

2022 Tax Returns

Golden Valley Community Broadcasters



Client Copy

Horton McNulty & Saeteurn, LLP
55 Independence Circle
Chico, CA 95973
530-588-7427

May 14, 2024

CONFIDENTIAL

Golden Valley Community
Broadcasters
P.O. Box 3173
Chico, CA 95927

Dear Grant:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Annual Registration Renewal Fee Report (Form RRF-1)
California Exempt Organization Annual Information Return (Form 199)

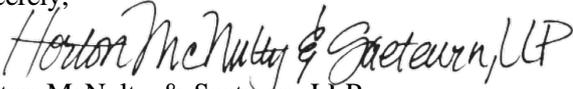
We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,


Horton McNulty & Saeteurn, LLP

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Filing Instructions

Golden Valley Community Broadcasters

Exempt Organization Tax Return

Taxable Year Ended June 30, 2023

Date Due: May 15, 2024

Remittance: None is required. Your Form 990 for the tax year ended 6/30/23 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Horton McNulty & Saeturn, LLP
55 Independence Circle
Chico, CA 95973

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Client Copy

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Golden Valley Community Broadcasters

EIN or SSN

94-3054146

Name and title of officer or person subject to tax

**Grant Parks
General Manager**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>545,504</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Horton McNulty & Saeteurn, LLP to enter my PIN 54146 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date 05/14/24

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68844002122

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Joy L. McNulty

Date 05/14/24

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAA

Form **8879-TE** (2022)

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Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2022 calendar year, or tax year beginning **07/01/22**, and ending **06/30/23**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Golden Valley Community Broadcasters**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 3173
 City or town, state or province, country, and ZIP or foreign postal code
Chico CA 95927

D Employer identification number: **94-3054146**

E Telephone number: **530-895-0706**

G Gross receipts: **545,504**

F Name and address of principal officer:
Grant Parks
341 Broadway Suite 411
Chico CA 95928

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.kzfr.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1985**

M State of legal domicile: **CA**

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: It is the mission of KZFR to enlighten, entertain, inform and educate our listeners in support of community.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	93
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	248,808	402,444
	9 Program service revenue (Part VIII, line 2g)	138,975	131,604
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	635	1,174
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,781	10,282
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	391,199	545,504
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,750
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	133,011	170,221
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b Total fundraising expenses (Part IX, column (D), line 25)	61,060	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	159,527	287,653
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	292,538	461,624
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	98,661	83,880
	20 Total assets (Part X, line 16)	764,869	911,673
	21 Total liabilities (Part X, line 26)	37,913	63,456
	22 Net assets or fund balances. Subtract line 21 from line 20	726,956	848,217

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **Grant Parks** Date: _____
 Type or print name and title: **General Manager**

Paid Preparer Use Only

Print/Type preparer's name: **Joy L. McNulty** Preparer's signature: **Joy L. McNulty** Date: **05/14/24** Check if self-employed PTIN: **P01429686**

Firm's name: **Horton McNulty & Sateurn, LLP** Firm's EIN: **83-2061628**
 Firm's address: **55 Independence Circle**
Chico, CA 95973 Phone no.: **530-588-7427**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

It is the mission of KZFR to enlighten, entertain, inform and educate our listeners in support of community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **238,431** including grants of \$ **3,750**) (Revenue \$ **131,604**)

See Schedule O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **238,431**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
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, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	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>		X
c	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>		X
d	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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
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>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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, Part III</i>		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part 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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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	2a	6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
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).		
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?	7a	X
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 to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
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	
9	Sponsoring organizations maintaining donor advised funds.		
a	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	
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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
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	X
17	Section 501(c)(21) organizations. Did the trust, 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	

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

Section A. Governing Body and Management

		Yes	No
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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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
10b	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	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
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
16b	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

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

Grant Parks
Chico

341 Broadway Suite 411

CA 95928

530-895-0706

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Grant Parks	40.00									
General Manager	0.00			X			55,646	0	8,544	
(2) Rob Davidson	1.00									
Chair	0.00	X		X			0	0	0	
(3) Karl Ory	1.00									
Vice Chair	0.00	X		X			0	0	0	
(4) Michael McGinnis	1.00									
Treasurer	0.00	X		X			0	0	0	
(5) Jeannie Trizzino	1.00									
Secretary	0.00	X		X			0	0	0	
(6) Laura Lukes	1.00									
Director	0.00	X					0	0	0	
(7) Sarah Downs	1.00									
Director	0.00	X					0	0	0	
(8) Francene Kennedy	1.00									
Director	0.00	X					0	0	0	
(9) Elizabeth Daniels	1.00									
Director	0.00	X					0	0	0	
(10) Mary Tribbey	1.00									
Director	0.00	X					0	0	0	
(11)										

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)	74,463				
	1f All other contributions, gifts, grants, and similar amounts not included above	327,981				
	1g Noncash contributions included in lines 1a-1f	\$				
	1g Total. Add lines 1a-1f		402,444			
Program Service Revenue	2a Underwriting	Business Code 515100	131,604	131,604		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		131,604			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,174		1,174	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	6b Less: rental expenses					
	6c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	7b Less: cost or other basis and sales exps.					
	7c Gain or (loss)					
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	8b Less: direct expenses					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						
	9b Less: direct expenses					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10b Less: cost of goods sold					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a Other income	Business Code 900099	10,282	10,282		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		10,282			
12 Total revenue. See instructions		545,504	141,886	0	1,174	

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

Do not include amounts reported on lines 6b, 7b, 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	3,750	3,750		
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	68,600	15,092	37,730	15,778
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	87,161	19,175	47,939	20,047
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,589	350	874	365
10 Payroll taxes	12,871	2,832	7,079	2,960
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,895		17,895	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)				
12 Advertising and promotion	39,436	39,436		
13 Office expenses	16,386	3,605	9,012	3,769
14 Information technology				
15 Royalties				
16 Occupancy	73,534	43,844	20,810	8,880
17 Travel	596		596	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,157	8,157		
23 Insurance	8,276	1,821	4,552	1,903
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Special events	46,033	46,033		
b Broadcast expenses	30,489	30,489		
c Outside services	12,507	8,755	3,752	
d Telephone	5,781	1,271	3,180	1,330
e All other expenses	28,563	13,821	8,714	6,028
25 Total functional expenses. Add lines 1 through 24e	461,624	238,431	162,133	61,060
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	662,453	1	178,032	
	2	Savings and temporary cash investments	64,655	2	562,668	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	5,416	4	2,910	
	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		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net	3,228	7	2,066	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	10,888	9	7,019	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	269,409		
	b	Less: accumulated depreciation	10b	164,988	10c	104,421
	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		14		
	15	Other assets. See Part IV, line 11	12,291	15	54,557	
16	Total assets. Add lines 1 through 15 (must equal line 33)	764,869	16	911,673		
Liabilities	17	Accounts payable and accrued expenses	12,826	17	10,457	
	18	Grants payable		18		
	19	Deferred revenue	25,087	19	7,411	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other 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		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	45,588	
	26	Total liabilities. Add lines 17 through 25	37,913	26	63,456	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	726,956	27	848,217	
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	726,956	32	848,217	
33	Total liabilities and net assets/fund balances	764,869	33	911,673		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	545,504
2	Total expenses (must equal Part IX, column (A), line 25)	2	461,624
3	Revenue less expenses. Subtract line 2 from line 1	3	83,880
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	726,956
5	Net unrealized gains (losses) on investments	5	-1,937
6	Donated services and use of facilities	6	39,318
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	848,217

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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. 1545-0047

2022

Open to Public Inspection

Name of the organization Golden Valley Community Broadcasters	Employer identification number 94-3054146
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 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

Table with 3 columns: Description, Value, Percentage. Row 14: Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %; Row 15: Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	213,295	335,124	519,161	248,808	402,444	1,718,832
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	107,770	106,204	118,380	139,610	131,604	603,568
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	321,065	441,328	637,541	388,418	534,048	2,322,400
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.)						2,322,400

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	321,065	441,328	637,541	388,418	534,048	2,322,400
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	190	315	1		1,174	1,680
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	190	315	1		1,174	1,680
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	321,255	441,643	637,542	388,418	535,222	2,324,080

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 2022 (line 8, column (f), divided by line 13, column (f))	15	99.93 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	99.90 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. 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

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

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)? <i>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).</i>		
1		

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?		
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 organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

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).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part 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 trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Section D – Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		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) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See 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 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
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. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (Golden Valley Community Broadcasters) and Employer identification number (94-3054146)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

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

- [X] 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 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. [] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization Golden Valley Community	Employer identification number 94-3054146
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Corporation for Public Broadcasting 401 Ninth Street, NW Washington DC 20004-2129	\$ 96,516	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Charlotte J Herzfeld Irrevocable Trust 523 17th Ave. San Francisco CA 94121	\$ 13,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Golden Valley Community Broadcasters

Employer identification number

94-3054146

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		61,658	23,142	38,516
d Equipment		200,421	135,511	64,910
e Other		7,330	6,335	995
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				104,421

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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 Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Operating Lease Asset	41,397
(2) Endowment Funds	12,540
(3) Deposits	620
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	54,557

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Operating Lease Liability	45,588
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	45,588

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization Golden Valley Community Broadcasters	Employer identification number 94-3054146
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Form 990, Part I, Line 6

Radio Programmers, Committee Members, Board of Directors

Form 990, Part III, Line 4a - First Accomplishment

Trained members of the community in best broadcasting practices and the use
of the radio medium.

Provided alternative news and information.

Promoted the expression of ideas without close creative control or
commercial consideration.

Maintained an organization that reflects the diversity of interests in the
station's broadcast area.

Developed working relationships with other community organizations.

Cultivated a respectful and collaborative working environment.

Developed adequate financial support from the listeners we serve.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The form 990 is reviewed by the executive director, board treasurer, and
bookkeeper prior to submission to full board for review and approval.

Name of the organization Golden Valley Community	Employer identification number 94-3054146
--	---

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Written policy requires employees, board members, and volunteers to disclose to the executive director in-fact or potential conflicts of interest. Executive director determines the proper course of action and, if appropriate, consults with the board of directors.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The compensation procedure for officer/general manager is provided for in the bylaws and is required to be analyzed, reviewed and approved by the board of directors. The board of directors serve without compensation as required by the bylaws.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are furnished upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Direct event expenses	\$ -46,033
Direct event expenses	\$ 46,033

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment
Sequence No. **179**

Name(s) shown on return **Golden Valley Community Broadcasters**

Identifying number
94-3054146

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,157

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,157
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

DAA

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There are no amounts for Page 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	MAIN ANTENNA	1/01/88	9,519			9,519	5 MO S/L	9,519	0
2	RADIO STATION TOWER	1/01/94	6,817			6,817	15 MO S/L	6,817	0
3	TOWER IMPROVEMENTS	1/01/90	334			334	15 MO S/L	334	0
5	TANK HOOK UP & MATERIAL	3/18/02	671			671	5 MO S/L	671	0
6	AIR CONDITIONING	4/23/02	1,160			1,160	7 MO S/L	1,160	0
7	AIR CONDITIONING	4/23/02	4,160			4,160	7 MO S/L	4,160	0
8	AIR CONDITIONING	4/23/02	1,357			1,357	7 MO S/L	1,357	0
9	TELEPHONE SYSTEM	12/16/04	3,330			3,330	5 MO S/L	3,330	0
10	TURNTABLE & RELAYS	2/10/05	687			687	5 MO S/L	687	0
11	MICROPHONES (2)	2/13/06	996			996	5 MO S/L	996	0
12	COMPRESSOR	10/19/06	1,858			1,858	7 MO S/L	1,858	0
13	REMOTE BROADCAST EQUIP	3/29/07	11,144			11,144	5 MO S/L	11,144	0
14	BROADCAST EQUIP	3/12/09	27,772			27,772	5 MO S/L	27,772	0
15	BROADCAST EQUIP	3/20/09	9,442			9,442	5 MO S/L	9,442	0
16	BROADCAST EQUIP	3/20/09	2,786			2,786	5 MO S/L	2,786	0
17	ROUTER BOX/CABLING	5/20/09	2,363			2,363	5 MO S/L	2,363	0
18	STUDIO COUNTER	5/19/09	650			650	7 MO S/L	650	0
19	CARPETING	6/11/09	1,000			1,000	7 MO S/L	1,000	0
20	COUNTER	6/23/09	655			655	7 MO S/L	655	0
21	HVAC	6/29/09	6,880			6,880	7 MO S/L	6,880	0
22	IMPROVEMENTS (PAYABLES)	6/30/09	2,256			2,256	7 MO S/L	2,256	0
23	TELE UPGRADE	8/10/09	1,420			1,420	5 MO S/L	1,420	0
24	BROADCAST EQUIP	9/11/09	632			632	5 MO S/L	632	0
25	BROADCAST EQUIP	10/06/09	600			600	5 MO S/L	600	0
26	BROADCAST EQUIP	9/21/11	2,073			2,073	5 MO S/L	2,073	0
27	BROADCAST CONSOLE KIT	5/10/12	599			599	5 MO S/L	599	0
28	BROADCAST CONSOLE	5/10/12	3,195			3,195	5 MO S/L	3,195	0
29	SINGLE DIGITAL HYBRID	8/02/12	705			705	5 MO S/L	705	0
30	30 WATT FM EXCITER	1/16/13	2,683			2,683	5 MO S/L	2,683	0
31	FM EXCITER/TRANSMITTER	12/05/13	3,697			3,697	5 MO S/L	3,697	0
32	TRANSMITTER	12/31/13	28,526			28,526	5 MO S/L	28,526	0
33	HVAC TRANS TOWER	2/21/14	3,015			3,015	7 MO S/L	3,015	0
34	SINGLE DIGITAL HYBRID	8/22/14	695			695	5 MO S/L	695	0
35	SERVER	1/13/17	804			804	5 MO S/L	804	0
36	BROADCAST SERVER	12/11/17	9,372			9,372	5 MO S/L	8,590	782
37	KOHLER 200AMP GEN	7/01/19	4,465			4,465	5 MO S/L	2,679	893
38	LOGIC ADV WORKSTATIONS 2	3/18/20	1,814			1,814	5 MO S/L	817	362
39	EQUIPMENT	1/01/22	2,637			2,637	5 MO S/L	264	527
40	OFFICE CHAIRS (11)	12/12/22	1,126			1,126	5 MO S/L	0	131
41	TRANSMITTER	8/31/22	2,356			2,356	5 MO S/L	0	393
42	KOHLER 14KW GENERATOR	5/08/23	6,431			6,431	5 MO S/L	0	214
43	KOHLER 20KW GENERATOR	4/20/23	15,511			15,511	5 MO S/L	0	517
44	DIGITAL FM TRANSMITTER	8/11/22	42,233			42,233	10 MO S/L	0	3,871
45	HVAC - 3 WALL MINI-SPLITS	5/08/23	13,745			13,745	7 MO S/L	0	327
46	IMPROVEMENTS - GENERATOR STRU	6/01/23	25,238			25,238	15 MO S/L	0	140
Total Other Depreciation			269,409			269,409		156,831	8,157
Total ACRS and Other Depreciation			269,409			269,409		156,831	8,157
Grand Totals			269,409			269,409		156,831	8,157
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			269,409			269,409		156,831	8,157

CA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other Depreciation:								
1	MAIN ANTENNA	1/01/88	9,519	9,519	9,519	0	0	0
2	RADIO STATION TOWER	1/01/94	6,817	6,817	6,817	0	0	0
3	TOWER IMPROVEMENTS	1/01/90	334	334	334	0	0	0
5	TANK HOOK UP & MATERIAL	3/18/02	671	671	671	0	0	0
6	AIR CONDITIONING	4/23/02	1,160	1,160	1,160	0	0	0
7	AIR CONDITIONING	4/23/02	4,160	4,160	4,160	0	0	0
8	AIR CONDITIONING	4/23/02	1,357	1,357	1,357	0	0	0
9	TELEPHONE SYSTEM	12/16/04	3,330	3,330	3,330	0	0	0
10	TURNTABLE & RELAYS	2/10/05	687	687	687	0	0	0
11	MICROPHONES (2)	2/13/06	996	996	996	0	0	0
12	COMPRESSOR	10/19/06	1,858	1,858	1,858	0	0	0
13	REMOTE BROADCAST EQUIP	3/29/07	11,144	11,144	11,144	0	0	0
14	BROADCAST EQUIP	3/12/09	27,772	27,772	27,772	0	0	0
15	BROADCAST EQUIP	3/20/09	9,442	9,442	9,442	0	0	0
16	BROADCAST EQUIP	3/20/09	2,786	2,786	2,786	0	0	0
17	ROUTER BOX/CABLING	5/20/09	2,363	2,363	2,363	0	0	0
18	STUDIO COUNTER	5/19/09	650	650	650	0	0	0
19	CARPETING	6/11/09	1,000	1,000	1,000	0	0	0
20	COUNTER	6/23/09	655	655	655	0	0	0
21	HVAC	6/29/09	6,880	6,880	6,880	0	0	0
22	IMPROVEMENTS (PAYABLES)	6/30/09	2,256	2,256	2,256	0	0	0
23	TELE UPGRADE	8/10/09	1,420	1,420	1,420	0	0	0
24	BROADCAST EQUIP	9/11/09	632	632	632	0	0	0
25	BROADCAST EQUIP	10/06/09	600	600	600	0	0	0
26	BROADCAST EQUIP	9/21/11	2,073	2,073	2,073	0	0	0
27	BROADCAST CONSOLE KIT	5/10/12	599	599	599	0	0	0
28	BROADCAST CONSOLE	5/10/12	3,195	3,195	3,195	0	0	0
29	SINGLE DIGITAL HYBRID	8/02/12	705	705	705	0	0	0
30	30 WATT FM EXCITER	1/16/13	2,683	2,683	2,683	0	0	0
31	FM EXCITER/TRANSMITTER	12/05/13	3,697	3,697	3,697	0	0	0
32	TRANSMITTER	12/31/13	28,526	28,526	28,526	0	0	0
33	HVAC TRANS TOWER	2/21/14	3,015	3,015	3,015	0	0	0
34	SINGLE DIGITAL HYBRID	8/22/14	695	695	695	0	0	0
35	SERVER	1/13/17	804	804	804	0	0	0
36	BROADCAST SERVER	12/11/17	9,372	9,372	8,591	781	782	1
37	KOHLER 200AMP GEN	7/01/19	4,465	4,465	2,679	893	893	0
38	LOGIC ADV WORKSTATIONS 2	3/18/20	1,814	1,814	816	363	362	-1
39	EQUIPMENT	1/01/22	2,637	2,637	264	527	527	0
40	OFFICE CHAIRS (11)	12/12/22	1,126	1,126	0	131	131	0
41	TRANSMITTER	8/31/22	2,356	2,356	0	393	393	0
42	KOHLER 14KW GENERATOR	5/08/23	6,431	6,431	0	214	214	0
43	KOHLER 20KW GENERATOR	4/20/23	15,511	15,511	0	517	517	0
44	DIGITAL FM TRANSMITTER	8/11/22	42,233	42,233	0	3,871	3,871	0
45	HVAC - 3 WALL MINI-SPLITS	5/08/23	13,745	13,745	0	327	327	0
46	IMPROVEMENTS - GENERATOR STRU	6/01/23	25,238	25,238	0	140	140	0
Total Other Depreciation			269,409	269,409	156,831	8,157	8,157	0
Total ACRS and Other Depreciation			269,409	269,409	156,831	8,157	8,157	0
Grand Totals			269,409	269,409	156,831	8,157	8,157	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			269,409	269,409	156,831	8,157	8,157	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	MAIN ANTENNA	1/01/88	0				0 0 HY	0	0
2	RADIO STATION TOWER	1/01/94	0				0 0 HY	0	0
3	TOWER IMPROVEMENTS	1/01/90	0				0 0 HY	0	0
5	TANK HOOK UP & MATERIAL	3/18/02	0				0 0 HY	0	0
6	AIR CONDITIONING	4/23/02	0				0 0 HY	0	0
7	AIR CONDITIONING	4/23/02	0				0 0 HY	0	0
8	AIR CONDITIONING	4/23/02	0				0 0 HY	0	0
9	TELEPHONE SYSTEM	12/16/04	0				0 0 HY	0	0
10	TURNTABLE & RELAYS	2/10/05	0				0 0 HY	0	0
11	MICROPHONES (2)	2/13/06	0				0 0 HY	0	0
12	COMPRESSOR	10/19/06	0				0 0 HY	0	0
13	REMOTE BROADCAST EQUIP	3/29/07	0				0 0 HY	0	0
14	BROADCAST EQUIP	3/12/09	0				0 0 HY	0	0
15	BROADCAST EQUIP	3/20/09	0				0 0 HY	0	0
16	BROADCAST EQUIP	3/20/09	0				0 0 HY	0	0
17	ROUTER BOX/CABLING	5/20/09	0				0 0 HY	0	0
18	STUDIO COUNTER	5/19/09	0				0 0 HY	0	0
19	CARPETING	6/11/09	0				0 0 HY	0	0
20	COUNTER	6/23/09	0				0 0 HY	0	0
21	HVAC	6/29/09	0				0 0 HY	0	0
22	IMPROVEMENTS (PAYABLES)	6/30/09	0				0 0 HY	0	0
23	TELE UPGRADE	8/10/09	0				0 0 HY	0	0
24	BROADCAST EQUIP	9/11/09	0				0 0 HY	0	0
25	BROADCAST EQUIP	10/06/09	0				0 0 HY	0	0
26	BROADCAST EQUIP	9/21/11	0				0 0 HY	0	0
27	BROADCAST CONSOLE KIT	5/10/12	0				0 0 HY	0	0
28	BROADCAST CONSOLE	5/10/12	0				0 0 HY	0	0
29	SINGLE DIGITAL HYBRID	8/02/12	0				0 0 HY	0	0
30	30 WATT FM EXCITER	1/16/13	0				0 0 HY	0	0
31	FM EXCITER/TRANSMITTER	12/05/13	0				0 0 HY	0	0
32	TRANSMITTER	12/31/13	0				0 0 HY	0	0
33	HVAC TRANS TOWER	2/21/14	0				0 0 HY	0	0
34	SINGLE DIGITAL HYBRID	8/22/14	0				0 0 HY	0	0
35	SERVER	1/13/17	0				0 0 HY	0	0
36	BROADCAST SERVER	12/11/17	0				0 0 HY	0	0
37	KOHLER 200AMP GEN	7/01/19	0				0 0 HY	0	0
38	LOGIC ADV WORKSTATIONS 2	3/18/20	0				0 0 HY	0	0
39	EQUIPMENT	1/01/22	2,637			2,637	5 MO S/L	264	527
40	OFFICE CHAIRS (11)	12/12/22	0			0	0 HY	0	0
41	TRANSMITTER	8/31/22	0			0	0 HY	0	0
42	KOHLER 14KW GENERATOR	5/08/23	0			0	0 HY	0	0
43	KOHLER 20KW GENERATOR	4/20/23	0			0	0 HY	0	0
44	DIGITAL FM TRANSMITTER	8/11/22	0			0	0 HY	0	0
45	HVAC - 3 WALL MINI-SPLITS	5/08/23	0			0	0 HY	0	0
46	IMPROVEMENTS - GENERATOR STRU	6/01/23	0			0	0 HY	0	0
	Total Other Depreciation		<u>2,637</u>			<u>2,637</u>		<u>264</u>	<u>527</u>
	Total ACRS and Other Depreciation		<u>2,637</u>			<u>2,637</u>		<u>264</u>	<u>527</u>
	Grand Totals		2,637			2,637		264	527
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>2,637</u>			<u>2,637</u>		<u>264</u>	<u>527</u>

Client Copy

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	MAIN ANTENNA	1/01/88	9,519	0	0
2	RADIO STATION TOWER	1/01/94	6,817	0	0
3	TOWER IMPROVEMENTS	1/01/90	334	0	0
5	TANK HOOK UP & MATERIAL	3/18/02	671	0	0
6	AIR CONDITIONING	4/23/02	1,160	0	0
7	AIR CONDITIONING	4/23/02	4,160	0	0
8	AIR CONDITIONING	4/23/02	1,357	0	0
9	TELEPHONE SYSTEM	12/16/04	3,330	0	0
10	TURNTABLE & RELAYS	2/10/05	687	0	0
11	MICROPHONES (2)	2/13/06	996	0	0
12	COMPRESSOR	10/19/06	1,858	0	0
13	REMOTE BROADCAST EQUIP	3/29/07	11,144	0	0
14	BROADCAST EQUIP	3/12/09	27,772	0	0
15	BROADCAST EQUIP	3/20/09	9,442	0	0
16	BROADCAST EQUIP	3/20/09	2,786	0	0
17	ROUTER BOX/CABLING	5/20/09	2,363	0	0
18	STUDIO COUNTER	5/19/09	650	0	0
19	CARPETING	6/11/09	1,000	0	0
20	COUNTER	6/23/09	655	0	0
21	HVAC	6/29/09	6,880	0	0
22	IMPROVEMENTS (PAYABLES)	6/30/09	2,256	0	0
23	TELE UPGRADE	8/10/09	1,420	0	0
24	BROADCAST EQUIP	9/11/09	632	0	0
25	BROADCAST EQUIP	10/06/09	600	0	0
26	BROADCAST EQUIP	9/21/11	2,073	0	0
27	BROADCAST CONSOLE KIT	5/10/12	599	0	0
28	BROADCAST CONSOLE	5/10/12	3,195	0	0
29	SINGLE DIGITAL HYBRID	8/02/12	705	0	0
30	30 WATT FM EXCITER	1/16/13	2,683	0	0
31	FM EXCITER/TRANSMITTER	12/05/13	3,697	0	0
32	TRANSMITTER	12/31/13	28,526	0	0
33	HVAC TRANS TOWER	2/21/14	3,015	0	0
34	SINGLE DIGITAL HYBRID	8/22/14	695	0	0
35	SERVER	1/13/17	804	0	0
36	BROADCAST SERVER	12/11/17	9,372	0	0
37	KOHLER 200AMP GEN	7/01/19	4,465	893	0
38	LOGIC ADV WORKSTATIONS 2	3/18/20	1,814	363	0
39	EQUIPMENT	1/01/22	2,637	528	528
40	OFFICE CHAIRS (11)	12/12/22	1,126	226	0
41	TRANSMITTER	8/31/22	2,356	471	0
42	KOHLER 14KW GENERATOR	5/08/23	6,431	1,287	0
43	KOHLER 20KW GENERATOR	4/20/23	15,511	3,102	0
44	DIGITAL FM TRANSMITTER	8/11/22	42,233	4,224	0
45	HVAC - 3 WALL MINI-SPLITS	5/08/23	13,745	1,964	0
46	IMPROVEMENTS - GENERATOR STRUCTU	6/01/23	25,238	1,683	0
Total Other Depreciation			<u>269,409</u>	<u>14,741</u>	<u>528</u>
Total ACRS and Other Depreciation			<u>269,409</u>	<u>14,741</u>	<u>528</u>
Grand Totals			<u>269,409</u>	<u>14,741</u>	<u>528</u>

Asset	Description	Date In Service	Cost	CA
Other Depreciation:				
1	MAIN ANTENNA	1/01/88	9,519	0
2	RADIO STATION TOWER	1/01/94	6,817	0
3	TOWER IMPROVEMENTS	1/01/90	334	0
5	TANK HOOK UP & MATERIAL	3/18/02	671	0
6	AIR CONDITIONING	4/23/02	1,160	0
7	AIR CONDITIONING	4/23/02	4,160	0
8	AIR CONDITIONING	4/23/02	1,357	0
9	TELEPHONE SYSTEM	12/16/04	3,330	0
10	TURNTABLE & RELAYS	2/10/05	687	0
11	MICROPHONES (2)	2/13/06	996	0
12	COMPRESSOR	10/19/06	1,858	0
13	REMOTE BROADCAST EQUIP	3/29/07	11,144	0
14	BROADCAST EQUIP	3/12/09	27,772	0
15	BROADCAST EQUIP	3/20/09	9,442	0
16	BROADCAST EQUIP	3/20/09	2,786	0
17	ROUTER BOX/CABLING	5/20/09	2,363	0
18	STUDIO COUNTER	5/19/09	650	0
19	CARPETING	6/11/09	1,000	0
20	COUNTER	6/23/09	655	0
21	HVAC	6/29/09	6,880	0
22	IMPROVEMENTS (PAYABLES)	6/30/09	2,256	0
23	TELE UPGRADE	8/10/09	1,420	0
24	BROADCAST EQUIP	9/11/09	632	0
25	BROADCAST EQUIP	10/06/09	600	0
26	BROADCAST EQUIP	9/21/11	2,073	0
27	BROADCAST CONSOLE KIT	5/10/12	599	0
28	BROADCAST CONSOLE	5/10/12	3,195	0
29	SINGLE DIGITAL HYBRID	8/02/12	705	0
30	30 WATT FM EXCITER	1/16/13	2,683	0
31	FM EXCITER/TRANSMITTER	12/05/13	3,697	0
32	TRANSMITTER	12/31/13	28,526	0
33	HVAC TRANS TOWER	2/21/14	3,015	0
34	SINGLE DIGITAL HYBRID	8/22/14	695	0
35	SERVER	1/13/17	804	0
36	BROADCAST SERVER	12/11/17	9,372	0
37	KOHLER 200AMP GEN	7/01/19	4,465	893
38	LOGIC ADV WORKSTATIONS 2	3/18/20	1,814	363
39	EQUIPMENT	1/01/22	2,637	528
40	OFFICE CHAIRS (11)	12/12/22	1,126	226
41	TRANSMITTER	8/31/22	2,356	471
42	KOHLER 14KW GENERATOR	5/08/23	6,431	1,287
43	KOHLER 20KW GENERATOR	4/20/23	15,511	3,102
44	DIGITAL FM TRANSMITTER	8/11/22	42,233	4,224
45	HVAC - 3 WALL MINI-SPLITS	5/08/23	13,745	1,964
46	IMPROVEMENTS - GENERATOR STRUCTU	6/01/23	25,238	1,683
	Total Other Depreciation		<u>269,409</u>	<u>14,741</u>
	Total ACRS and Other Depreciation		<u>269,409</u>	<u>14,741</u>
	Grand Totals		<u>269,409</u>	<u>14,741</u>

Client Copy

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23		

Name **Golden Valley Community Broadcasters** Taxpayer Identification Number **94-3054146**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	158,383	327,981	169,598
	2. Membership dues and assessments			
	3. Government contributions and grants	90,425	74,463	-15,962
	4. Program service revenue	138,975	131,604	-7,371
	5. Investment income	635	1,174	539
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	2,781		-2,781
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue		10,282	10,282
	12. Total revenue. Add lines 1 through 11	391,199	545,504	154,305
Expenses	13. Grants and similar amounts paid		3,750	3,750
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	49,188	68,600	19,412
	16. Salaries, other compensation, and employee benefits	83,823	101,621	17,798
	17. Professional fundraising fees			
	18. Other professional fees	1,631	17,895	16,264
	19. Occupancy, rent, utilities, and maintenance	50,731	73,534	22,803
	20. Depreciation and Depletion	3,475	8,157	4,682
	21. Other expenses	103,690	188,067	84,377
	22. Total expenses. Add lines 13 through 21	292,538	461,624	169,086
	23. Excess or (Deficit). Subtract line 22 from line 12	98,661	83,880	-14,781
Other Information	24. Total exempt revenue	391,199	545,504	154,305
	25. Total unrelated revenue			
	26. Total excludable revenue	139,610	143,060	3,450
	27. Total assets	764,869	911,673	146,804
	28. Total liabilities	37,913	63,456	25,543
	29. Retained earnings	726,956	848,217	121,261
	30. Number of voting members of governing body	12	9	
	31. Number of independent voting members of governing body	12	9	
	32. Number of employees	7	6	
	33. Number of volunteers	103	93	

Client Copy

Form 990	Tax Return History	2022
Name Golden Valley Community Broadcasters		Employer Identification Number 94-3054146

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants			519,161	248,808	402,444	
Membership dues						
Program service revenue			118,380	138,975	131,604	
Capital gain or loss						
Investment income			1	635	1,174	
Fundraising revenue (income/loss)			1,140	2,781		
Gaming revenue (income/loss)						
Other revenue					10,282	
Total revenue			638,682	391,199	545,504	
Grants and similar amounts paid					3,750	
Benefits paid to or for members						
Compensation of officers, etc.			49,910	49,188	68,600	
Other compensation			112,703	83,823	101,621	
Professional fees			39,123	1,631	17,895	
Occupancy costs			62,146	50,731	73,534	
Depreciation and depletion			3,576	3,475	8,157	
Other expenses			113,384	103,690	188,067	
Total expenses			380,842	292,538	461,624	
Excess or (Deficit)			257,840	98,661	83,880	
Total exempt revenue			638,682	391,199	545,504	
Total unrelated revenue						
Total excludable revenue			118,381	139,610	143,060	
Total Assets			660,362	764,869	911,673	
Total Liabilities			40,642	37,913	63,456	
Net Fund Balances			619,720	726,956	848,217	

Federal Statements

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest	\$ 1,174		14			
Total	<u>\$ 1,174</u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Programming	\$ 5,680	\$ 5,680		
Bank fees	5,562	4,450	1,112	
Pledge drive	5,181			5,181
Dues & subscriptions	4,911		4,911	
Repairs & maintenance	2,896	637	1,593	666
Volunteer expense	1,928	1,928		
Miscellaneous	789	174	434	181
Taxes	729	729		
Meals & entertainment	664		664	
Licensing & permits	223	223		
Total	<u>\$ 28,563</u>	<u>\$ 13,821</u>	<u>\$ 8,714</u>	<u>\$ 6,028</u>

Filing Instructions

Golden Valley Community Broadcasters

Annual Registration Renewal Fee Report to Attorney General of California

Taxable Year Ended June 30, 2023

Date Due: May 15, 2024

Remittance: Your Form RRF-1 for the tax year ended 6/30/23 shows a balance due of \$100. Include a check payable to the Department of Justice in the amount of \$100. Write "E.I.N. 94-3054146, RRF-1 Balance Due for the year ended 6/30/23" on the check.

Mail To: Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Signature: The return should be signed and dated by an officer representing the organization.

Other: A copy of the federal return should be attached and sent with the registration renewal.

Client Copy

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 STATE OF CALIFORNIA
 RRF-1
 (Rev. 02/2021)

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

GOLDEN VALLEY COMMUNITY BROADCASTERS Name of Organization <hr/> List all DBAs and names the organization uses or has used P.O. BOX 3173 Address (Number and Street) CHICO CA 95927 City or Town, State, and ZIP Code 530-895-0706 Telephone Number GM@KZFR.ORG E-mail Address	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <hr/> State Charity Registration Number <u>62908</u> Corporation or Organization No. <u>1290617</u> Federal Employer ID No. <u>94-3054146</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/22 ending 06/30/23) list:

Total Revenue \$ 545,504 Noncash Contributions \$ 0 **Total Assets \$** 911,673
 (including noncash contributions)
Program Expenses \$ 238,431 **Total Expenses \$** 461,624

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
STMT 1		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

GRANT PARKS
GENERAL MANAGER

Signature of Authorized Agent
Printed Name
Title
Date

Client Copy

California Statements

Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding

Description

U.S. Department of the Treasury
1500 Pennsylvania Avenue, NW
Washington, D.C. 20220

Filing Instructions

Golden Valley Community Broadcasters

Form 8453-EO - California e-file Return Authorization for Exempt Organizations

Taxable Year Ended June 30, 2023

Date Due: May 15, 2024

Remittance: None is required. Your Form 199 for the tax year ended 6/30/23 shows no balance due.

Signature: Form 8453-EO should be signed and dated by an authorized officer of the organization and returned to:

Horton McNulty & Saetern, LLP
55 Independence Circle
Chico, CA 95973

Other: Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of your return to the California Franchise Tax Board, it will delay processing of your return.

Client Copy

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Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2022

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name **GOLDEN VALLEY COMMUNITY BROADCASTERS**

Identifying number **94-3054146**

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	545,504
2 Total gross income (Form 199, line 8)	2	545,504
3 Total expenses and disbursements (Form 199, line 9)	3	461,624

Part II Settle Your Account Electronically for Taxable Year 2022

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

Signature of officer

05/14/24
Date

GENERAL MANAGER
Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature **JOY L. MCNULTY**

Date

Check if also paid preparer

Check if self-employed

ERO's PTIN

P01429686

Firm's name (or yours if self-employed) and address

**HORTON MCNULTY & SAETEURN, LLP
55 INDEPENDENCE CIRCLE
CHICO CA**

Firm's FEIN

83-2061628

ZIP code

95973

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature

Date

Check if self-employed

Paid preparer's PTIN

Firm's name (or yours if self-employed) and address

Firm's FEIN

ZIP code

TAXABLE YEAR **2022** California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) **07/01/2022**, and ending (mm/dd/yyyy) **06/30/2023**

Corporation/Organization name **GOLDEN VALLEY COMMUNITY BROADCASTERS** California corporation number **1290617** FEIN **94-3054146** Street address (suite or room) **P.O. BOX 3173** City **CHICO** State **CA** Zip code **95927**

A First return [X] Yes [] No B Amended return [] Yes [X] No C IRC Section 4947(a)(1) trust [] Yes [X] No D Final information return? [] Dissolved [] Surrendered (Withdrawn) [] Merged/Reorganized E Check accounting method: (1) [] Cash (2) [X] Accrual (3) [] Other F Federal return filed? (1) [] 990T (2) [] 990PF (3) [] Sch H (990) (4) [] Other 990 series G Is this a group filing? [] Yes [X] No H Is this organization in a group exemption? [] Yes [X] No I Did the organization have any changes to its guidelines not reported to the FTB? [] Yes [X] No J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [] Yes [X] No K Is the organization exempt under R&TC Section 23701g? [] Yes [X] No L Is the organization a limited liability company? [] Yes [X] No M Did the organization file Form 100 or Form 109 to report taxable income? [] Yes [X] No N Is the organization under audit by the IRS or has the IRS audited in a prior year? [] Yes [X] No O Is federal Form 1023/1024 pending? [] Yes [X] No

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line Number, Amount, and Total. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-16). Total Receipts: 545,504. Total Expenses: 83,880. Balance due: 461,624.

Sign Here: Signature of officer, Title: GENERAL MANAGER, Date: 05/14/2024, Telephone: 530-895-0706. Paid Preparer's Use Only: Preparer's signature: JOY L. MCNULTY, Date: 05/14/2024, Firm's name: HORTON MCNULTY & SAETEURN, LLP, Address: 55 INDEPENDENCE CIRCLE, CHICO, CA 95973, Telephone: 530-588-7427.

GOLDEN VALLEY COMMUNITY

94-3054146

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	131,604	00
	2	Interest	●	2		00
	3	Dividends	●	3	1,174	00
	4	Gross rents	●	4		00
	5	Gross royalties	●	5		00
	6	Gross amount received from sale of assets (See instructions)	●	6		00
	7	Other income. Attach schedule SEE STATEMENT 1	●	7	10,282	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	143,060	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 2	●	9	3,750	00
Expenses and Disbursements	10	Disbursements to or for members	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	●	11	68,600	00
	12	Other salaries and wages	●	12	87,161	00
	13	Interest	●	13		00
	14	Taxes	●	14		00
	15	Rents	●	15	73,534	00
	16	Depreciation and depletion (See instructions)	●	16	8,157	00
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	●	17	220,422	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	461,624	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		727,108		740,700
2 Net accounts receivable		5,416		2,910
3 Net notes receivable STMT 5		3,228		2,066
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	162,769		269,409	
b Less accumulated depreciation	156,831	5,938	164,988	104,421
11 Land				
12 Other assets. Attach schedule STMT 6		23,179		61,576
13 Total assets		764,869		911,673
Liabilities and net worth				
14 Accounts payable		12,826		10,457
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 7		25,087		52,999
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		726,956		848,217
22 Total liabilities and net worth		764,869		911,673

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	●	121,261	7 Income recorded on books this year not included in this return. Attach schedule SEE STMT 9	●	-8,652
2 Federal income tax	●		8 Deductions in this return not charged against book income this year. Attach schedule	●	
3 Excess of capital losses over capital gains	●		9 Total. Add line 7 and line 8		-8,652
4 Income not recorded on books this year. Attach schedule	●		10 Net income per return. Subtract line 9 from line 6		83,880
5 Expenses recorded on books this year not deducted in this return. Attach schedule STMT 8	●	-46,033			
6 Total. Add line 1 through line 5		75,228			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (Golden Valley Community Broadcasters) and Employer identification number (94-3054146)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

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

- [X] 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 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. [] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization Golden Valley Community	Employer identification number 94-3054146
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Corporation for Public Broadcasting 401 Ninth Street, NW Washington DC 20004-2129	\$ 96,516	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Charlotte J Herzfeld Irrevocable Trust 523 17th Ave. San Francisco CA 94121	\$ 13,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

California Statements

Statement 1 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
Other income	\$ 10,282
Total	\$ 10,282

California Statements

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
1	Donation	Safe Space Chico Donation	1907 Mangrove Suite E 3,750	Chico	CA	95926		3/06/23

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
Grant Parks	341 Broadway Suite 411	Chico	CA	95928	General Manager	40.00	68,600
Rob Davidson	341 Broadway Suite 411	Chico	CA	95928	Chair	1.00	
Karl Ory	341 Broadway, Suite 411	Chico	CA	95927	Vice Chair	1.00	
Michael McGinnis	341 Broadway Suite 411	Chico	CA	95928	Treasurer	1.00	
Jeannie Trizzino	341 Broadway Suite 411	Chico	CA	95928	Secretary	1.00	
Laura Lukes	341 Broadway Suite 411	Chico	CA	95928	Director	1.00	
Sarah Downs	341 Broadway Suite 411	Chico	CA	95928	Director	1.00	
Francene Kennedy	341 Broadway Suite 411	Chico	CA	95928	Director	1.00	
Elizabeth Daniels	341 Broadway Suite 411	Chico	CA	95927	Director	1.00	
Mary Tribbey	341 Broadway Suite 411	Chico	CA	95927	Director	1.00	
Total							68,600

California Statements

Statement 4 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
Workers compensation	\$ 1,589
Payroll taxes	12,871
Accounting	17,895
postage	2,482
Bank fees	5,562
Broadcast expenses	30,489
Dues & subscriptions	4,911
Licensing & permits	223
Miscellaneous	789
Pledge drive	5,181
Programming	5,680
Repairs & maintenance	2,896
Taxes	729
Telephone	5,781
Volunteer expense	1,928
Meals & entertainment	664
Outside services	12,507
Advertising	39,436
Office exp.	13,904
Insurance	8,276
Travel	596
Special events	46,033
Total	<u>\$ 220,422</u>

Statement 5 - Form 199, Schedule L, Line 3 - Net Notes Receivable

Description	Beginning of Year	End of Year
Employee advances	\$ 3,228	\$ 2,066
Total	<u>\$ 3,228</u>	<u>\$ 2,066</u>

Statement 6 - Form 199, Schedule L, Line 12 - Other Assets

Description	Beginning of Year	End of Year
Deposits	\$ 670	\$ 620
Endowment Funds	11,621	12,540
Operating Lease Asset		41,397
Prepaid Expenses	10,888	7,019
Total	<u>\$ 23,179</u>	<u>\$ 61,576</u>

California Statements

Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Operating Lease Liability	\$ 45,588	\$ 45,588
Deferred Revenue	25,087	7,411
Total	<u>\$ 25,087</u>	<u>\$ 52,999</u>

Statement 8 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books

<u>Description</u>	<u>Amount</u>
Direct event expenses	\$ -46,033
Total	<u>\$ -46,033</u>

Statement 9 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

<u>Description</u>	<u>Amount</u>
Donated services	\$ 39,318
Net unrealized gains	-1,937
Direct event expenses	-46,033
Total	<u>\$ -8,652</u>

TAXABLE YEAR

Corporation Depreciation and Amortization

CALIFORNIA FORM

2022

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name GOLDEN VALLEY COMMUNITY BROADCASTERS	California corporation number 1290617
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1						8,157	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						8,157	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	8,157
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
OFFICE CHAIRS (11)	12/12/22	\$ 1,126	\$	S/L	5.00	\$ 131	\$
TRANSMITTER	8/31/22	2,356		S/L	5.00	393	
KOHLER 14KW GENERATOR	5/08/23	6,431		S/L	5.00	214	
KOHLER 20KW GENERATOR	4/20/23	15,511		S/L	5.00	517	
DIGITAL FM TRANSMITTER	8/11/22	42,233		S/L	10.00	3,871	
HVAC - 3 WALL MINI-SPLITS	5/08/23	13,745		S/L	7.00	327	
IMPROVEMENTS - GENERATOR STRUCTURE	6/01/23	25,238		S/L	15.00	140	
BROADCAST SERVER	12/11/17	9,372	8,591	S/L	5.00	781	
KOHLER 200AMP GEN	7/01/19	4,465	2,679	S/L	5.00	893	
LOGIC ADV WORKSTATIONS 2	3/18/20	1,814	816	S/L	5.00	363	
EQUIPMENT	1/01/22	2,637	264	S/L	5.00	527	
Total		\$ 124,928	\$ 12,350			\$ 8,157	\$ 0