets or fund balances		[850,383	32	915,118
Net	33	Total liabilities and net assets/fund balances .	•		883,251	33	952,879

— Page 12 —

Form	990 (2022)				Page 12
Pa	rt XI Reconcilliation 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)	1			976,293
2	Total expenses (must equal Part IX, column (A), line 25)	2			897,739
3	Revenue less expenses. Subtract line 2 from line 1	3			78,554
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4			850,383
5	Net unrealized gains (losses) on investments	5			-13,819
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in 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			915,118
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 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	niform	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

Form **990** (2022)

1

Form 990 (2022)
Additional Data
Return to Form
Software ID:
Software Version:

Form 990, Special Condition Description:

efil	e Pub	olic Visual	Render	ObjectId: 2	20231318934930	4181 - Subm	ission: 2023-	11-14	TIN: 38-2436530
SCI	HED	ULE A		Public (Charity Statu	s and Pu	blic Supp	ort	OMB No. 1545-0047
(For	m 99	0)	Cor		rganization is a sect	ion 501(c)(3)	organization or		2022
	tment c	of the			4947(a)(1) nonexe Attach to Form				
Treas Interna		enue Service	•	Go to <u>www.irs</u>	<u>.gov/Form990</u> for in			ormation.	Open to Public Inspection
		ne organiza						Employer identifi	
NORT	IERN CI	HRISTIAN RAD	IO INC					38-2436530	
	rt I				us (All organization it is: (For lines 1 thro			See instructions.	
1			•		sociation of churches	5		(A)(i).	
2					1)(A)(ii). (Attach Sch			()(-)-	
3					vice organization desc			iii).	
4		•	esearch orga	•	ed in conjunction with			2	Enter the hospital's
5				ed for the benefi Smplete Part II.)	t of a college or unive	rsity owned or c	perated by a gov	ernmental unit descr	ibed in section
6				. ,	governmental unit de	scribed in secti	on 170(b)(1)(A)(v).	
7					a substantial part of it	s support from	a governmental u	nit or from the gene	ral public described in
8	\square			(vi). (Complete ribed in section	170(b)(1)(A)(vi).	(Complete Part	II.)		
9									lege or university or a
10	\square	-	-	-	ee instructions. Enter (1) more than 331/3%				and gross receipts
		from activit investment	ies related to income and	o its exempt fun unrelated busin	ctions-subject to cer	tain exceptions,	and (2) no more	than 33 1/3% of its s	
11					l exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	cly supported	d organizations of	l exclusively for the be lescribed in section 5 the type of supportin	09(a)(1) or se	ection 509(a)(2)). See section 509(ne purposes of one or a)(3). Check the box
а		Type I. A so organization	supporting or n(s) the pow	rganization oper	ated, supervised, or composite or elect a major	ontrolled by its	supported organiz	zation(s), typically by	giving the supported anization. You must
b		Type II. A manageme	supporting on the sup	organization sup	ervised or controlled i ation vested in the sar				
с		Type III f	unctionally	integrated. A s	supporting organizatio				ated with, its
d	\square				ons). You must com d. A supporting organi	•			nization(s) that is not
		functionally	integrated. 5). You mus	The organization	n generally must satis t IV, Sections A and	fy a distribution I D, and Part V	requirement and	an attentiveness red	quirement (see
е					ved a written determir integrated supporting		IRS that it is a Ty	pe I, Type II, Type II	I functionally
f				5				· · · · · · · · - <u>–</u>	
g		de the follow Jame of supp		ion about the su (ii) EIN	<u>ipported organization(</u> (iii) Type of		ganization listed	(v) Amount of	(vi) Amount of
		organizatior			(described on lines 1- 10 above (see instructions))		ning document?	(see instructions)	other support (see instructions)
						Yes	No		
Tota									
		work Reduc or 990-EZ.	tion Act No	tice, see the Ir	nstructions for	Cat. No. 1128	5F	Schedule	A (Form 990) 2022
					——— Ра	ge 2			
		(Form 990)							Page 2
Pa	rt II	(Comple	ete only if y	ou checked th	ations Described ne box on line 5, 7, fy under the tests l	or 8 of Part I	or if the organi	zation failed to qu	1)(A)(vi) alify under Part III.

	ection A. Public Support						
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	745,652	740,162	798,210	880,643	916,935	4,081,602
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	745,652	740,162	798,210	880,643	916,935	4,081,602
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.						4,081,602
S	Section B. Total Support						
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o) 7	r fiscal year beginning in) Amounts from line 4.	745,652	740,162		. ,	916,935	4,081,602
8	Gross income from interest,			, i i i i i i i i i i i i i i i i i i i	, i i i i i i i i i i i i i i i i i i i		
	dividends, payments received on securities loans, rents, royalties and income from similar sources.	36	571	1,469	724	9,407	12,207
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						4,093,809
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for t	he organization's f	irst, second, third	, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and stop here					► 🗆	
	ection C. Computation of Public		-				
	Public support percentage for 2022 (lin Public support percentage for 2021 Sc					14	99.700 %
-	33 1/3% support test—2022. If the					15	88.160 %
106	and stop here. The organization quali						_
b	33 1/3% support test-2021. If the						
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			► 🗆
17a	10%-facts-and-circumstances test and if the organization meets the "fact	t-2022. If the org	ganization did not ces" test, check th	check a box on lir is box and stop h	ie 13, 16a, or 16b ere. Explain in Pa	, and line 14 is 10 art VI how the orga	% or more, inization
	meets the "facts-and-circumstances" t						
b	10%-facts-and-circumstances tes more, and if the organization meets t	he "facts-and-circ	umstances" test, o	check this box and	stop here. Expla	in in Part VI how	the organization
18	meets the "facts-and-circumstances" Private foundation. If the organizati	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this boy	and see	
	instructions						► 🗆 Form 990) 2022
						Schedule A (I	-onin 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page 3
_	De ut TTT Current Cale a duil a f		Deservite ed i	Costion FOO	(-)(2)		

(Complete only if yo the organization fails	u checked the b	oox on line 10 o	f Part I or if the	e organization fa		nder Part II. If
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						

organization's tax-exempt purpose
 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							
5	to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c							
•	from line 6.)							
Se	ction B. Total Support							
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	fiscal year beginning in) 🕨	(u) 2010	(2) 2013	(0) 2020	(4) 2021	(0) 2022	(1) 1010	
9	Amounts from line 6 Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources.							
b	Unrelated business taxable income (less section 511 taxes) from							
	businesses acquired after June 30,							
	1975.							
С	Add lines 10a and 10b.							
11	Net income from unrelated business activities not included on line 10b,							
	whether or not the business is							
	regularly carried on.							
12								
	loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c,							
10	11, and 12.).							
14	First 5 years. If the Form 990 is for the	he organization's	first, second, thir	d, fourth, or fifth	tax year as a secti	ion 501(c)(3) orga	nization,	check
	this box and stop here							\blacktriangleright
	ction C. Computation of Public							
15	Public support percentage for 2022 (lir		•			15		
16	Public support percentage from 2021 S	Schedule A, Part I	III, line 15			16		
Se	ction D. Computation of Invest							
17	Investment income percentage for 202	、	()	, ,		17		
18	Investment income percentage from 2	021 Schedule A,	Part III, line 17.			18		
19a	33 1/3% support tests-2022. If the	organization did i	not check the box	on line 14, and lin	ne 15 is more thar	n 33 1/3%, and line	e 17 is no	t
	more than 33 1/3%, check this box and	stop here. The	organization qual	ifies as a publicly	supported organiz	ation	🕨 🗆	
b	33 1/3% support tests-2021. If the							e 18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	. 🕨 🗆	
20	Private foundation. If the organization	on did not check	a box on line 14.	19a. or 19b. check	this box and see	instructions	► 🗆	
						Schedule A (I) 2022
			Page 4					
			r dyc r					
Schee	dule A (Form 990) 2022							Page 4
Par	t IV Supporting Organization	S						
	(Complete only if you checked a	a box on line 12 d	of Part I. If you ch	ecked box 12a, of	Part I, complete	Sections A and B.	If you che	ecked
	box 12b, of Part I, complete Se			12c, of Part I, co	mplete Sections A	, D, and E. If you	checked b	юх
-	12d, of Part I, complete Section		omplete Part V.)					
Se	ction A. All Supporting Organiz	ations						— ——
						-	Yes	No
1	Are all of the organization's supported							
	If "No," describe in Part VI how the su describe the designation. If historic an			tea. It designated	by class or purpo	se,		
							1 1	1

- 2 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. 3a

1

2

surplified under section FO1(s)(4) (F) or (C) and estimated **L**: **L** that as all according to a supervision -----

D	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
С	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.	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	4a	
U	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.	4b	
С	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.	4c	
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).	4C 5a	
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?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	6	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
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 .	9a	
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 .	9b	
с	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.	9c	
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	10a	
	the organization had excess business holdings).	10b	

Schedule A (Form 990) 2022

– Page 5 –

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)						
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	······································					
	governing body of a supported organization?	11a				
b	A family member of a person described on 11a above?	11b				
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c				
	V1.					

Section B. Type I Supporting Organizations

1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly
	appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the 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 numbers of the supported organization(c) that operated or controlled the supporting of the support of t*

	Yes	No
	res	INO
1		

Page 5

organization.

Section C. Type II Supporting Organ	izations	
-------------------------------------	----------	--

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the</i>			

organization maintained a close and continuous working relationship with the supported organization(s).
By reason of the relationship described in 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 supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

 - c 🗍 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)
- 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 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

3b | Schedule A (Form 990) 2022

2a

2b

3a

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Schedule A (Form 990) 2022

Page	6
гаче	v

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization				
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all pen exempt use assets (see instructions for short				

Aggregate fair market value of all non-exempt-use assets (see instructions for sho

2

2

3

Yes

No

Yes	No

	tax year or assets held for part of year):	1	
а	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
С	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) 7 \Box

Schedule A (Form 990) 2022

Page 7

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Schedule A (Form 990) 2022				Page 7		
Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (co	ntinued			
Section D - Distributions				Current Year		
1 Amounts paid to supported organizations to accomplish	1 Amounts paid to supported organizations to accomplish exempt purposes					
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2			
3 Administrative expenses paid to accomplish exempt put	rposes of supported organization	ons	3			
4 Amounts paid to acquire exempt-use assets			4			
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)		5			
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6			
7 Total annual distributions. Add lines 1 through 6.			7			
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	nich the organization is respons	sive (<i>provide</i>	8			
9 Distributable amount for 2022 from Section C, line 6			9			
10 Line 8 amount divided by Line 9 amount			10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022		
1 Distributable amount for 2022 from Section C, line 6						
 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. 						
3 Excess distributions carryover, if any, to 2022:						
a From 2017						
b From 2018						
c From 2019						
d From 2020						
e From 2021						
f Total of lines 3a through e						

g Applied to underdistributions of prior years		
h Applied to 2022 distributable amount		
 Carryover from 2017 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2022 from Section D, line 7:		
\$		
a Applied to underdistributions of prior years		
b Applied to 2022 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2023. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
b Excess from 2019		
c Excess from 2020		
d Excess from 2021		
e Excess from 2022		

Schedule A (Form 990) (2022)

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Schedule A (Form 990) 2022

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

Facts And Circumstances Test				
Return Reference	Explanation			
	Schedule A (Form 990) 2022			

Additional Data

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efile Public Visual Ren	der Objectld: 202313189349304181 - Submission: 2023-11-14		TIN: 38-2436530	
Schedule B	Schedule of Contributors		OMB No. 1545-0047	
Form 990) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service Go to <u>www.irs.gov/Form990</u> for the latest information.		2022		
Name of the organization NORTHERN CHRISTIAN R		Employer id	lentification number	
	ADIO INC	38-2436530		
Organization type (che	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	\Box 501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a pr	ivate foundation		
	527 political organization			
Form 990-PF	\Box 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	\Box 501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule. Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

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

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

Name of organization NORTHERN CHRIST		Employer id 38-2436530	entification number
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· · · · · · · · · · · · · · · · · · ·	\$ RESTRICTED	 Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	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) 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B	(Form	990)	(2022))

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Schedule B (Form 990) (2022)	Page 3			
Name of organization NORTHERN CHRISTIAN RADIO INC	Employer identification number			
	38-2436530			

(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) hstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received	
-				\$		
(a) No. from Part I	(b) Description of noncash	property given	•	(C) or estimate) hstructions)	(d) Date received	
-			\$			
					Schedule B (Form 990) (2022)	
		Page 4				
Name of or	B (Form 990) (2022) ganization CHRISTIAN RADIO INC			Employer iden	Page 4	
Part III		wibutions to examinations descri	had in aaa	38-2436530	(10) that total marg	
Tartin	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) the e total of <i>exclusively</i> religious, cha tructions.) ► \$\$	rough (e) a	ind the followin	g line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is		
-		(e) Transfer of gift				
-	Transferee's name, address, and a	elationship	o of transferor to	o transferee		
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift			ption of how gift is held	
-						

lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gift IP 4 Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Additional Data

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efile Public Vis	al Render ObjectId: 202313189349304181 - Submission: 2	2023-11-1	.4	TIN: 38-2436530			
SCHEDULE D (Form 990)	Supplemental Financial Statemer	nts		OMB No. 1545-0047			
Department of the Treasury	 Complete if the organization answered "Yes," on For Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest 	10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.					
Internal Revenue Servi Name of the orga		Em	olover iden	tification number			
NORTHERN CHRISTIA			2436530				
Part I Orga	nizations Maintaining Donor Advised Funds or Other Similar Fur						
Comp	ete if the organization answered "Yes" on Form 990, Part IV, line 6.		(1) = 1				
1 Total number a	(a) Donor advised funds		(b) Funds a	and other accounts			
	e of contributions to (during year)						
	e of grants from (during year)						
00 0	e at end of year						
	zation inform all donors and donor advisors in writing that the assets held in don property, subject to the organization's exclusive legal control?		funds are th	e 🗌 Yes 🗌 No			
charitable pur private benefi	zation inform all grantees, donors, and donor advisors in writing that grant fund poses and not for the benefit of the donor or donor advisor, or for any other purp ?	pose conferr					
	ervation Easements. ete if the organization answered "Yes" on Form 990, Part IV, line 7.						
	conservation easements held by the organization (check all that apply).						
		of an histor	ically import	ant land area			
	n of natural habitat	of a certifie	d historic st	ructure			
Preserva	tion of open space						
	2 a through 2d if the organization held a qualified conservation contribution in t	the form of a	a conservatio	on			
	he last day of the tax year.		Held at	the End of the Year			
	f conservation easements	2a					
- 5	estricted by conservation easements						
-	servation easements on a certified historic structure included in (a)	2c					
	servation easements included in (c) acquired after July 25, 2006, and not on a re listed in the National Register	2d					
3 Number of contax year ►	servation easements modified, transferred, released, extinguished, or terminate	ed by the or	ganization d	uring the			
4 Number of sta	tes where property subject to conservation easement is located 🕨						
5 Does the orga	nization have a written policy regarding the periodic monitoring, inspection, han ent of the conservation easements it holds?	dling of viol		Yes 🗌 No			
6 Staff and volu	nteer hours devoted to monitoring, inspecting, handling of violations, and enford	cing conserv					
7 Amount of exp	penses incurred in monitoring, inspecting, handling of violations, and enforcing c	conservation	easements	during the year			
	servation easement reported on line 2(d) above satisfy the requirements of sec '0(h)(4)(B)(ii)?			Yes 🗌 No			
balance sheet	escribe how the organization reports conservation easements in its revenue and and include, if applicable, the text of the footnote to the organization's financia on's accounting for conservation easements.						
	izations Maintaining Collections of Art, Historical Treasures, o ete if the organization answered "Yes" on Form 990, Part IV, line 8.	r Other Si	milar Ass	ets.			
historical trea	ition elected, as permitted under FASB ASC 958, not to report in its revenue sta sures, or other similar assets held for public exhibition, education, or research in text of the footnote to its financial statements that describes these items.						
historical trea	ition elected, as permitted under FASB ASC 958, to report in its revenue statem sures, or other similar assets held for public exhibition, education, or research in unts relating to these items:						
(i) Revenue incl	ıded on Form 990, Part VIII, line 1		▶\$				
(ii)Assets include	d in Form 990, Part X		. ►\$				
	tion received or held works of art, historical treasures, or other similar assets founts required to be reported under FASB ASC 958 relating to these items:	or financial <u>c</u>	jain, provide	the			
a Revenue inclu	ded on Form 990, Part VIII, line 1		. ►\$				
b Assets include	d in Form 990, Part X		. ▶\$				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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		(Form 990) 2022			_				Page 2
-	: III	Organizations Maintaining Co							
3		the organization's acquisition, accessic (check all that apply):	on, and other reco	ords, check a	any of th	ne following	that are a significa	ant use of its co	llection
а		Public exhibition		d		oan or exc	hange programs		
b				е	_		5.5		
		Scholarly research		-	\cup (Other			
С	\Box	Preservation for future generations							
4	Provic Part X	de a description of the organization's co (III.	ollections and exp	lain how the	ey furthe	er the organ	ization's exempt p	urpose in	
5		g the year, did the organization solicit o s to be sold to raise funds rather than t						🗌 Yes	
Par	t IV	Escrow and Custodial Arrange Complete if the organization ans line 21.		Form 990	, Part I'	V, line 9, c	or reported an ar	mount on Forr	m 990, Part X,
1a		eorganization an agent, trustee, custod led on Form 990, Part X?						· 🗌 Yes	🗆 No
b	If "Ye	s," explain the arrangement in Part XII	I and complete t	he following	table:			Amount	
с	Begin	ning balance					1c		
d	Additi	ons during the year					1d		
е	Distril	butions during the year					1e		
f	Endin	g balance					1f		
2a		ne organization include an amount on F					account liability?		
b		s," explain the arrangement in Part XII						_	
	rt V	Endowment Funds.						U	
га		Complete if the organization ans	wered "Yes" on	Form 990	, Part I	V, line 10.			
			(a) Current yea	ar (b) P	rior year	(c) Two	years back (d) Thre	ee years back (e)	Four years back
1a	Beginni	ing of year balance							
b	Contrib	putions							
С	Net inv	estment earnings, gains, and losses							
d	Grants	or scholarships							
		expenditures for facilities							
f	Admini	strative expenses							
g	End of	year balance							
2 a		de the estimated percentage of the curr I designated or guasi-endowment >	rent year end bal	ance (line 1	g, colum	n (a)) held	as:		
b	Perma	anent endowment 🕨							
c	Term	endowment 🕨							
C		ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a		nere endowment funds not in the posse ization by:	ession of the orga	nization that	t are hel	d and admi	nistered for the		Yes No
	(i) Ur	nrelated organizations						3a(i))
b	• •	elated organizations		red on Sche	dule R?			3a(ii . 3b)
4		ibe in Part XIII the intended uses of the							
Par	t VI	Land, Buildings, and Equipme	ent.						2
	Descri	Complete if the organization ansption of property(a) Cost or of (investm)	ther basis (b)	Cost or other			ccumulated depreciation		. U. Book value
1 -	لمعط				-	142			7 1 4 2
						,143		202	7,143
		gs			4/	,714	31,2	203	16,431
		old improvements			000	262	<u> </u>	627	245 625
		nent			929	,262	683,0	027	245,635
е	other							1	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ۲

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Schedule D	(Form 990) 2022				Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	Part IV, (b) Book value	Co	orm 990, Part X, (c) Method of va ost or end-of-year i	aluation:
(1) Financia	al derivatives	value			
	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (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 11c. See F	orm 990, Part X	, line 13.
	(a) Description of investment		(b) Book value	(c) Meth Cost or end-	nod of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV li	ing 11d Soo F	orm 990 Part V	line 15
	(a) Description	art 1 v , r	ine 110. See IV	5111 550, 1 art X,	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

	 I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) I. (Column (b) must equal Form 990, Part X, col.(B) line 15.) 	• n 990.	, Part X, line 25.
1.	(a) Description of liability		(b) Book value
(1) F	ederal income taxes		
Total	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	
2. Lia	ability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial sta	temen	its that reports the
orgar	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has		
		Sche	edule D (Form 990) 2022
	Page 4		
Sche	dule D (Form 990) 2022		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	ı.
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C L	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d Add lines 2a through 2d	2-	
е 3	Add lines 2a through 2u	2e 3	<u>+</u>
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :	3	<u>+</u>
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
a b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	_	<u> </u>
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
b	Other (Describe in Part XIII.)	4	
с _	Add lines 4a and 4b	4c	<u> </u>
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	
Pa	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference

Schedule D (Form 990) 2022

Additional Data

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Software ID: Software Version:

efile Public \	/isual	Render	ObjectId: 2	023131893	34930418	1 - Submi	ission: 20)23-11-	14		N: 38-243		
			mplete to pro Form 990	emental Information to Form 990 or 990-EZ te to provide information for responses to specific questions on rm 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.							OMB No. 1545-0047		
Name of the orga NORTHERN CHRIST	anizatioi TAN RAD	n IO INC							ployer i -2436530		tion numbe	er	
Return Reference					E	xplanation							
FORM 990, PART VI, SECTION B, LINE 11B	EITHEI OPPOI VOTEE	NIZATION'S PI R A DESIGNAT RTUNITY TO F O ON FOR ACC FILE THE RET	TED COMMIT REVIEW AND CEPTANCE B	TEE OR THE ADDRESS CO	BOARD OF OMMENTS,	DIRECTOF	RS AS A WH 990 (OR R	IOLE. AF	TER ALL FORM 99	MEMBEF 0, IF APF	RS HAVE HA PLICABLE) I	AD AN S	
FORM 990, PART VI, SECTION B, LINE 12C	ASKIN	RCEMENT OF G THEM TO D ERS EXCLUD OSED.	ISCLOSE AN	Y CONFLICT	OF INTERE	STS. THE C	UESTION	VAIRES A	RE DATE	ED AND F	ILED. BOAR	RD	
FORM 990, PART VI, SECTION B, LINE 15A	COMP THE FO PACKA THE C RATES	ENSATION PF ENSATION PA OLLOWING FA AGE: 1. THE EI OMPLEXITIES OF COMPEN ENSATION PA	ACKAGE OF A ACOTRS ARE MPLOYEE'S (S OF THEIR D ISATION FOR	LL PERSONN USUALLY RE QUALIFICATIO UTIES. 4. THI COMPARABI	IEL ON AN A ELEVANT IN ONS. 2. THE E PREVAILII LE POSITIO	NNUAL BA THE DETE NATURE, I NG GENER NS IN COM	SIS, INCLU RMINATIO EXTENT, A AL ECONC IPARABLE	JDING TH N OF THE ND SCOF MIC CON CONCER	IE CHIEF E REASO PE OF TH IDITIONS	EXECUT NABLEN E EMPLO 5. 5. THE	TIVE OFFIC ESS OF A S DYEE'S WO PREVAILIN	ER. ALARY RK. 3.	
FORM 990, PART VI, SECTION C, LINE 19	PUBLIC OF SU IMMED	RNING DOCU C INSPECTIO CH RETURNS DIATELY IN TH HARGE A REA	N ANNUAL RE S AND APPLIC IE CASE OF II	ETURNS, FOF ATIONS TO II N-PERSON R	RM 990S, AN NDIVIDUALS EQUESTS A	ID APPICAT S WHO RE(ND WITHIN	TION FOR E QUEST THE N 30 DAYS	EXEMPTI EM. COPI	ON. NCR ES WILL	WILL PR BE PRO	OVIDE COI	PIES	
For Paperwork Re	duction	Act Notice, see	the Instruction	is for Form 990	or 990-EZ.	Cat. No. 5	1056K			Sched	ule O (Form §	990) 2022	

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