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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ч г	OI LITE	2023 Calendar year, or tax year beginning	enung						
	heck if	C Name of organization		D Employer identific	cation number				
	Addres	247 MEDIA MINISTRIES							
	Name change	- · · · · · · · · · · · · · · · · · · ·		83-20108	58				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r				
	Final return/	25375 SW PARKWAY AVE	200	971-801-					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,421,657.				
	Ameno return	WILSONVILLE, OR 37070		H(a) Is this a group re					
	Applic tion pendir			for subordinates? Yes X No					
		253/5 SW PARKWAY AVE., SUITE 200, WILSO	NAITT	H(b) Are all subordinates included? Yes No					
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7	list. See instructions				
	Vebsit			H(c) Group exemptio					
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2018 N	M State of legal domicile: OR				
Pa	rt I	Summary	COLLEDI	T E O					
ė	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}}}$	SCHEDU	TE O					
Activities & Governance				the a OFO/ of its and and					
/ern		Check this box if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)		_	Sets.				
છુ		Number of independent voting members of the governing body (Part VI, line 1a)		3 4	4				
∞ ′°		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5				
iţi		Total number of volunteers (estimate if necessary)			19				
ξį				7a	0.				
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)		758,647.	1,414,120.				
nue		Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34.	95.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,545.	-8,341.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		816,226.	1,405,874.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,774.	4,256.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		166,018.	273,476.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	7,500.				
жbе		Total fundraising expenses (Part IX, column (D), line 25) 168, 9		625 000	055 410				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		635,882.	855,412.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		814,674.	1,140,644.				
_ s		Revenue less expenses. Subtract line 18 from line 12		1,552.	End of Year				
ts o ince	00	Tatal assate (Dart V. line 10)	100	405,546.	639,925.				
Net Assets or und Balances	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		174,382.	143,531.				
Vet/ und/	21 22	Net assets or fund balances. Subtract line 21 from line 20		231,164.	496,394.				
_	rt II	Signature Block		231/1010	130/3310				
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of my	knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh							
Sigr	1	Signature of officer		Date					
Her	е	DAVID HARMS, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN				
Paid			R, CP	CP 05/14/24 self-employed P01299726					
	arer	Firm's name DELAP LLP		Firm's EIN 9	3-0418710				
Jse	Only	Firm's address 5885 MEADOWS ROAD, NO. 200			2 600 4442				
		LAKE OSWEGO, OR 97035		Phone no. 5 0	3-697-4118				
Иay	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Form	1 990 (2023) 247 MEDIA MINISTRIES	83-2010858 Page 2	2
Pai	rt 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:		_
	THE MISSION OF WORSHIP 24/7 IS TO IGNITE A PASSION FOR G	OD THROUGH	
	WORSHIP THAT RESULTS IN A LIFE OF GENEROSITY, DISCIPLESH		_
	EVANGELISM, GENEROSITY AND SERVICE.	•	_
			_
2	Did the organization undertake any significant program services during the year which were not listed on the		_
2		Yes X No	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
_		Vac V Na	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes A 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and	
	revenue, if any, for each program service reported.		_
4a)
	TO CREATE A RADIO STATION AND ONLINE COMMUNITY WHO EXPER		_
	THROUGH WORSHIP AND GOD'S WORD, WHICH RESULTS IN SERVICE	TO OTHERS,	_
	ESPECIALLY THE POOR.		
			_
			_
			_
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			_
4b	(Code:) (Expenses \$) (Reven	ue \$)
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			_
			_
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			_
			_
			_
			_
4-			_
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
			_
			_
			_
			_
			_
			_
			_
			_
			_
			_
			_
4d	Other program services (Describe on Schedule O.)		_
→u		1	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 874,532.	J	_
10	Total program service expenses	Form 990 (2023	31
		1 01111 000 (202)	J

Form 990 (2023) 247 MEDIA MINISTRIES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 4		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (WINISIK	
Part IV	Ch	ecklist of Requ	ire	d Schedu	iles (continued	<u>d)</u>

1 0	Continued)		Vac	No.			
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No_			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23		Х			
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? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		Х			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	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? If "Yes," complete Schedule L, Part I	25a		X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete						
	Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_			
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a	Х				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c	X				
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		<u>X</u>			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		<u> </u>			
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? If "Yes," complete Schedule R, Part I	33		<u> </u>			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37			
^-	Part V, line 1	34		<u>X</u>			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥5.					
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		—			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v			
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI						
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х				
Pai		_ JO	22				
	Check if Schedule O contains a response or note to any line in this Part V						
	C. Con Course Contains a respense of frete to dry into in the rate v		Yes	No			
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35		169	140			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 55 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
J	(gambling) winnings to prize winners?	1c					

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Form 990 (2023) 247 MEDIA MINISTRIES

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	5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х					
	D. I.			За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х				
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 Advanced in the Financi	ccour	its (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	ction?		5b		X				
	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	e orga	anization 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 contribution	ons o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).		_	7a		Х				
а										
b	, , , , , , , , , , , , , , , , , , , ,									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs req	uired			.,				
	to file Form 8282?	 I – .	 T	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7e		Х				
e	6 Did the construction of the three constructions of the construction of the									
			200 oo roquirod?	7f 7g		X				
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711						
Ü		•		8						
9	Sponsoring organizations maintaining donor advised funds.									
	a Did the sponsoring organization make any taxable distributions under section 4966?									
b										
10	Section 501(c)(7) organizations. Enter:									
а	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:									
а	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	•							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	1	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		4						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
р	Enter the amount of reserves the organization is required to maintain by the states in which the	عمد ا	1							
_	organization is licensed to issue qualified health plans	13b	1	-						
	Enter the amount of reserves on hand	13c	•	14a		х				
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15				14b						
13										
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.									
16	16. In the expeniencian on adjustical institution subject to the section 1060 excise toy on not investment income?									
	If "Yes," complete Form 4720, Schedule O.		ne?	16		X				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivitie	6							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records STACY CARTER - 503-550-1014

Form **990** (2023)

OR

27501 SW PARKWAY AVE, WILSONVILLE,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior _{more}	າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_	officer and a dir			T	100,	from the	from related	other
	(list any hours for	direct						organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID HARMS	25.00	=	=	0	~	王市	Œ			
PRESIDENT				Х				78,980.	0.	0.
(2) JAKE SCHWEIN	1.00									
BOARD MEMBER		Х						2,552.	0.	0
(3) JAMES AUTRY	1.00									
BOARD MEMBER		Х						0.	0.	0 .
(4) LARRY BRIGGS	1.00]								
CHAIRMAN OF THE BOARD				Х	<u> </u>			0.	0.	0 .
(5) KAYTIE FIEDLER	1.00									
BOARD MEMBER		Х						0.	0.	0 .
(6) ANASTASIA CARTER	1.00								_	_
TREASURER				Х				0.	0.	0.
		ł								
		$\frac{1}{1}$								
		1								
	+									
		$\frac{1}{2}$								

Section A. Officers, Directors, Tr	ustees, Key Em	<u>ploy</u>	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)	(C)						(D)	(E)		(F)
Name and title	Average	(do		Pos heck		າ than d	one	Reportable	Reportable		Estir	nated
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	n		unt of
	week	-	cer ar	iu a d	11 6010	, uus	ree)	from	from related			her
	(list any hours for	irecto						the	organizations		•	ensation
	related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	U/		n the iization
	organizations	ruste	l trus.		99,	mpen		1099-NEC)	IOSS-INEC)		•	elated
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	<u>ا</u>					zations
	line)	Indivi	Instit	Officer	Key eı	Highe	Former				J	
		1										
		_										
		₩				<u> </u>						
		1										
		₩	_			_						
		-										
		_				_						
		_										
		-										
		-										
								01 522		0.		
1b Subtotal								81,532.		0.		0.
c Total from continuation sheets to Part								81,532.		0.		0.
d Total (add lines 1b and 1c) Total number of individuals (including bu								· · ·	000 of reportable			0.
compensation from the organization	t flot illfillted to ti	1036	11516	ual	JOVE	;) vvii	O IE	ceived more than \$100,	ooo or reportable			(
compensation from the organization											Y	es No
3 Did the organization list any former office	er director trust	ee k	(ev e	empl	ove	e or	hia	hest compensated empl	ovee on	ſ		
line 1a? If "Yes," complete Schedule J fo	,	,	,		,	,	_		•		3	Х
4 For any individual listed on line 1a, is the										···		
and related organizations greater than \$											4	Х
5 Did any person listed on line 1a receive of										····		
rendered to the organization? If "Yes," Co					•			•			5	Х
Section B. Independent Contractors	<u> </u>	<u> </u>	0, 00	,0,,,	0010	011						•
1 Complete this table for your five highest	compensated ind	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion from	ı
the organization. Report compensation for												
(A)								(B)			(C)	
Name and busine	ss address	NO	INC	3				Description of s	ervices	С	ompens	ation
							_					
	<i>.</i>											
2 Total number of independent contractors		ot lin	nited	ot o			τed	above) who received mo	ore than			
\$100,000 of compensation from the orga	ınızatıon				(,					_ 01	20
											Form 95	90 (2023

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 109,901. c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,304,219. similar amounts not included above ... 1f 64,870. g Noncash contributions included in lines 1a-1f 1,414,120. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 95. 95. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 7,346. 6 a Gross rents 0. **b** Less: rental expenses ... 7,346. c Rental income or (loss) 7,346. 7,346. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 109,901. of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses -15,783. -15,783. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISC REVENUE 458000 96. 96. d All other revenue 96. e Total. Add lines 11a-11d

332009 12-21-23

-15,688. Form **990** (2023)

1,405,874.

12 Total revenue. See instructions

7,442.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 4,256. 4,256. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 42,042. 81,532. 39,490. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 167,658. 100,751. 28,296. 38,611. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 24,286. 14,340. 2,165. 7,781. 10 Payroll taxes 11 Fees for services (nonemployees): Management 1,706. 8,301. 6,595. Legal 31,505. 31,505. Accounting Lobbying 7,500. 7,500. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 134,605. 157,755. 23,150. column (A), amount, list line 11g expenses on Sch O.) 66,826. 53,059. 48. 13,719. Advertising and promotion 12 43,769. 2,432. 14,057. 27,280. Office expenses 13 40,055. 29,879. 5,137. 5,039. Information technology 14 15 Royalties 35,257. 47,009. 4,701. 7,051 16 Occupancy 16,344. 13,131. 1.720. 1,493. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 9,131. 9,131. 20 Payments to affiliates 21 33,752. 33,752. Depreciation, depletion, and amortization 22 7,008. 5,314. 1,694. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 349,682. 349,682. SIGNAL RENT TAXES AND LICENSES 18,042. 17,557. 485. 7,389. 7,389. OTHER EXPENSES 6,006. 6,006. SIGNAL MAINTENANCE 9,354. 12,838. 3,299. 185. All other expenses 1,140,644. 874,532. 97,163. 168,949. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023) Part X Balance Sheet

Pai	t X	Balance Sneet					
		Check if Schedule O contains a response or	note to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			130,848.	1	327,143
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
		controlled entity or family member of any of	these perso	ons		5	
	6	Loans and other receivables from other disquared	-				
		under section 4958(f)(1)), and persons descri		6			
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			2,550.	9	C
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	171,213.			
	b	Less: accumulated depreciation	10b	59,681.	55,898.	10c	111,532
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets	216,250.	14	201,250		
	15	Other assets. See Part IV, line 11				15	
_	16	Total assets. Add lines 1 through 15 (must e			405,546.	16	639,925
	17	Accounts payable and accrued expenses			7,411.	17	9,188
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Comple				21	
န္မ	22	Loans and other payables to any current or f					
₫		trustee, key employee, creator or founder, su			02 100		10 650
Liabilities		controlled entity or family member of any of	· ·		23,190.	22	18,659
┛╽	23	Secured mortgages and notes payable to un			1.10 501	23	445 604
	24	Unsecured notes and loans payable to unrela			143,781.	24	115,684
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li	ines 17-24).	. Complete Part X			
		of Schedule D			174 202	25	1 4 2 5 2 1
-	26	Total liabilities. Add lines 17 through 25			174,382.	26	143,531
ွှ		Organizations that follow FASB ASC 958,	check here	e X			
ဥ		and complete lines 27, 28, 32, and 33.			221 164		106 201
<u> </u>	27				231,164.	27	496,394
ĕ	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB AS	C 958, che	ck here			
<u> </u>		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			221 164	31	106 204
ž	32	Total net assets or fund balances		ı	231,164.	32	496,394
	33	Total liabilities and net assets/fund balances			405,546.	33	639,925 Form 990 (202

247 MEDIA MINISTRIES

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,40			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,140	0,6	44.	
3	Revenue less expenses. Subtract line 2 from line 1	3	26	5,2	30.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23:	1,1	64.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	496	5,3	94.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization 247 MEDTA MINISTRIES

Employer identification number 83-2010858

			MEDIA MINI					3 2010030					
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative		•)(b)(1)(A)(ii	ii).						
4	一	A medical research organiz					•	the hospital's name.					
-		city, and state:						,					
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a no	vernmental unit describe	ed in					
3	ш			liege of difficulty owned	or operat	cd by a gc	Werrimental unit describe	5 u III					
_		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6		, ,	•				• •						
7	X	An organization that norma	-	ntial part of its support fr	om a gove	ernmental	unit or from the general i	oublic described in					
		section 170(b)(1)(A)(vi). (C	•										
8	\square	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	or					
		university:											
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from					
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.					
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).						
12		An organization organized a	•	•	•			purposes of one or					
		more publicly supported or	•	•	•		•						
		lines 12a through 12d that	•										
а		Type I. A supporting orga	* *			-		aivina					
-		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-							
		organization. You must o			majority c	n the direc	tors or trustees or the st	apporting					
L		¬ ~			ion with its		od organization(s) by bay	vin a					
b	· L	Type II. A supporting org	•					-					
		control or management o			ame perso	ns tnat co	ntrol or manage the supp	ροπεα					
		organization(s). You mus	•										
С	. L		-				• •	ed with,					
	_	its supported organization		·									
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е	. L	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g	Pro\	ride the following information	n about the supporte	d organization(s).									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ina document?	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
				,									
Tota	al						l						

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	133,320.	239,085.	543,058.	758,647.	1414121.	3088231.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	133,320.	239,085.	543,058.	758,647.	1414121.	3088231.
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,						
							70 610
_	· · · · · · · · · · · · · · · · · · ·						78,618. 3009613.
	Public support. Subtract line 5 from line 4.						3003013.
		(-) 0040	(I-) 0000	(-) 0004	(-I) 0000	(-) 0000	(f) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2019 133, 320.	(b) 2020 239, 085.	(c) 2021 543, 058.	(d) 2022 758,647.	(e) 2023 1414121.	(f) Total 3088231.
	Amounts from line 4	133,320.	239,003.	343,030.	730,047.	1414121.	3000231.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			-	2.4	٥٦	126
	and income from similar sources			7.	34.	95.	136.
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						3088367.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	76,987.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	97 .4 5 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the	•				•	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization			•			
<u></u>		a.aot onoon a i		, , 11 4, 01 17 0	, 3 and box a		(Form 990) 2023

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.)

(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(4) = 0 : 0	(3) 2323	(6) 262 :	(4,) = 3 = 2	(0) = 0 = 0	(1) 1010
e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
<u></u>	<u></u>	·····	<u></u>		
Support Per	centage				
ne 8, column (f), d	livided by line 13, o	column (f))		15	
Schedule A, Part	III, line 15			16	
23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	
2022 Schedule A,	Part III, line 17			18	
organization did r				33 1/3%, and line 1	7 is not
organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	(a) 2019 (a) 2019 (a) 2019 (b) Comport Perme 8, column (f), do Schedule A, Part trment Income 23 (line 10c, column 22 Schedule A, organization did red stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here. The organization did red stop here and stop here.	(a) 2019 (b) 2020 (a) 2019 (b) 2020 (b) 2020 (c) Support Percentage (c) Support Percentage (c) Schedule A, Part III, line 15 (c) Iment Income Percentage (c) Golumn (f), divided by line 13, companization did not check the box of the stop here. The organization quality organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and stop here. The organization did not check a box on the sk this box and	e organization's first, second, third, fourth, or fifth tax e Support Percentage ne 8, column (f), divided by line 13, column (f)) Schedule A, Part III, line 15 Iment Income Percentage 23 (line 10c, column (f), divided by line 13, column (f)) 1022 Schedule A, Part III, line 17 organization did not check the box on line 14, and line d stop here. The organization qualifies as a publicly sorganization did not check a box on line 14 or line 19a ck this box and stop here. The organization qualifies as	e organization's first, second, third, fourth, or fifth tax year as a section of the second of the s	(a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 e organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization Support Percentage 15 (Schedule A, Part III, line 15 (16) (16) (16) (16) (16) (16) (16) (16)

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9c		
	55		
	10a		
	10b		
··Ia	A (Form	n 000)	2022

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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of the governing body, appeared a required a required as a property of the agreement of the governing body.			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	5,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	d		
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
C	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		. ,		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	1	Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
L	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
9	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, of			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 332025 12-21-23 Schedule A (Form 990) 2023

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	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	st complete	Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2 Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
organizations, in excess of income from activity			2	
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required - pri	ovide 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	he organization is responsive			
(provide details in Part VI). See instructions.			8	
Distributable amount for 2023 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
	(i)	(ii)		(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reason-				
able cause required - explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2023				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D,				
line 7:				
Applied to underdistributions of prior years				
b Applied to 2023 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
and 4b from line 1. For result greater than zero, <i>explain in</i>				
Part VI. See instructions.				
7 Excess distributions carryover to 2024. Add lines 3j				
and 4c. 8 Breakdown of line 7:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

247 MEDIA MINISTRIES

Employer identification number 83-2010858

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	Counts. Complete if the
		(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in c	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat		servation of a histo	orically important land area
	Protection of natural habitat	· —		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution i	n the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b	-			2b
c	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included on line 2c acquir	•••		
-	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
Ü	year	asca, extinguished, or termin	ated by the organi	zation during the tax
4	Number of states where property subject to conservation ease	ament is located		
5	Does the organization have a written policy regarding the peri		andling of	
3	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	etan and volunteen neare develous to membering, mepeeting, r	ianamig of violations, and only	oromig comportation	on eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	a conservation ea	sements during the year
-	, under the expenses meaned in monitoring, indposting, marian	ing of violations, and officions	g concervation ca	comente dannig the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of se	ction 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?			· — —
9	In Part XIII, describe how the organization reports conservatio			
·	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	oto to the organization o infant		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasur	es, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		•	
1a	If the organization elected, as permitted under FASB ASC 958		statement and hala	ance sheet works
	of art, historical treasures, or other similar assets held for public	, .		
	service, provide in Part XIII the text of the footnote to its finance			ice of public
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	exhibition, education, or resea		or public service,
				¢
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	curse or other similar assets		
2				provide
_	the following amounts required to be reported under FASB AS			c
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIIII 99U.		Schedule D (Form 990) 2023

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		A MINISTRI		autaal Tua		Other (010858		ge 2
	t III Organizations Maintaining Co							•	ed)	
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the f	following that	make sign	nificant use of i	ts		
	collection items (check all that apply).									
а	Public exhibition	d			hange progra					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how th	ey further th	ne organizatio	n's exemp	t purpose in P	art XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, his	storical treas	sures, or othe	er similar as	ssets		_	
_	to be sold to raise funds rather than to be main							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the	organization	n answered "	Yes" on Fo	rm 990, Part I\	/, line 9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodian	n, or other intermed	liary for	contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII are	nd complete the fol	lowing t	able:						
								Amount		
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on For	m 990, Part X, line	21, for (escrow or cu	ustodial acco	unt liability	?	Yes	Щ	No
	If "Yes," explain the arrangement in Part XIII. C									
Par	t V Endowment Funds Complete if t	ne organization ans	wered '	'Yes" on For	m 990, Part					
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d	I) Three years ba	ck (e) Four y	ears b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1	g, column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%	1								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.								
За	Are there endowment funds not in the possess	sion of the organiza	tion tha	t are held ar	nd administer	ed for the				
	organization by:							\	es	No
	(i) Unrelated organizations?							3a(i)		
b	If "Yes" on line 3a(ii), are the related organizati									
4	Describe in Part XIII the intended uses of the c									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	, Part I\	/, line 11a. S	ee Form 990	, Part X, lin	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	(d) Book	value	
		basis (investn	nent)		(other)		eciation			
	· · · · · · · · · · · · · · · · · · ·									

	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						
С	Leasehold improvements						
d	Equipment						
e	Other		171,213.	59,681.	111,532.		
Tota	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))						

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 247 MEDIA MI Part VII Investments - Other Securities	NISTRIES	83	3-2010858 Page
Complete if the organization answered "Yes" o	n 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 en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	5 000 B 1 11/11	11 0 5 000 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Complete if the organization answered "Yes" o			d =6=
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
•			
(2)			
(2)			
• •			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o			5. (b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the image of			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the image			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o I. (a) Description of liability (1) Federal income taxes (2) (3)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o I. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o I. (a) Description of liability (1) Federal income taxes (2) (3) (4)			

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 D (Form 990) 2023

(9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

	edule D (Form 990) 2023 247 MEDIA MINISTRIES		83-2010858	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	ntements With Revenu	ıe per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	<u>,</u>)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St		ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	_		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	THIS HIGH CAGAIT SITE COS. T ALT I: III O	18.)	5	
Pa	rt XIII Supplemental Information	•		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part X, line 2; Part	XI,

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	<u> </u>					Employer ide	ntification number	
247 MEDIA MINISTRIES						83-2010858		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total								
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration	

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 CATERED DONOR EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
40			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	109,901.			109,901.
_	2	Less: Contributions	109,901.			109,901.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	11,268.			11,268.
Ω		Entertainment	4,515.			4,515.
		Other direct expenses	L ı 9 in column (d)			15,783.
D -	11	Net income summary. Subtract line 10 from line	ne 3, column (d)			-15,783.
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
(D)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Dings	bingo/progressive bingo	(e) care garming	col. (a) through col. (c))
Вè	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Net garning income summary. Subtract line r	nom line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac No," explain:				Yes No
_	_	то, охран.				
	_					
		ere any of the organization's gaming licenses re Yes," explain:	•			Yes No
-	_	,				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 247 MEDIA MINISTRIES 85	3-20	10	<u>858</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[,	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	Γ	<u> </u>	Yes	No
12	Indicate the percentage of gaming activity conducted in:				
		1	ا ۔م		0/
	The organization's facility		13a		<u>%</u>
	o An outside facility	L	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[,	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$	t			
c	s If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
47	Mandatan diatributiona				
	Mandatory distributions:				
а	s the organization required under state law to make charitable distributions from the gaming proceeds to	Г	<u> </u>		
	retain the state gaming license?	L		Yes	∟ No
b	o Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э			
	organization's own exempt activities during the tax year \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part I	II, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
				_	

Schedule G	(Form 990)	247	MEDIA	MINISTRIES	83-2010858	Page 4
Part IV	i (Form 990) Supplemental Infor	mation	(continued			
	•••		(continued)			

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

24	17 MEDIA	MINISTR:	IES				83	<u>-20</u>	108	58		
Part I Excess Benefi	it Transactio	ons (section 50	1(c)(3), secti	on 501(c)(4), and sec	tion 501(c)(29) orga	nizatio	ns on	ly)			
Complete if the org	ganization ansv	vered "Yes" on F	orm 9	90, Pa	rt IV, line 25a or 25b;	; or Form 990-EZ, Pa	art V, li	ne 40	b.			
1 (a) Name of disqualified per	(b) F	Relationship betv			ified) Description of tran	oootio	_		(d)	Corre	ected?
(a) Name of disqualified per	rson	person and or	ganiza	ation	(0	Description of tran	Sactio	rı		Y	es	No
(1)												
(2)												
(3)												
(4)												
(5)												
_(6)												
2 Enter the amount of tax inc	curred by the o	rganization mana	agers	or disq	ualified persons duri	ng the year under						
3 Enter the amount of tax, if	any, on line 2, a	above, reimburse	ed by	the org	ganization			\$				
Dort II Loone to and/	F I+	t-d Dave										
Part II Loans to and/												
					Part V, line 38a, or F	Form 990, Part IV, lir	ne 26;	or if th	ne orga	anizatio	on	
reported an amour									(h) An	proved		
	(b) Relationship with organization	(c) Purpose of loan	fron	an to or	(e) Original principal amount	(f) Balance due	(g) defa		by bo	ard or		Vritten ement?
interested person	with organization	Orioan	٣	zation?	principal amount					nittee?		1
GIID GERANETAL G	NIID (DIID GIIA GE	To	From	25 000	10 (50	Yes	No	Yes	No	Yes	No.
	OBSTANT	PURCHASE	X		25,000.	18,659.		X	X		X	-
(2)												-
(3)												
(4)												
(5)												-
(6)												-
(7)												
(8) (9)												
(10)												
Total		l		J	<u> </u>	18,659.						
Part III Grants or Assi	istance Ben	efiting Intere	este	d Per		20,0001						
Complete if the org		-										
(a) Name of interested pe		(b) Relationship			(c) Amount of	(d) Type	of		(e) Purp	ose c	of
(2)	, ,	interested pers			assistance	assistan			•	assista		
		the organiza	tion									
(1)												
(2)												
(3)												
(4)												

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

(5) (6) (7) (8) (9)

Part IV Business Transactions Involv Complete if the organization answered		8h or 28c									
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrģaniz	aring of zation's nues?						
		22 226		Yes	No						
(1)BARBARA HARMS	SPOUSE OF BOARD MEM		WAGES PAID		X						
(2)H&H BROADCASTING LLC	35% CONTROLLED ENTI		SIGNAL RENT		X						
(3)W247 BROADCASTING LLC	35% CONTROLLED ENTI	162,935.	SIGNAL RENT		X						
(4)					<u> </u>						
(5)											
<u>(6)</u>											
<u>(7)</u>					1						
(10)											
Part V Supplemental Information				l							
Provide additional information for response	onses to guestions on Schedule L. See	instructions.									
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	5:								
(A) NAME OF PERSON: SUBSTA	NTIAL CONTRIBUTOR										
(B) RELATIONSHIP WITH ORGA	NIZATION: SUBSTANTIA	L CONTRIBUT	OR								
(C) PURPOSE OF LOAN: PURCH	ASE OF RADIO SIGNAL										
(D) LOAN TO OR FROM ORGANI	ZATION? = TO										
(E) ORIGINAL PRINCIPAL AMO	UNT \$ 25,000. (F) E	BALANCE DUE	\$ 18.659 .								
			4 == 7 == =								
(G) LOAN IN DEFAULT? = NO											
(H) APPROVED BY BOARD OR C	OMMITTEE? = YES										
/ T \ LID T T T T T T T T T T T T T T T T T T T	n.a										
(I) WRITTEN AGREEMENT? = Y	<u>es</u>										
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	IG INTERESTE	ED PERSONS:								
(A) NAME OF PERSON: BARBAR	A HARMS										
(,											
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:								
SPOUSE OF BOARD MEMBER											
(D) DESCRIPTION OF TRANSAC	TION: WAGES PAID TO	BARBARA HAF	RMS								
(A) NAME OF PERSON: H&H BR	OADCASTING LLC										
	-										

Schedule L (Form 990) 2023

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

35% CONTROLLED ENTITY OF BOARD MEMBER

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Nam	e of the organization					Employer ide			nber
	247 MEDIA MII	NISTRI	ES			83-	-2010	858	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	Method of noncash contr			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (RADIO TOWER & E)	Х	1	64	,870.	MV			
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions					
	for which the organization completed Form 828	-	•		29			1	
			J					Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, line	s 1 through	28, that it			
	must hold for at least 3 years from the date of t								
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard	d contribution	ons?	31		х
	Does the organization hire or use third parties of								
	contributions?		_				32a		Х
b	If "Yes," describe in Part II.								
	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	/ for which column	(a) is check	ked.			

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

Schedule M (Form 990) 2023

describe in Part II.

332142 09-11-23 Schedule M (Form 990) 2023

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

247 MEDIA MINISTRIES

Employer identification number 83-2010858

FORM 990, PART 1, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE MISSION OF WORSHIP 24/7 IS TO IGNITE A PASSION FOR GOD THROUGH

WORSHIP THAT RESULTS IN A LIFE OF GENEROSITY, DISCIPLESHIP, EVANGELISM

AND SERVICE. WHEN YOU LISTEN TO WORSHIP 24/7 YOU ARE PART OF A

COMMUNITY OF PEOPLE WHO WORSHIP GOD PASSIONATELY ... AND THEN DOES

SOMETHING WITH THAT EXPERIENCE. EVERYTHING WE DO IS DESIGNED AROUND

THAT MISSION.

OUR GOAL IS TO BUY AND BUILD A RADIO STATION NETWORK AND ONLINE

COMMUNITY BROADCASTING WORSHIP MUSIC 24 HOURS A DAY, 7 DAYS A WEEK.

JUST IMAGINE WHAT ONE MILLION WORSHIPERS COULD DO TOWARD THE EXPANSION

OF GOD'S KINGDOM! AS WE WORSHIP, AS WE DEEPEN OUR RELATIONSHIP WITH GOD

AND LEARN HIS WORD, AS WE TELL OTHERS ABOUT JESUS, AND AS WE GIVE

OURSELVES AWAY IN SERVICE THE IMPACT CAN BE SIGNIFICANT.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND DISCUSSION PRIOR TO FINALIZING AND FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

- 1. AN INTERESTED PRESON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR

 COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE

 MEETING DURING THE DISCUSSION OF, AND VOTE ON, THE TRANSACTION OR

 ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.
- 2. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization

247 MEDIA MINISTRIES

Employe
83-

Employer identification number 83-2010858

APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE
ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

- 3. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL

 DETERMINE WHETHER THE CORPORATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE

 ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD

 NOT GIVE RISE TO A CONFLICT OF INTEREST.
- 4. THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF
 THE DISINTERSTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE
 CORPORATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR
 AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE
 ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

- A. THE BOARD SHALL REVIEW AND APPROVE THE COMPENSATION OF COMPENSATED INDIVIDUALS.
- B. THE BOARD REVIEWING AND APPROVING COMPENSATION FOR COMPENSATED

 INDIVIDUALS SHALL SATISFY THE FOLLOWING REQUIREMENTS OR PROCEDURES:
- (1) APPROVAL BY PERSONS WITHOUT A CONFLICT OF INTEREST. COMPENSATION SHALL

 BE REVIEWED AND APPROVED BY THE BOARD, PROVIDED THAT DIRECTORS WITH A

 CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE

 ARE NOT INVOLVED. MEMBERS OF THE BOARD DO NOT HAVE A CONFLICT OF INTEREST

 IF THEY (A) ARE NOT BENEFITTING FROM OR PARTICIPATING IN THE COMPENSATION

 ARRANGEMENT; (B) ARE NOT IN AN EMPLOYMENT RELATIONSHIP SUBJECT TO THE

 DIRECTION OR CONTROL OF ANY PERSON BENEFITTING FROM OR PARTICIPATING IN THE

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 Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

247 MEDIA MINISTRIES 83-2010858

COMPENSATION ARRANGEMENT; (C) DO NOT RECEIVE COMPENSATION OR OTHER

PAYMENTS SUBJECT TO THE APPROVAL OF ANY PERSON BENEFITTING FROM OR

PARTICIPATING IN THE COMPENSATION ARRANGEMENT; (D) HAVE NO MATERIAL

FINANCIAL INTEREST AFFECTED BY THE COMPENSATION ARRANGEMENT; AND (E) DO NOT

APPROVE A TRANSACTION PROVIDING ECONOMIC BENEFITS TO ANY PERSON

PARTICIPATING IN THE COMPENSATION ARRANGEMENT, WHO IN TURN HAS OR WILL

APPROVE A TRANSACTION PROVIDING ECONOMIC BENEFITS TO THE MEMBER.

- (2) USE OF COMPARABILITY DATA. IN ITS REVIEW AND APPROVAL OF COMPENSATION,

 THE BOARD SHALL REVIEW AND USE DATA AND SURVEYS OF COMPARABLE COMPENSATION

 FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT

 SIMILARLY SITUATED THE CORPORATIONS.
- (3) RECORDING COMPENSATION DELIBERATIONS. THE BOARD SHALL CONTEMPORANEOUSLY

 DOCUMENT AND MAINTAIN RECORDS WITH RESPECT TO THE DELIBERATIONS AND

 DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.
- (4) REVIEW AND APPROVAL FOR CERTAIN EXECUTIVE OFFICERS. LN ADDITION TO THE REQUIREMENTS OF THIS POLICY APPLICABLE TO ALL COMPENSATED INDIVIDUALS, ANY COMPENSATION SET FOR THE CEO OR PRESIDENT, AND CFO OR TREASURER, (OR INDIVIDUALS WITH EQUIVALENT POWERS, DUTIES OR RESPONSIBILITIES COMPARABLE TO THESE POSITIONS), MUST ALSO BE DETERMINED TO BE JUST AND REASONABLE.

 THE BOARD'S REVIEW AND APPROVAL SHALL OCCUR INITIALLY UPON HIRING, WHENEVER THE TERM OF EMPLOYMENT, IF ANY, IS RENEWED OR EXTENDED, AND WHENEVER THE COMPENSATION IS MODIFIED. SEPARATE REVIEW AND APPROVAL SHALL NOT BE REQUIRED IF A MODIFICATION OF COMPENSATION EXTENDS TO SUBSTANTIALLY ALL EMPLOYEES.

Employer identification number

Name of the organization

Schedule O (Form 990) 2023	Page Employer identification number
Name of the organization 247 MEDIA MINISTRIES	83-2010858
FORM 990, PART VI, SECTION C, LINE 19:	
DISCLOSURE UPON REQUEST	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
BOARD WILL RECEIVE COPY OF FORM AND REVIEW PRIOR TO SUBMI	SSION.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS	PUBLICLY AVAILABL
DISCLOSURE UPON REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
DESIGN FEES:	
PROGRAM SERVICE EXPENSES	9,815.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,815.
OTHER LEGAL & PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	8,901.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,901.
PRODUCTION - RADIO:	
PROGRAM SERVICE EXPENSES	5,001.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,001.
CONSULTING FEES:	
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Schedule O (Form 990) 2023 Page **2**

Name of the organization 247 MEDIA MINISTRIES	Employer identification number 83-2010858
PROGRAM SERVICE EXPENSES	56,675.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	56,675.
TALENT FEES:	
PROGRAM SERVICE EXPENSES	54,213.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	23,150.
TOTAL EXPENSES	77,363.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	157,755.

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

247	MEDIA MINISTRIES			FOR	м 990) P <i>P</i>	GE 10			83-2010858
Par	t I Election To Expense Certain Proper	ty Under Section 17	79 Note: If yo	ou have any lis	sted prope	erty, c	omplete Part	V befo	re y	ou complete Part I.
1 M	faximum amount (see instructions)								1	1,160,000.
2 T	otal cost of section 179 property place	ed in service (see	instructions)						2	
3 T	hreshold cost of section 179 property	before reduction	in limitation					L	3	2,890,000.
4 R	leduction in limitation. Subtract line 3 t	from line 2. If zero	or less, ente	er -0-				L	4	
5 D	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -	0 If married filin	g separately, see i	nstructions				5	
6	(a) Description of pro	perty		(b) Cost (busin	ess use only)	(c) Elected of	ost		
	isted property. Enter the amount from					7				
	otal elected cost of section 179 prope								8	
	entative deduction. Enter the smaller								9	
	arryover of disallowed deduction from							∟	10	
	susiness income limitation. Enter the si		•		,				11	
	ection 179 expense deduction. Add lin								12	
	carryover of disallowed deduction to 20				<u> </u> 1	3				
	Don't use Part II or Part III below for									
Par	Operation 2 operation 7 through		•	`			•			
	pecial depreciation allowance for qual	ified property (oth	ner than listed	d property) pla	aced in se	rvice o	during			
	ne tax year							·	14	
	roperty subject to section 168(f)(1) ele	ction						—	15	10 750
	ther depreciation (including ACRS) MACRS Depreciation (Don't	include listed pro						'	16	18,752.
I ai	t III MACRS Depreciation (Don't	include listed pro		ection A						
47 \	AACDO dedications for assets aloned in				<u> </u>			Π.	17	
	MACRS deductions for assets placed in you are electing to group any assets placed in servi	•	•	•				;;	17	
10 "	Section B - Assets						ral Denrecia	tion S	/ste	·m
		(b) Month and	(c) Basis fo	r depreciation	(d) Rec		1			
	(a) Classification of property	year placed in service		nvestment use instructions)	perio	od	(e) Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
C	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				25 y	rs.		S/L		
		/			27.5	yrs.	MM	S/L		
h	Residential rental property	/			27.5		MM	S/L		
		/			39 y	rs.	MM	S/L		
i	Nonresidential real property	/					MM	S/L		
	Section C - Assets P	laced in Service	During 2023	3 Tax Year U	sing the A	lterna	tive Depreci	ation \$	Syst	tem
20a	Class life							S/L	_	
b	12-year				12 y	rs.		S/L	_	
С	30-year	/			30 y	rs.	MM	S/L	_	
d	40-year	/			40 y	rs.	MM	S/L	_	
Par	t IV Summary (See instructions.)			· · · · · · · · · · · · · · · · · · ·						
21 L	isted property. Enter amount from line	28						[21	
22 T	otal. Add amounts from line 12, lines	14 through 17, lin	es 19 and 20) in column (g), and line	21.				
Е	nter here and on the appropriate lines	of your return. Pa	artnerships a	nd S corporat	ions - s <u>ee</u>	instr.		:	22	18,752.
23 F	or assets shown above and placed in	service during the	current year	r, enter the						

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - Depreciati	on and Other Ir	nformat	ion (Ca	ution: S	See the i	nstruct	ions for li	mits for p	oasseng	er autom	nobiles.))	
 24a	Do you have evidence to support the b	usiness/investmen	it use clai	imed?	Y	es 🗌	No	24b If "Y	es," is th	ne evider	nce writt	en?	Yes [No
	(a) (b) Type of property (list vehicles first) placed in service	(c) Business/ investment use percentage	l oth	(d) Cost or her basis		(e) is for depresiness/inve use only	stment	(f) Recovery period	Me	g) thod/ ention	Depre	h) ciation iction	Elec sectio co	n 179
 25	Special depreciation allowance for	qualified listed p	roperty	placed i	n servic	e during	the tax	x year and	<u>'</u>					
	used more than 50% in a qualified b	usiness use		· 						25				
26	Property used more than 50% in a contract that the second	qualified busines	ss use:											
	: :	%	5											
	: :	%	5											
	: :	%	5											
<u> 27</u>	Property used 50% or less in a qual	ified business us	se:								1			
		%							S/L -					
		%							S/L -					
		%							S/L -					
	Add amounts in column (h), lines 25									28		T		
29	Add amounts in column (i), line 26.											29		
_				3 - Infor										
	nplete this section for vehicles used												ehicles/	
to y	our employees, first answer the que	stions in Section	n C to se	ee if you	meet a	n excep	tion to	completin	ig this se	ection to	r those v	enicles.		
				-)	- /	h)		(a)	1	۹/	1	٠,	15	
20	Total business/investment miles driven	during the	(a Vehic		-	b) cle 2		(c) hicle 3	1	d) cle 4	(€ Vehi		(f) Vehic	
	year (don't include commuting miles)	· ·	Venil	CIC I	VGIII	UIG Z	V 6	IIICIE O	Veili	CIE 4	Veille	CIE J	Verille	16 0
	Total commuting miles driven durin													
	Total other personal (noncommuting	· · · .												
	driven													
	Total miles driven during the year.													
	Add lines 30 through 32													
	Was the vehicle available for person		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?													
35	Was the vehicle used primarily by a													
	than 5% owner or related person?													
36	Is another vehicle available for pers													
	use?													
		- Questions fo	r Emplo	oyers W	ho Prov	ride Veh	icles f	or Use by	/ Their E	mploye	es			
Ans	wer these questions to determine if	you meet an ex	ception	to comp	leting S	ection E	3 for ve	hicles use	ed by em	ployees	who ar	ren't		
mor	re than 5% owners or related person	S.												
37	Do you maintain a written policy sta	tement that pro	hibits al	l person	al use o	f vehicle	s, inclu	uding com	muting,	by your			Yes	No
	employees?													
	Do you maintain a written policy sta	•	-				-			our				
	employees? See the instructions fo				icers, di	rectors,	or 1% (or more o	wners				-	
	Do you treat all use of vehicles by e													
	Do you provide more than five vehice													
	the use of the vehicles, and retain the												-	
	Do you meet the requirements cond													
	Note: If your answer to 37, 38, 39, 4	40, or 41 is "Yes	s," don't	comple	te Section	on B for	the co	vered ven	icles.					
100	(a)	I	(b)		(c)			(d)		(e)			(f)	
	Description of costs	Date a	mortization		Amortizab	ole		Code section		Amortiza		Ar	nortization or this year	
42	Amortization of costs that begins d	•	tax vear	r.	anioulit			3600011		period or per	centaye	10	ans year	
72	, and the desired that begins to		: :											
			:											
	Amortization of costs that began be								STN	1T 1	43		15,0	000-
	Total. Add amounts in column (f). S			vhere to	report					.	44		15,0	
	12-20-23		151 V	5.5 10							1	F	orm 456 2	

FORM 4562	PART VI	- AMORTIZ	STATEMENT 1			
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
KYOZ SPOKANE SIGNAL	06/10/22	225,000.	197	180M	8,750.	15,000.
TOTAL TO FORM 4562, LINE	43					15,000.

45

Form CT-12

For Oregon Charities

For Accounting Periods Beginning in:

Charitable Activities Section Oregon Department of Justice

Line-by-line instructions for completing the annual

report form can be found on our website.

100 SW Market Street Portland, OR 97201-5702 Email: charitable@doj.state.or.us

TTY (800) 735-2900 FAX (971) 673-1882 Website: https://www.doj.state.or.us

VOICE (971) 673-1880

You can now file reports and pay by credit card using our online form at https://justice.oregon.gov/ paymentportal/Account/Login

Section I. General Information Cross Through Incorrect Items and Correct Here: 1. 54772 (See instructions for change of name or accounting period.) 247 MEDIA MINISTRIES Registration #: 25375 SW PARKWAY AVE Organization Name: 200 Address: WILSONVILLE, OR 97070 City, State, Zip: 971-801-1325 Phone: Fax: Amended DAVID@WORSHIP247.COM Email: Report? Period Beginning: 01/01/23 Period Ending: 12/31/23 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. X No Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, check the type of solicitations; in-person; direct mail; advertising; vending machine; telephone; or other solicitations. X No If yes, also write the name of the fundraising firm(s) here: checked "other solicitations", attach an explanation.) Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding X No Yes charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, X No 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. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close X No your registration.) 7. Provide contact information for the person responsible for retaining the organization's records. Name Position Phone Mailing Address & Email Address 971-801-1325 25375 SW PARKWAY AVE. STE 200 WILSONVILL DAVID HARMS PRESTDENT 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 this section. (Oregon law requires a minimum of three directors for nonprofit public benefit corporations.) (A) Name, mailing address, daytime phone number (B) Title & (C) Compensation and email address average weekly hours devoted to (enter \$0 if position position unpaid) SEE STATEMENT 1 Name: Address: Phone: Name: Address: Phone: Name: Address:

Form Continued on Page 2

Phone:

Sec	ction II. F	ee Calculation									
9.	Form 990-I	enue I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, I PF. For 990-N filers or others, see the CT-12 instructions for how to cal lanation if Total Revenue is \$0.)	ine 12a on	9.	1,405,8	74.					
10.		e pelow. Minimum fee is \$20, even if total revenue is \$0 or a negative am	iount.) The revenue fe	e is dete	ermined by the		10.	400.			
	Amo	unt on Line 9 Revenue Fee									
	\$0 \$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,00	- \$24,999 \$20 - \$49,999 \$50 - \$99,999 \$90 - \$249,999 \$150 - \$499,999 \$200 - \$999,999 \$300 0 or more \$400									
	(From Part 990-EZ; or see the CT- is \$0 or a n	s or Fund Balances at End of the Reporting Period I, Line 22 (end of year) on Form 990; Line 21 on Form Part III, Line 6 on Form 990-PF. For 990-N filers or others, 12 instructions to calculate. Attach explanation if amount egative number)	496,394								
12.	(Generally, 24B on For filers or oth	Assets Used to Conduct Charitable Activities 12. from Part X, Line 10c on Form 990; Line 23B and possibly m 990-EZ; or Part II, Line 14b on Form 990-PF. For 990-N ers, see the CT-12 instructions to calculate. See the CT-12 if organization owns income-producing assets.	312,782	•							
13.	Amount Subject to Net Assets or Fund Balances Fee (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)										
14.		s or Fund Balances Fee					14.	18.			
	•				·						
15.	(If yes, the	ing this report late? Yes X No late fee is a minimum of \$20. You may owe more depending on how la al information or contact the Charitable Activities Section at (971) 673-	te the report is. See I	nstructio	on 15		15.	0.			
16.	Total Amo (Add Lines	ount Due 10, 14, and 15. Make check payable to the Oregon Department of Jus					16.	418.			
17.	except that filed a 990 Such organ	copy of the organization's federal 990 or other return and all sup at Form 990 & 990EZ filers do not need to attach a copy of thei 0-N, but had Total Revenue of \$50,000 or more, or Net Assets of unizations may be required to complete certain IRS forms for O mark any such return as "For Oregon Purposes Only." If your of available.	ir Schedule B. Also or Fund Balances o regon purposes on	, if the of f \$100, ly. If the	organization did i 000 or more, see e attached return	not file verthe the instant	with th truction ot filed	ne IRS or ons. with the			
	ase	Under penalties of perjury, I declare that I am an officer/direct accompanying forms, schedules, and attachments, and to the									
Sig Her		accompanying forms, sorieddies, and attachments, and to the	c best of my knowk	ouge a	· _	PRESI		'			
		Signature of officer	Date			itle		<u>. </u>			
		DAVID HARMS	25375 S	W PA	ARKWAY AV	Έ.	SUT	TE 200.			
		Officer's name (printed)	Address	··	1111111111111111	,	501	11 200			
		<u> </u>	<u>971-801</u>	-132	25						
Paid		THAT I	Phone								
Prep							<u> 597-</u>	-4118_			
		ROBERT J. WOLFER, CPA	5885 ME.	ADOV	S ROAD.	NO.	200	, LAKE O			
		Preparer's name (printed)	Address		,						

Line-by-line instructions for completing the annual report form can be found at https://www.doj.state.or.us/charitableactivities/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@doj.state.or.us.

OREGON	OFFICERS INFORMATION	STATEMENT 1
NAME DAVID HARMS		TITLE PRESIDENT
ADDRESS EMAIL		PHONE
AVERAGE WEEKLY HOURS COMPENSATION	25. 78,980.	
NAME JAMES AUTRY ADDRESS		TITLE BOARD MEMBER
EMAIL AVERAGE WEEKLY HOURS COMPENSATION	1. 0.	PHONE
NAME LARRY BRIGGS ADDRESS		TITLE CHAIRMAN OF THE BOARD
EMAIL AVERAGE WEEKLY HOURS	1.	PHONE
COMPENSATION	0.	
NAME KAYTIE FIEDLER ADDRESS		TITLE BOARD MEMBER
EMAIL		PHONE
AVERAGE WEEKLY HOURS COMPENSATION	1. 0.	
NAME JAKE SCHWEIN ADDRESS		TITLE BOARD MEMBER
EMAIL AVERAGE WEEKLY HOURS COMPENSATION	1. 2,552.	PHONE
NAME ANASTASIA CARTER		TITLE TREASURER
ADDRESS EMAIL		PHONE
AVERAGE WEEKLY HOURS COMPENSATION	1. 0.	