EXTENDED TO APRIL 18, 2023

Return of Organization Exempt From Income Tax

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

> Do not enter social security numbers on this form as it may be made public.

Department of the Tressury

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

Open to Public Inspection

OMB No. 1545-0047

- A-I	For th	e 2021 calendar year, or tax year beginning JUN 1, 2021 and en	nding M	AY 31, 20	122	
В	Check II upplicat	le:		D Employer id	entific	ation number
	Addr	MARS HILL BROADCASTING CO, INC.				
	Name	Doing business as		22-223	3407	16
	initial retur		oom/sulte	E Telephone no	ımber	
	Final	4044 MAKYES ROAD		315-46		051
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		1,274,320.
	Amer	ded SYRACUSE, NY 13215	- 1	H(a) is this a gro	oup ref	
	Appli	F Name and address of principal officer: KEITH AUSTIN				Yes X No
	pend	928 SACANDAGA ROAD, SCOTIA, NY 12302				luded? Yes No
11	Гах-ех	empt status: X 501(c)(3) 501(c) ()◀ (Insert no.) 4947(a)(1) or	527			st. See instructions
		to: > WWW.MARSHILLNETWORK.ORG		H(c) Group exer		
K	orm o	forganization: X Corporation Trust Association Other	L Year o			State of legal domicile; NY
Pe	rt (Summary				
	1	Briefly describe the organization's mission or most significant activities: COMMUN				
Activities & Governance		JESUS CHRIST PRIMARILY THROUGH CHRISTIAN RA				
Ē	2	Check this box 📂 🔲 if the organization discontinued its operations or disposed	of more t	than 25% of its n	et asse	
8	3	Number of voting members of the governing body (Part VI, line 1a)			3	9
9	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	9
2	5	Total number of Individuals employed in calendar year 2021 (Part V, line 2a)			5	15
€	6	Total number of volunteers (estimate if necessary)			6	15
븅	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	ь	Net unrelated business taxable income from Form 990-T, Part I, line 11	m=10=120		7b	0.
				Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		540,71		654,385.
Ę	9	Program service revenue (Part VIII, line 2g)		361,36		357,301.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,18		8,015.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		185,36	1.	187,035.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1460	1,088,62	5.	1,206,736.
		Grants and similar amounts pald (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
9	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		595,14	2.	668,027.
횥	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	b	Total fundralsing expenses (Part IX, column (D), line 25)				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	🖵	391,23		444,732.
- 1		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		986,37		1,112,759.
_	19	Revenue less expenses. Subtract line 18 from line 12		102,24		93,977.
20.5			Begi	nning of Current Y	ear	End of Year
Net Assets Land Baland		Total assets (Part X, line 16)		1,816,62		1,945,001.
쯻		Total liabilities (Part X, line 26)		38,20		72,608.
칊	22	Net assets or fund balances, Subtract line 21 from line 20		1,778,41	6.	1,872,393.
Pa		Signature Block				
		ities of perjury, I declare that I have examined this return, including accompanying schedules and			of my ki	nowledge and belief, it is
True,	COLLEC	and complete. Declaration of preparer (other than officer) is based on all information of which	proparer ha	as any knowledge.		
	- 0	Signature of officer		Date		
Sign	- 1	5		Data		
Here	' il	KEITH AUSTIN, TREASURER Type or print name and title				
_	-	approximation of the second of	Da	to Chec	, —	T PTIN
Paid		Print/Type preparer's name Preparer's signature PRESIREE M. BENNETT DESIREE M. BENNETT		/13/23 off-e		P01263666
raia Propi		DESIREE M. BENNETT DESIREE M. BENNET'I Firm's name FUST CHARLES CHAMBERS LLP	U			
Use C	1.7	Firm's address 5784 WIDEWATERS PARKWAY		FIRM'S EIN	▶ T.	6-1226221
U-0 (th	SYRACUSE NY 13214-		Dhana ::-	21 E	-446-3600
Meiro	the IC	S discuss this return with the preparer shown above? See instructions	_	Prione no.	JIJ.	7983
		S discuss this return with the properer shown above? See instructions				X Yes No Form 990 (2021)

	Statement of Program	Pariso Acce	DCASTING CO,	INC.		22-2234	<u>076</u>	Page 2
101			•				•	
1	Check if Schedule O contain Briefly describe the organization's		te to any line in this Part I					
•	COMMUNICATION OF		OF JESTIS CHE	T Qm	DOTMADITI.V m	процоп		
	CHRISTIAN RADIO BI	ROADCASTIN	G AND SECONDA	RTT.V	THROTTCH GO	CTAL MEDI	A AND	
	INTERNET VIDEOS PI	US CONCER	TS PRESENTAT	TON	T.TTERATIRE	DTGmpTpTr	PTON	
	AND PARTICIPATION	IN AND PR	OMOTION OF LO	CAL (COMMUNITY M	INISTRIES.	·	
2	Did the organization undertake any	significant progran	n services during the year	r which w	ere not listed on the			
	prior Form 990 or 990-EZ?					. г	Yes [No
	II I 44 GESCHOE THESE LIEM SELVIC	es on Schedule ().						
3	Did the organization cease conduct	ting, or make signifi	cant changes in how it co	onducts, r	eny program services?	· [∐Yee 🛭	No
	If "Yes," describe these changes or							
4	Describe the organization's program	n service accomplis	hments for each of its the	ree larges	it program services, as	measured by expe	enses.	
	Section 501(c)(3) and 501(c)(4) orga	inizations are requir	ed to report the amount o	of grants (and allocations to othe	ers, the total expen	ses, and	
	revenue, if any, for each program se							
le.	(Code:) (Expenses \$: COMMUNICATION OF T	13T OTT		TOM 1		nue \$ 5	44,33	6.)
	RADIO BROADCASTING	AND GECOX	OF DESUS CHK	TST P	KIMAKILY TE	ROUGH CHR	ISTIA	<u>M</u>
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	ther program services (Describe on S	CONTRACTOR SERVICE		5900000				
_	rpenses 5	including grants of \$	611) (Res	venue s)		
	otal program service expenses	/31	. 611.				884	
						Ea-	990 mr	V1-1

Form 990 (2021) MARS HILL BR
Part IV Checklist of Required Schedules

		_	Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See Instructions	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? /f "Yes," complete Schedule C, Part /	3	_	X
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 il	4	_	X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	_	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part //	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ĺ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	_	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			_
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
8	and the state of t	Lugo I	.	
	Part VI	11a	X	_
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
_	assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VI	11b		_
Ç	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	laa.		X
al	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		A
u	Part X, line 16? // "Yes," complete Schedule D, Part IX	الممدا		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
1	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	111	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
1	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	-	_	$\overline{}$
	if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		\neg	_
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? if "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See Instructions	17		X
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines			
	1c and 8a? # "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		<u>x</u>
20a	Did the organization operate one or more hospital facilities? if "Yes," complete Schedule H	20a		X
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		X
	10.00.01	Form !	200 "	1004

			Y	es I	Vic
2	All All All All All All All Al				
	Part IX, column (A), line 2? // "Yes," complete Schedule I, Parts I and III	. 2	2	_	X
2	The state of the s				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	0.00		Ι.	III.
2	Schedule J Lead to be a severed by the control of the severed by the control of the severed by	2	3	+	K
_	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a			Ι,	K
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24		+	-
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 12	-	+	_
	any tax-exampt bonds?	24			
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	_	1	_
2.	s Section 601(o)(3), 601(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess benefit			7	Π
	transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I	25	8	12	
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		1	1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		J.		
	Schedule L, Part I	25t)	1 3	, b
26	and any and any and any and any and any and any any and any				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		11	
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26	+	X	_
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		x	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	2/		1 a	
	instructions for applicable filing thresholds, conditions, and exceptions):	1300	100	100	
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?		_	T	_
	"Yes," complete Schedule L., Part IV	28a		X	
ŀ	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		X	Ξ
•	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #				_
	"Yes," complete Schedule L, Part IV	28c		X	_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	١	
31	contributions? If "Yes," complete Schedule M	30	-	X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "yes," complete	31	-	X	_
CIE.		32	1	x	
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1	-
	aections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part /	33		x	
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		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(o)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	_	X.	
or.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			707	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	-	X	
	Note: All Form 980 filers are required to complete Schoolule O	38	x		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	30 1	22.	_	
	Check if Schedule O contains a response or note to any line in this Part V				
		b : 000	Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- If not applicable	4,9)			1
b	Enter the number of Forms W-2G included on line 1a. Enter -0- If not applicable 1b 0		12.19		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	TITLE I		1	
	(gambling) winnings to prize winners?	1c	X		
449	12-09-21	HOZZO 2		2024	

MARS HILL BROADCASTING CO. INC. 22-2234076 Form 990 (2021) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 15 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 30 b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O X 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 60 b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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? X 78 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282?

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

The if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

The if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

Section 501(c)(7) organizations. Enter:

a initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b

d If "Yes," indicate the number of Forms 8282 filed during the year

11 Section 501(c)(12) organizations. Enter:

a 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?

In if "Yes " enter the amount of tax-exempt interest received or secured during the year.

a 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.

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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

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?

If "Yes," see the Instructions and file Form 4720, Schedule N.

16 is the organization an educational institution subject to the section 4965 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2021)

X

X

X

12a

14a

15

16

MARS HILL BROADCASTING CO. INC. Form 990 (2021) 22-2234076 Part VI Governance, Management, and Disciosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 9 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? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision. of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 6 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 Did the organization have members or stockholders? X. 6 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? _____ âه b Each committee with authority to act on behalf of the governing body? x is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X b if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 118 b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 120 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b 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? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 🛌 NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records WAYNE TAYLOR - 315-469-5051

13215

132008 12-09-21

4044 MAKYES ROAD, SYRACUSE, NY

Form 990 (2021)

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

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

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

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

(A) Name and title	(B) Average hours per week	pos	ς unde	Pos heak se pe	raon	than in both	n an 📗	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Ruthvidual treates or director	fastitutional trustee	Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) WAYNE TAYLOR	40.00									_
OFFICE MANAGER	F 00		_	X	_			88,046.	0.	0
(2) KEITH AUSTIN DIRECTOR/TREASURER	5.00	-		x						
(3) WILLIAM BITLER	10.00	X		Α	-	-	-	0.	0.	0
PRESIDENT	10.00	x		x				0.	0.	0
(4) BRYAN CLEAVELAND	5.00	_		^			\dashv	0.	0.	- 0
DIRECTOR	3.00	x						0.	0.	0
(5) WARREN DARBY	5.00	-							- 0.	
DIRECTOR		x				l j		0.	0.	0
(6) ROBERT GEYER	5.00						\neg			
DIRECTOR		х						0.	0.	0
(7) WILLIAM JOHNSON	5.00									
DIRECTOR		X						0.	0.	0.
(8) JAMES STEWART	5.00		M				П			
BECRETARY		X		X				0.	0.	0.
9) WILLIAM BRAUN	5.00									
DIRECTOR		X		_	_		_	0.	0.	0.
10) DAVID LEWIS	5.00	_				ы	- 1			_
DIRECTOR		X	-	-	-	-	-	0.	0.	0.
				1	1					
		1	\forall	7	1	7	1			
		+	+	+	+	+	+			

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	(A) Name and title	(B) Average hours per week	(do	not o	Pos heck	C) attion more reen i		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
_		(list any hours for related organizations below line)	Individual trastes or director	legitarional treates	Officer	Key employee	Highest compensated ompinyes	Fermer	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	compensation from the organization and related organizations
_											
_											
_											
_					1			1			
G	Subtotal Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A)		88,046. 0. 88,046.		. 0.
2	Total number of individuals (including but compensation from the organization	É				_	_				Yes No
3 4	Did the organization list any former office line 1a? if "Yes," complete Schedule J for For any individual fisted on line 1a, is the and related organizations greater than \$10	such individual sum of reportable	com	pen	eatic	on a	nd o	ther	compensation from the	organization	
	Did any person listed on line 1a receive or rendered to the organization? If "Yes." co tion B. Independent Contractors	accrue compens molate Schedule	l for	suc	n ar	rsor	nreis	ted	organization or individu	al for services	5 X
1	Complete this table for your five highest of the organization. Report compensation for									•	sation from
	(A) Name and busines	s address 1	ON	Æ					(B) Description of ser	vices	(C) Compensation

Form 990 (2021) MARS HI
Part VIII Statement of Revenue

	_		Check if Schedule O	con	tains s	и гевро	nse o	r note to any lin	e in this Part VIII			
									(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 51
12	1	8	Federated campaigns			10					70011	
and Other Similar Amounts.		b	Membership dues			1b						
ä		C	Fundraising events									
Ę		ď	Related organizations			1d						
Ħ		_	Government grants (conf			10						
경		ď	All other contributions, gifts			_						
層		•	similar amounts not include			11		554,385.		THE RESERVE		
ð	١.	a	Noncesh contributions included is			1g 5						
밁	9	_	Total, Add lines 1a-1f		He. II	1.1514		1>	654,385.			
Ť		11.	TOTAL PAGE INTO TATT					Business Code	031,3031			
	9.	_	BROADCASTING					515100	356,453.	356,453.		
				PA	MOT	रुक्त	- 1	711300	848.	848.		
핔	b CONCERTS AND BANQUETS 71130		711300	040.	040.							
Revenue		-d		_			- 1					
B		a :			_		- 1					
		0 :	A11 -11 1	_			- 1					
	- 1		All other program service						257 201			
+	_		Total Add lines 2e-2f				_	<u> </u>	357,301.			
Т	3		Investment income (inclu						000			
1			other similar amounts)						238.			238.
	4		Income from investment					ceeds 📂				
	5		Royalties	_								
1) Real		(ii) Personal				
Т	6 4	_	Gross rents	6a		,58						
	ŀ	Ь	Less: rental expenses	6b	67	,58						
L	C	3	Rental income or (loss)	8c			0.					
ı	C	d	Net rental income or (loss)		man			0.			
4	7 :		Gross amount from sales of		(1) S	ecuriti	88	(II) Other				
1			assets other than inventory	78				7,777.				
1	Ŀ	9	Less: cost or other basis									
		1	and sales expenses	7ъ				0.				
1	c	<u>.</u>	Gain or (loss)	70				7,777.				
	ď	•	Net gain or (loss)		-				7,777.			7,777.
	8 .		Gross income from fundrals	nn av	ante in	net I	T.					.,,.,,
	-		including \$									
1			contributions reported on			< 1			200			
			•									
		. !	Part IV, line 18				8a 8b					
1	•		Less: direct expenses				_	- N				
	Č C		Net income or (loss) from				8	- P				
1	9 8		Gross income from gamin					- 1				
1			Part IV, line 19				9a					
			Less: direct expenses				9ь					I STATE OF
	C		Net income or (loss) from	_	_		High	- P				
10	0 =		Gross sales of inventory, l									
		6	and allowances		•••••		10a		- X			
			Less: cost of goods sold				106				10	
1	C		Vet income or (loss) from s	sales	of inv	entory		>				
							-	usiness Code				
11	1 a	Ţ	JNDERWRITING					515100	187,035.	187,035.		
	b											
	C											
1	d	A	All other revenue									
			Total Add lines 11a-11d				-	>	187,035.			
12	_		otal revenue. See instruction	ns				> 1	,206,736.	544,336.	0.	8,015.
		_							77. 17.	1170		Form 990 (2021)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic Individuals. See Part IV, line 22 3 Grants and other essistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 88,046. 51,741. 36,019. 286. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 456,411. 254,346. 201.747. 318. Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 73,203. 35,138. 37.333. 732. 10 Payroli taxea 50,367. 24,235. 25,629. 503. 11 Fees for services (nonemployees): a Management _____ b Legal _____ e Accounting d Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 33,062. Advertising and promotion 16.862. 9,486. 19 6,714. 36,010. Office expenses 18,614. 16.928. 468. Information technology 14 Royalties 15 42,979. 33.749. 9.230. 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 90 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 42,762. 38,915. 3,847. 23 Insurance 38,967. 25,329. 13,638. Other expenses, itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) ENGINEERING 129,057. 129,057. PROGRAMMING 69,693. 69,693. DUES 52,202. 33.932. 18,270. C All other expenses 1,112,759. 731,611. 372.127. 9.021. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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Form 990 (2021)

Check here > if following 8OP 98-2 (ASC 988-720)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 78,023. 79,206. Cash - non-interest-bearing 316,589. 34,143. 401,006. Savings and temporary cash investments 2 2 28,828. 3 Pledges and grants receivable, net 3 46,004. 36,701. 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 36,093. 38,067. 9 10a Land, buildings, and equipment: cost or other 2,369,382. basis. Complete Part VI of Schedule D 10a 1,804,445. 564,937. 528,122. b Less: accumulated depreciation ______10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities, See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 785,603. 785,603. 14 Intangible assets 14 1,350. 1,350. 15 Other assets. See Part IV, line 11 15 1.816,624. 1,945,001. Total assets, Add lines 1 through 15 (must equal line 33) 16 16 23,584. 43,738. Accounts payable and accrued expenses 17 17 18 Grants payable 18 28,870. 14,624. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other pavables 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 38,208. 72,608. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here 🕨 🛣 **Not Assets or Fund Balances** and complete lines 27, 28, 32, and 33, 1,778,416. 1,872,393. Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 1,778,416. 1,872,393. Total net assets or fund balances 32 32 1,816,624. 1,945,001. 33 Total liabilities and net assets/fund balances

Form 990 (2021)

	m 990 (2021) MARS HILL BROADCASTING CO, INC. BIT XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	22-2	234076	5 - 1	Page 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,11		
3	Revenue less expenses. Subtract line 2 from line 1	3			977.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,77	8,	416.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Da	column (B)) rt XII Financial Statements and Reporting	10	1,87	2,	93.
IRa					
_	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	CHIDA		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1000		
	separate basis, consolidated basis, or both:		950		
	Separate basis Consolidated basis Both consolidated and separate basis		9000		155
Ь	Were the organization's financial statements audited by an independent accountant?	41554-4	2b	X	
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	baals,	-		170
	consolidated basis, or both:				130
	Separate basis Consolidated basis Both consolidated and separate basis				100
0	if "Yes" to fine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	eudlt,		,	
	review, or compliation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schei	dute O.		192	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3a		X
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

> Attach to Form 990 or Form 990-EZ.

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

OMB No. 1646-0047

Open to Public Inspection

Name of the organization **Employer Identification number** MARS HILL BROADCASTING CO. INC. 22-2234076 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type IL A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type ill functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see Instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). o is the umanuming inster Name of aupported (III) Type of organization (vi) Amount of other (v) Amount of monetary (described on lines 1-10 organization aupport (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990) 2021 MARS HILL BROADCASTING CO, INC. 22-2234076 Page 2

Page 1

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(IV) and 170(b)(1)(A)(VI)

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

Galendar year (or flecal year beginning in)	(a) 2017	(h) 2010	(-) 2010	(a 0000	4 1 0004	10.7-4-1
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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	STOK BOOK	or exclusion in				
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,						
6 Public support. Subtract line 6 from line 4. Section B. Total Support	00 00 00		ME, ME			
calendar year (or fiscal year beginning in) 🕪	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	Mes-		-3//			
8 Gross income from interest,						
dividends, payments received on	W.					
securities loans, rents, royalties,	- 1		1			
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the			1			
business is regularly carried on						
O Other income. Do not include gain						
or loss from the sale of capital			- 1	- 0		
assets (Explain in Part VI.)			- 1			
1 Total support. Add lines 7 through 10			DIESE VI	20160 0	YE HILLS	
2 Gross receipts from related activities, et	c. (see instruction	8)	************************		12	
3 First 5 years. If the Form 990 is for the			urth, or fifth tax ve	ar as a section 50	1(c)(3)	
organization, check this box and stop h	ere		rewww	000011== VAT===		D
ection C. Computation of Public :	Support Perc	entage				
Public support percentage for 2021 (line	6, column (f), div	ided by fine 11, col	umn (1))		14	9
Public support percentage from 2020 Sc	hedule A, Part II,	line 14			15	
ia 33 1/3% support test - 2021. If the orgi	anization did not :	check the box on li	ne 13, and line 14	is 33 1/3% or mo	re, check this box	and
stop here. The organization qualifies as	a publicly suppor	ted organization				(B)
b 33 1/3% support test - 2020. If the orga	anization did not o	check a box on line	13 or 16e, and lin	e 15 is 33 1/3% o	r more, check this	box
and stop here. The organization qualified	as a publicly su	ported organizatio	n			: D> [
'a 10% -facts-and-circumstances test - 2	021. If the organ	ization did not che	ck a box on line 1:	3, 16a, or 16b, an	d line 14 is 10% or	more,
and if the organization meets the facts-ar	id-circumstances	test, check this bo	x and stop herb.	Explain in Part VI	how the organizat	tion
meets the facts-and-circumstances test.	The organization (qualifies as a public	ly supported orga	nization	-	b>
b 10% -facts-and-circumstances test - 2	020. If the organ	zation did not che	ck a box on line 13	3, 16a, 16b, or 17	s, and line 15 is 10)% or
more, and if the organization meets the fa	acta and circumst	ances test, check t	his box and stop	here. Explain in i	Part VI how the	
						100
organization meets the facts-and-circums	tances test. The o	organization qualitic	es as a publicly su	pported organizat	tion	-

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or If the organization failed to qualify under Part II. If the organization faile to quality under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) 🕪 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 416,046. 425,595. 599,768. 540,715. 654,385. 2636509. 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 502,989. 546,727. 534.890. 514,854. 544,336. 2643796. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 940,449. 1102757. 1087442. 950.936. 1198721. 5280305. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 14,263. 10,000. 22,000. 8,292. 18,560. 3 received from disqualified persons 73,115. b Amounte included on lines 2 and 3 received from other than diequalified persons that exceed the greater of \$5,000 or 196 of the 0. amount on line 19 for the year 73,115. 14.263. 10,000. 22,000. 8.292. 18,560. c Add lines 7a and 7b 5207190. 8 Public support. (Summed line To them line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 950,936. 1102757. 940,449. 1087442. 1198721. 5280305. 10a Gross Income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2,147. 3,886 1,183. 634. 238. 8.088. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 7,916. 7,828 1,340. 0. 17.084. 11,714. c Add lines 10a and 10b 10,063. 1,974. 1.183. 238. 25,172. 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 960,999, 952,163, 1104731, 1088625, 1198959. 5305477. 13 Total support, (Add lines 9, 100, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 98.15 15 % 16 Public support percentage from 2020 Schedule A. Part III, line 15 16 98.01 96 Section D. Computation of Investment Income Percentage Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .47 17 % 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 . 64 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

132023 D1-04-22

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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4b	-	1
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Schedule A (Form 990) 2021

22-2234076 Page 5 MARS HILL BROADCASTING CO. INC. Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers. directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 4 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? if "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 9 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's Income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's 3 Supported organizations played in this regard.

Section E, Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructional 2 Activities Test, Answer lines 2s and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined. that these activities constituted substantially all of its activities. 2a

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) 2021

2b

3a

-6	Minimum Asset Amount (add line / to line 6)	8	
Bec	tion C - Distributable Amount	188 (88)	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B. line 8, column A)	3	Contract of the Contract of th
4	Enter greater of line 2 or line 3.	4 J. R. E.	
5	Income tax imposed in prior year	6	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	Chack hars if the current year is the organization's first as a condunction	ally interreted Type III our	norther executation (see

Schedule A (Form 990) 2021

instructions).

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		11	
2	Amounts paid to perform activity that directly furthers exemp			2	
3	Administrative expenses pald to accompilah exempt purpose	es of supported amenization		3	
4	Amounts paid to acquire exempt-use assets	es or exported by garnications	•	4	
5	Qualified set-aside amounts (prior IRS approval required - pr	mulata statella la Darb VIII		5	
6	Other distributions (describe in Part VI). See instructions.	Ovide details in Fait Vij		6	
7	Total annual distributions, Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne omanization is responsive		+	
_	(provide details in Part VI). See Instructions.	no organization to respect to the		8	
9	Distributable amount for 2021 from Section C. line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(fi) Underdistribution Pre-2021		(III) Distributable Amount for 202
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-			8	
	able cause required - gaplain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
ь	From 2017				
C	From 2018				
d	From 2019				
•	From 2020				
- 1	Total of lines 3a through 3e				
9	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
-1	Carryover from 2016 not applied (see instructions)				
1	Remainder, Subtract lines 3g, 3h, and 3l from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater			- 1	
	than zero, expisio in Part VI. See Instructions.				
	Remaining underdistributions for 2021. Subtract lines 3h			11	
	and 4b from line 1. For result greater than zero, explain in			1. 1.	
	Part VI. See instructions.				
	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
Ь	Excess from 2018				
C	Excess from 2019				
- 4	Excess from 2020				

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	MARS HILL BROADCASTI	NG CO, INC.		22-2234076
P	Organizations Maintaining Donor Advised F organization answered "Yes" on Form 990, Part IV, line 6	Funds or Other Similar Funds	or Acco	Jnts. Complete if the
-	Organization anowards (45 On Point 250, Parcia, mis 6	(a) Donor advised funds	(h) E	unds and other accounts
1	Total number at end of year	(4)	()	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	and the day of the second bald by day or all days	46-4-	
•				
6	are the organization's property, subject to the organization's exci Did the organization inform all grantees, donors, and donor advis	iusive legal control?		Yes []
•	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose co	enferring	
	Impermissible private benefit?	to all the term of the period of		Yes 1
Pa	rt II Conservation Easements. Complete if the organic	zetion answered "Yes" on Form 990 Pe	rt IV Ilna	7
1	Purpose(s) of conservation easements held by the organization (o		at IV, IIIIe	
•	Preservation of land for public use (for example, recreation		hlatad	
	Protection of natural habitat			y important land area
	Preservation of open space	Preservation of a	certified h	Istoric structure
2	Complete lines 2a through 2d if the organization held a qualified of day of the tax year.	conservation contribution in the form of	a conserv	
				Hold at the End of the Tax Ye
	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structur	e included in (a)	2c	
d	Number of conservation easements included in (c) acquired after			
	listed in the National Register		2d	
5	Number of states where property subject to conservation easemed Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it hold	8?		Yee N
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ling of violations, and enforcing conserv	ration ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling o	of violations, and entoroing consequation	cesomon	n duing the year
Ė		A A A SECOND OF SECOND	. Attailliùil	e currid me Aem
8	Does each conservation easement reported on line 2(d) above satisfied	sfy the requirements of section 170(h)(4)(B)(I)	
	and section 170(h)(4)(B)(li)?			Yes N
9	In Part XIII, describe how the organization reports conservation eas	sements in its revenue and expense stat	tement and	1
	balance sheet, and include, if applicable, the text of the footnote to			
	prognization's accounting for conservation essements.	-		
	III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	· Similar	Assets.
	Complete if the organization answered "Yes" on Form 990, I			
	f the organization elected, as permitted under FASB ASC 958, not		alanaa ah	nat waste
	of art, historical treasures, or other similar assets held for public ext			
,	ervice, provide in Part XIII the text of the footnote to its financial st	manual, education, of research in fulfile	vance of p	LIDING
	f the organization elected, as permitted under FASB ASC 958, to m			
	irt, historical treasures, or other similar assets held for public exhibit	luon, education, or research in furtherar	ice of publ	lic service,
	provide the following amounts relating to these items:			
- (Revenue included on Form 990, Part VIII, line 1		🖭 🕏	
. (ii) Assets Included in Form 990, Part X	19984199449944494449441994149944499	🕪 \$	
	the organization received or held works of art, historical treasures,		n, provide	
	he following amounts required to be reported under FASB ASC 958		_	
e F	evenue included on Form 990, Part VIII, line 1		🕪 \$	
b /	asets included in Form 990, Part X		» s	
A F	or Paperwork Reduction Act Notice, see the instructions for Fo	rm 990.		chedule D (Form 990) 2021

132051 10-28-21

	hedule D (Form 990) 2021 MARS H	ILL BROADCA	ASTING CO.	INC.		41 11	<u> 22-2:</u>	<u> 23407(</u>	5 Page
	Organizations Maintaining								ued)
2	Using the organization's acquisition, access	sion, and other reco	rds, check any of ti	he following the	at make	significant (ase of its	3	
	collection items (check all that apply):								
	a Public exhibition			exchange prog	ram				
	b Scholarly research		Other_						
	c Preservation for future generations								
4	Provide a description of the organization's						se in Par	t XIII.	
5	During the year, did the organization solicit				er simils	ar assets	-	-	
E S	to be sold to raise funds rather than to be n	naintained as part of	the organization's	collection?				Yes	L N
11	art IV Escrow and Custodial Arrai reported an amount on Form 990, P.	n gernents. Comp art Y line 21	lete if the organiza	tion answered	"Yea" o	n Form 990,	, Part IV,	line 9, or	
4	a is the organization an agent, trustee, custor		diane for contribution			h landi salasal			
								٦.,,	
	on Form 990, Part X? b if "Yes," explain the arrangement in Part XII	l and complete the fo				****************	Ц	_ Yes	ш
	b ii ree, expani die anangement in Fart XII	i and complete the ic	and san is remie:					Amount	
	Beginning balance	•				100		AHOUIL	_
	d Additions during the year		,,,,			1d			
	Distributions during the year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				10			
1	Ending balance	800 D-+V II				1f		7	
2							🖵	Yes	⊢ \
D:	If Yes," explain the arrangement in Part XIII Endowment Funds, Complete	Check nere if the ex	planation has bee	n provided on	Part XIII	-3414-1-0000			السل
1/2	Lindown Belle Fullus. Complete						ana banki	L A Parent	
	Barbarba et es 1 ((a) Current year	(b) Prior year	(o) Two year	rs dack	(d) inrea ye	SL2 DSCK	(a) rour y	tars dad
14				_			_		
ŀ	Contributions			-					
C	Net investment earnings, gains, and losses			-					
C	Grants or scholarships	-		-					
	Other expenditures for facilities				- 1				
	and programs				-				
f	Administrative expenses			-					
g	End of year balance			1					
2	Provide the estimated percentage of the our			a)) held as:					
	Board designated or quasi-endowment		_%						
þ		%							
C	Term endowment								
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administers	ed for the	e organizatio	n	_	
	by:							Y	ee No
	(i) Unrelated organizations							3a(I)	
	(ii) Related organizations							3e(II)	
þ	If "Yes" on line 3a(ii), are the related organizat	tiona listed as require	d on Schedule R?					3b	
4_	Describe in Part XIII the intended uses of the		rment funds.						
al	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. 8	See Form 990,	Part X, I	ine 10.			
	Description of property	(a) Cost or oti		t or other	(e) Ac	cumulated		(d) Book v	alue
		basis (investm	ent) besis	(other)	dep	reclation			
	Land		5	7,621.	- 5			57,	621.
Ь	Buildings		54	1,524.	2	50,195		291,	
a	Leasehold improvements			- A					
_			1.77	0,237.	1 5	54,250		215	987.
	Equipment			0,43/1		JE, AJV	• 1	4.0	
d	Equipment			0,2371	1,5	JE, 230	†	213,	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

Schedule D (Fo	orm 990) 202	1	MARS	HILL	BROADC	ASTING	CO,	INC.	22-22	34076 Page !
Schedule D Fe	Supplemen	tal Info	rmation	(continuea	9					
030M V*	T T T	25	O#11		· (1111)	σ.				
PART XI	I, LINE	2D -	- OTHER	R ADJU	STMENT	S:				
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MARS HILL BROADCASTING CO, INC.

Employer Identification number 22-2234076

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SECONDARILY THROUGH SOCIAL MEDIA AND INTERNET VIDEOS PLUS CONCERTS,
PRESENTATION, LITERATURE DISTRIBUTION AND PARTICIPATION IN AND
PROMOTION OF LOCAL COMMUNITY MINISTRIES.
FORM 990, PART VI, SECTION B, LINE 11B:
TREASURER AND BOARD MEMBERS REVIEW FORM 990 BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
POLICY IS REVIEWED AT LEAST ANNUALLY FOR COMPLIANCE.
FORM 990, PART VI, SECTION B, LINE 15:
GENERAL MANAGER USES COMPARATIVE DATA, REVIEW OF DUTIES, ETC.
BOARD MEMEBERS USE COMPARATIVE DATA, REVIEW OF DUTIES, ETC.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.
FORM 990 PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
-

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name MARS HILL BROADCASTING CO, INC.	Employer Identification Number 22-2234076	
Based on the information provided with this return, the following are possible carryover amounts to		
FEDERAL NET POSITIVE ACE ADJUSTMENT		68.
FEDERAL PRE-2018 NET OPERATING LOSS		
PEDBARE PRE-2016 MET OPERATING LOSS	8,3	90.
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DULE	Used for	Amount Used for
	Used for	Amount Used for
	Used for Used for	Amount Used for Used for
	d for Used for	Amount Jor Used for

05/32/19 05/32/19 Control Co	Section 3	Year Original	9	Amount Used for	Amount	Amount I had for	DETAIL CARRYOVER SCHEDULE	Amount	Amount	Amount		Amount
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Detail S Used for Use		II l						Name and Address of the Owner, where				1
			Used for	Used for	Amount Used for	Amount Used for	Amount Used for	Amount. Used for	Amount Used for	Amount Used for	45	Amount Used for
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		TOTAL STATE		D.	The second second					-	L	
		The Person Name of Street, or other Persons				100000			No. of Control of Cont	STATE OF THE PARTY		

04-01-21