

Form **CT-12**  
**For Oregon Charities**  
 For Accounting Periods Beginning in:  
**2018**

**Charitable Activities Section**  
**Oregon Department of Justice**

100 SW Market Street  
 Portland, OR 97201-5702  
 Email: charitable.activities@doj.state.or.us  
 Website: http://www.doj.state.or.us

VOICE (971) 673-1880  
 TTY (800) 735-2900  
 FAX (971) 673-1882

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<https://justice.oregon.gov/paymentportal/Account/Login>

**Section I. General Information**

1. Cross Through Incorrect Items and Correct Here:  
 (See instructions for change of name or accounting period.)

REGISTRATION #54772  
 247 MEDIA MINISTRIES  
 25375 SW PARKWAY AVE., STE 200  
 WILSONVILLE, OR 97070  
 FOR THE TAX PERIOD: 1/1/18-12/31/18

Registration #: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Period Beginning: / / Period Ending: / /

Amended Report?

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.  Yes  No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon?  Yes  No  
 If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): \_\_\_\_\_
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.  Yes  No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)  Yes  No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
DAVID HARMS	President	(971) 801-1325	25375 SW PARKWAY AVE., STE 200 WILSONVILLE, OR 97070

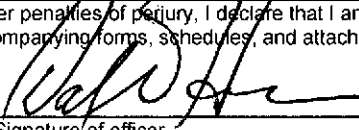
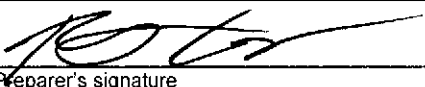
8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors for nonprofit corporations.)

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	DAVID HARMS	PRESIDENT 25 hrs/wk	\$0.00
Address:	125375 SW PARKWAY AVE., STE 200 WILSONVILLE, OR 97070		
Phone:	( 971 ) 801-1325		
Email:	david@worship247.com		
Name:	BARBARA HARMS	SECRETARY & DIRECTOR 2 hrs/wk	\$0.00
Address:	25375 SW PARKWAY AVE., STE 200 WILSONVILLE, OR 97070		
Phone:	( 971 ) 801-1325		
Email:			
Name:	ANASTASIA CARTER	TREASURER & DIRECTOR 1 hr/wk	\$0.00
Address:	25375 SW PARKWAY AVE., STE 200 WILSONVILLE, OR 97070		
Phone:	( 971 ) 801-1325		
Email:			

## Section II. Fee Calculation

<p>9. Total Revenue .....  <small>(From Line 12 (current year) on Form 990, Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions if no federal tax return was prepared or a Form 990-N was filed. <b>Attach explanation if Total Revenue is \$0.</b>)</small></p>	9.	\$0.00																	
<p>10. Revenue Fee .....  <small>(See chart below. Minimum fee is \$20, even if total revenue is a negative amount.)</small></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="width: 30%;">Amount on Line 9</th> <th style="width: 30%;">Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$20</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$50</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$90</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$150</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$200</td></tr> <tr><td>\$500,000 - \$999,999</td><td>\$300</td></tr> <tr><td>\$1,000,000 or more</td><td>\$400</td></tr> </tbody> </table>	Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400	10.	\$20.00	
Amount on Line 9	Revenue Fee																		
\$0 - \$24,999	\$20																		
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\$250,000 - \$499,999	\$200																		
\$500,000 - \$999,999	\$300																		
\$1,000,000 or more	\$400																		
<p>11. Net Assets or Fund Balances at End of the Reporting Period .....  <small>(From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate.)</small></p>	11.	\$0.00																	
<p>12. Net Fixed Assets Used to Conduct Charitable Activities .....  <small>(Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)</small></p>	12.	\$0.00																	
<p>13. Amount Subject to Net Assets or Fund Balances Fee .....  <small>(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)</small></p>	13.	\$0.00																	
<p>14. Net Assets or Fund Balances Fee .....  <small>(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. <b>Not to exceed \$2,000.</b> Round cents to the nearest whole dollar.)</small></p>	14.	\$0.00																	
<p>15. Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No .....  <small>(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)</small></p>	15.	\$0.00																	
<p>16. Total Amount Due .....  <small>(Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)</small></p>	16.	\$20.00																	

17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.

<p><b>Please Sign Here</b></p>	<p>Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.</p> <p>⇒ <u></u></p> <p>Signature of officer</p> <p><u>DAVID HARMS</u></p> <p>Officer's name (printed)</p>	<p><u>12/2/19</u></p> <p>Date</p> <p><u>PRESIDENT</u></p> <p>Title</p>
<p>Paid Preparer's Use Only</p>	<p>⇒ <u></u></p> <p>Preparer's signature</p> <p><u>ROBERT J. WOLFER</u></p> <p>Preparer's name (printed)</p>	<p><u>11/8/2019</u></p> <p>Date</p> <p><u>(503) 697-4118</u></p> <p>Phone</p> <p><u>5885 MEADOWS ROAD, NO. 200</u></p> <p>Address</p>

Line-by-line instructions for completing the annual report form can be found at <https://www.doj.state.or.us/charitable-activities/annual-reporting-for-charities/file-your-annual-report>. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to [charitable.activities@doj.state.or.us](mailto:charitable.activities@doj.state.or.us).

**Form 990-N (e-Postcard) Summary**  
**(\*\*THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY\*\*)**

Tax period beginning 01/01/2018 and ending 12/31/2018

Organization's legal name

Employer ID number

247 MEDIA MINISTRIES

83-2010858

Other names used by organization (DBA)

WORSHIP 24/7

Number and street (or P.O. box, if applicable)

Room/Suite

Telephone number

25375 SW PARKWAY AVE

200

971-801-1325

City or town, state or country and ZIP + 4

WILSONVILLE, OR 97070

Web address, if applicable WWW.WORSHIP247.COM

Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year



Check if organization is terminating (going out of business)



**Information regarding principal officer:**

Name

DAVID HARMS

Street address

25375 SW PARKWAY AVE., SUITE 200

City, state or country and ZIP + 4

WILSONVILLE, OR 97070