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990 Form

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Department of the Treasury

Open to Public Inspection

		2000 and		the organization may have to use a copy or this return to sat	, 2008, and en		- Individual		, 20
				r tax year beginning		aing			
		pplicable	Please use IRS	C Name of organization Holy Spirit Renewal Minist	ries		-		D Employer identification no.
∐ ′	ddress c	hange	label or	Doing Business As					02-0366251
∐ ^	lame cha	inge	print or type.	Number and street (or P O box if mail is not delivered to street address)		Room/s	suite	-	E Telephone number
∐ "	utial retu	m	See Specific	PO Box 2076					(619)216-1517
ַ ⊔ַ	eminatio	on .	Instruc-	City or town, state or country, and ZIP + 4				- 10	Gross receipts \$
A	mended	retum	tions	Chula Vista, CA 91912					1,310,435
	pplicatio	n pending	F Name	and address of principal officer		L/a)	ic thic a gr	our roti	um for
							is this a gro affiliates?	oup rett	Yes X No
j T	ax-exem	pt status	X 501(c) (	3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		Н(b)	Are all affili	ates in	cluded? Yes No
J A	Vebsite:	► www	v.hsrm.	org		H(c)	Group exer	mption	it (see instructions) number
K T	ype of or	ganization X	Corporation	☐ Trust ☐ Association ☐ Other ▶ L Yes	ar of formation 19	76	M State o	f legal	domicile CA
Pai	rt I	Summar	у						
L	<del></del>	Briefly descr	ribe the ord	anization's mission or most significant activities. Prov	vide Counse	eling	, spri	tua	l renwal and
			_	cors and others	<u>.                                      </u>				
A C G		варрож в	oo pub						
t o				<del></del>					
' v ' e	2	Chook this b	оv <b>Б</b> П и	the organization discontinued its operations or disposed of mi	mre than 25% of	ite aese	ts.		
i r	1 -		_	bers of the governing body (Part VI, line 1a)				3	50
t n I a	3							4	<del></del>
e n	4			t voting members of the governing body (Part VI, line 1b)			l l	_ <del>-</del> 5	49
s c	5			yees (Part V, line 2a)			,		0
4	6			eers (estimate if necessary)			1	6	250
	1	•		usiness revenue from Part VIII, line 12, column (C)			i i	7a	0
	ь	Net unrelate	d business	taxable income from Form 990-T, line 34				7b	0
-						Pri	or Year		Current Year
3	8		•	ts (Part VIII, line 1h)			38	<u>,105</u>	1,268,567
- V	9	Program ser	vice reven	ue (Part VIII, line 2g)			7	<u>,966</u>	36,618
—,n ∞e	10	Investment II	ncome (Pa	rt VIII, column (A), lines 3, 4, and 7d) ,				905	(64,750)
<del>_</del> 6	11	Other revenu	ue (Part VI	II, column (A), lines 5, 6₫, 8c, 9c, 10c, and 11e)					0
Ā. Ā.	12	Total revenu	ie - add line	es 8 through 11 (must equal Part VIII, column (A), line 12)			46	,976	1,240,435
	13	Grants and s	sımılar amo	ounts paid (Part IX, column (A), ####################################	]. · · · · <u>L</u>				1,177,764
٦.	14	Benefits paid	d to or for r	nembers (Part IX, column (A)rtine 4)			44	<u>,7</u> 71	. 0
ñž	15	Salaries, oth	er comper	sation, employee benefits (Part IX, column (A), lines 5-10)	<del> </del>		36	,137	20,196
OU X P P	16a	Professional	l fundraisin	g fees (Part IX, column (A) line Me) N . (1 8 . 2010 O.					0
ַיַ ל				nses (Part IX, column (D), line 25)	0		,,,,		
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓									45,742
s	18	Total expens	ses Add I	X, column (A), lines 11a 11d, (0;24) (C) (A) (ne)25)			80	,908	1,243,702
	19			s. Subtract line 18 from line 12			(33	,932	(3,267)
Net	<b>†</b>			* * *		Beginn	ing of Y		End of Year
Asset	20	Total assets	(Part X fir	ne.161		<u> </u>		,939	·
or Fund	21	Total liabilitie		•					0
Bal- ances	22	,		incas. Subtract line 21 from line 20			122	,939	98,738
Pa		Signatu		· · · · · · · · · · · · · · · · · · ·				,,,,,	307730
L3			*****	declare that I have examined this return, including accompanying schedules a	ind statements, and t	o the best	of my knov	wledge	1000 AV A
		and belief, it i	s true correc	and complete. Declaration of preparer (other than officer) is based on all inform	nation of which prepa	arer has ar	y knowled	ge	Requir
			Tois	Sean Simulan				1/	2.27.10
Sig	n .	Signatur	the of officer	Jean Trang				Da	
Her								Ju	.•
1101	C		print name a	Kinney, Treasurer					
		y type or	Ville Billion		I a	<del></del>	10		atting a suppor
		Preparer's		Date	Check if	_	(see in		intifying number ins)
Paid		signature	Vick	i A Eurich EA 05-13-20	009 employe	ed ►X			·
•	arer's	Firm's name	(or yours	Vicki A Eurich EA		EIN	•		
use	Only	if self-employ address, and		2169 W Glen Ct					
		audiess, and	-n 77	Muskegon, MI 49441		Phone no	▶231	-78	0-4524
May	the IRS	discuss this	return wit	n the preparer shown above? (see instructions)	<u></u>				🛚 Yes 🗌 No
For	Privacy	Act and Pa	perwork l	Reduction Act Notice, see the separate instructions.				EEA	Form <b>990</b> (2008) <sub>1</sub>
	•			•					()

Forn	1990 (2008) Holy Spirit Renewal Ministries	02-0366251	Page 2
Par	t III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission		
	Provide Counseling, spritual renwal and support to pastors and others		
			<del>-</del>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ Vaa	€ Na
	·	🗀 res	<u>K</u> ] NO
3	If "Yes," describe these new services on Schedule O		
,	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ Yes	v No
	If "Yes," describe these changes on Schedule O.	🗀 163	E NO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an	d	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code: ) (Expenses \$ 1,177,764 including grants of \$ ) (Revenue	\$	)
	Mission outreach - grant to Nightlite Ministry a US 501c2 and a foreign miss	ion	
	to provide counseling and spritutal renewal in Thailand		
	·	<u> </u>	
		****	
4b	(Code ) (Expenses \$ 3,711 indicating grants of \$ ) (Revenue	•	
40	(Code ) (Expenses \$ 3,711 individing graphs of \$ ) (Revenue Provide counseling for hundreds of pastors, pastors, pastors and church mem		,
	Provide counseling for mundreds of pastors, seatteners and church mem	pers	
	<u> </u>	<del></del>	
			•••
	William Control of the Control of th		
4c	(Code. ) (Expertses \$ 22,353 including grants of \$ ) (Revenue	\$	)
	Provide confenses and meetings for spiritual renewal for pastors and members		
		<del></del>	
	<del></del>		
		<del></del>	<del></del>
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.)	<del></del>	
	(Expenses \$ Including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► \$ 1,203,828 (Must equal Part IX, Line 25, column (B))		
<del></del> -	- The state of the		000 (0000)

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27

Page 3 Form 990 (2008) Holy Spirit Renewal Ministries 02-0366251 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 X 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III ........ 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 9 Did the organization report an amount in Part X, line 21, 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," 9 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 Χ Did the organization receive an audited financial statement for the year for which 策論 completing this return 12 12 X that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII ........... 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ........... 14a Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of moze than \$10,000 from grantmaking, fundraising, Χ business, and program service activities outside the U S,? If "Yes, \*complete Schedule F, Part I ........ Did the organization report on Part IX, column (A), limp 3, more than \$5,000 of grants or assistance to any 15 X 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II ......... 16 Did the organization report on Part IX, column (A), fire 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III .......... 16 X 17 17 Did the organization report more than \$15,000 on Part 🔭 complete Schedule G, Part I ..... 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ..... Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III ...... 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 21 21 Did the organization report more than \$5,000 cm Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .... 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .... 23 Did the organization answer "Yest" to Part V#, Section A, questions 3, 4, or 5? If "Yes," complete 23 X 24a Did the organization have that wax expenses 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 questions 24b-24d and complete Softequie K, if "No," go to question 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Dix the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х

Χ

Х

Х

25b

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Form 990 (2008) Holy Spirit Renewal Ministries

[Part IV | Checklist of Required Schedules (continued)

	VI	37	990 (	X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			v
27	organization? If "Yes," complete Schedule R, Part V, line 2	30		- 21
36	Section 501(c)(3) organizations. Did the organization make any transfers to the exempt non-charitable related	36		х
	Schedule R, Part V, line 2	35	'	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(\$3)? If "Yes," complete			37
	III, IV, and V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	sections 301 7701-2 and 301 7701-39 If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
٠.	Part I	31		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
-	conservation contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive more than \$25,000 in his reastress and the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
٠	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
D	complete Schedule L, Part IV	28ь		Х
ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	200		
	Part IV	28a		Х
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
а	employee), or an indirect business relationship through ownership of more than 35% in another entity			
28	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
20	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			

	990 (2008) HOLY Spills Renewal Ministries Of Tox Compliance		<u>-</u>	<del>ugo o</del>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		···	Γ
_	Toward Toward Toward of		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		İ
_	U.S. Information Returns. Enter -0- if not applicable	1		l
Ь	Enter the highliger of Points vv-2d included in the rat. Enter of instrumentation of the rate of the r	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		<u> </u>
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 0	1		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	-		
	instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<b>↓</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	İ		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	1		
	and Financial Accounts			
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 sheltar transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exertitit Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ŀ
	gifts were not tax deductible?	6b	_	ļ <u>.</u>
7	Organizations that may receive deductible contributions under section 170(c).	·		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			1
••	required?	7h		X
8	Section 501(c)(3) and other spansoring organizations maintaining donor advised funds and section			
-	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess the things at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	[	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		Х
10	Section 501(k)(7) organizations. Enter:			1
a	Initiation tees and capital contributions included on Part VIII, line 12	1		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	ŧ	
11	Section 501(c)(\$2) organizations. Enter	1	-	
'' a	Gross income from members or shareholders			
b	Gross Income from other sources (Do not net amounts due or paid to other sources against	1	ļ	
	amounts dué or received from them )		I	

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code )

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b balow, describe the concurristances, processes, or changes in Schedule O. See instructions  Enter the number of voting members of the governing body  Define the number of voting members of the governing body  Define the number of voting members of the governing body  Define the number of voting members of the governing body  Define the number of voting members of the governing body  Define the number of voting members of the governing body  Define the number of voting members of the governing body  Define the number of voting members of the tare independent  Define the number of voting members of the tare independent of the comparison of the comparison of others, directors or trustees, it was remotived to the organization of others, directors or trustees, it was remotived to a make any synthesis of the comparison of the responsibility of the profession services and the comparison service is serviced by the profession of the governing to service of the segmentation become even are during the year of a makenal diversion of the expansibility of services and the comparison services and the comparison services and the comparison services and the comparison services and the comparison services and the comparison services and the comparison services and the comparison services and the comparison services and the comparison services and the comparison services and the comparison of the c	Sec	tion A. Governing Body and Management			
cucumstances, processes, or changes in Schedule O. See instructions  Either the number of voling members of the governing body  Either the number of voling members that are independent  any other officer, director, frustee, or key employee?  Did any officer, director, frustee, or key employee?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervisor officers, director for trustee, or key employees to a management company or other person?  4 X X  Did the organization become aware during the year of a material devision of the organization have members or stockholders?  5 Did be organization have members as stockholders?  6 Does the organization have members, stockholders?  7 Does the organization have members, stockholders?  8 Did the organization have members, stockholders?  9 Does the organization have members, stockholders?  9 Does the organization have members, stockholders?  9 Does the organization have members, stockholders, or other persons who may elect one or more members  9 of the governing body?  9 Does the organization have been supplied to approve by members, stockholders, or other persons?  10 Did the organization notinemporaneously document the meetings held or written actions undertaken during the year by the following  11 The governing body?  12 Did the organization have to behalf of the governing body?  13 Did the organization have to behalf of the governing body?  14 Each committee with authority to act on behalf of the governing body?  15 Each committee with authority to act on behalf of the governing body?  16 Each committee with authority to act on behalf of the governing body?  17 Did was a copy of the Form 990 provided to the organization syowering body but on the organization?  18 Did the organization have bodied in part at the process of any the process of any the process of any the process of any the process of any the process of any the process of any the process of any the process of any the process of any the process of an			, <u> </u>	Yes	No
1a Enter the number of voling members of the governing body 19 149 150 160 160 160 160 160 160 160 160 160 16		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	]		į
b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 3 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management diduces outstornary performed by or under the direct 3 Up any other officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization have remembers or stockholders or a management company or other person? 5 Did the organization have members as stockholders? 6 Does the organization have members, stockholders? 7 Does the organization have members, stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members 6 of the governing body? 7 Does the organization have members, stockholders, or other persons who may elect one or more members 7 of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following 9 The governing body? 8 Did the organization not the governing body with the properties of the governing body? 9 Does the organization have written poticious and procedures governing the activities of such chapters, 8 at 1 the standard of the governing body? 9 Does the organization have written poticious and procedures governing the activities of such chapters, 8 at 1 the standard of the governing body entire it was filed? All organizations 9 and active the remarks to towns their organization are consistent with these of the organization? 9 b Standard organization that written poticious and procedures governing the activities of such chapters, 8 at 1 the carried organization than the organization organization organization? 9 b Standard organization than the organization organization organization? 10 Was a copy of the Form 900 provided to the organization's governing the activities of such chapters, 11 the organization organization organization org		circumstances, processes, or changes in Schedule O. See instructions			i
b Enter the number of voting members that are independent 2 Dot any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees any other officer, director, trustee, or key employees to a management company or other person? 3 Dot the organization make any significant changes to its organizational documents since the prior Form 950 was fixed? 4 Dot the organization have members or stockholders? 5 Dot the organization have members or stockholders? 6 Doses the organization have members as tockholders? 7 Doses the organization have members as tockholders? 8 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 9 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 9 Not the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 1 The governing body? 1 Replacement of the governing body? 2 Doses the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 1 The governing body? 2 Doses the organization have beliaf of the governing body? 3 Doses the organization have beliaf of the governing body? 4 Doses the organization have beliaf of the governing body? 5 Doses the organization have beliaf of the governing body? 5 Doses the organization have written policioss and procedures governing the activities of such chapters, affiliates, and branches to onsure their operations are consistent with those of the deprination? 5 Doses the organization have a written policios and procedures governing body before it was filed? 6 Doses the organization have a written beginning to the process, it any, the organization use to margine the file misses the different process. It also the case of the process of the deciment of the deciberation and decisions of the organizations regulately and consistently monator and	1a	Enter the number of voting members of the governing body			
any other officer, director, fusites, of key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization near the any significant changes to its organization documents since the prior Form 980 was filed?  5 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 The governing body?  8 Did the organization have because the provable of the governing body?  9 Did the year by the following  1 The governing body?  1 Did was a copy of the Form 950 provided to the organizations provedures governing the activities of such chapters, affinitiates, and branches to ensure their operations are consistent with those of the gradinization?  10 Was a copy of the Form 950 provided to the organizations governing body before it was filed? All organizations must desemble in Schodulc O the process, if any, the organization was to replay the Form 950 provided to the organization special provided the names agift addresses in Schodulc O the process, if any, the organization was to replay the Form 950 provided to the organization of the following provided to filed provided to disclose annually interests that could give it is there any officer, director or trustees, and key employees required to disclose enumular transgement with the organization have a written wri	b	1 41   40			ĺ
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The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's example status with respect to such arrangements?  Section C. Disclosure  16b Section 6:04 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply  Own website Another's website Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Lois Jean Kinney (231) 670-6735	15			}	
Describe the process in Schedule O. (sée instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable prifting the year?  16a X		independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	45-		v
Describe the process in Schedule O. (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  16a X  16a X  16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exampl status with respect to such arrangements?  16b Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed PCA  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply  Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Lois Jean Kinney (231) 670-6735	а	The organization's CEO, Executiva Director, or top management official?			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's example status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website Vipon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  Lois Jean Kinney (231) 670-6735	ь		150	<u> </u>	<u>^</u>
with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's example status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection indicate how you make these available. Check all that apply  Own website  Another's website  Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization   Lois Jean Kinney (231) 670-6735					
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exampf status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ CA  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply  Own website □ Another's website ☑ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Lois Jean Kinney (231) 670-6735	16a			1	
the organization's example status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website I Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Lois Jean Kinney (231) 670-6735		with a taxable prifity during #te year?	16a	ļ	X
the organization's exampt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)  available for public inspection Indicate how you make these available. Check all that apply  Own website  Another's website  Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  Lois Jean Kinney (231) 670-6735	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1	
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ CA  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  □ Own website □ Another's website ☒ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Lois Jean Kinney (231) 670-6735		its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		-	
17 List the states with which a copy of this Form 990 is required to be filed ▶ CA  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website □ Another's website ☑ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Lois Jean Kinney (231) 670-6735		the organization's exampl status with respect to such arrangements?	16b	<u> </u>	]
18 Section 6104 referrers an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Lois Jean Kinney (231) 670 - 6735	Sec	tion C. Disclosure			
available for public inspection. Indicate how you make these available. Check all that apply  Own website	17				
Own website ☐ Another's website ☒ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Lois Jean Kinney (231) 670-6735	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
Own website ☐ Another's website ☒ Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Lois Jean Kinney (231) 670-6735		available for public inspection. Indicate how you make these available. Check all that apply			
<ul> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization</li></ul>					
policy, and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization   Lois Jean Kinney (231) 670-6735	19				
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Lois Jean Kinney (231) 670-6735	-				
organization ▶ Lois Jean Kinney (231)670-6735	20				
		1923 Crestwood Lane Muskegon, MI 49441			

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons.

(A)	(B)	lirector, trustee, or key employe						(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	check	all th	at apply)		Reportable	Reportable	Estimated
	hours per week	Itd nri dur ise vtc iet deo	l t n r s u t s	011.00	Key empleyee	H compless x at a tax	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DR Clayton Ford			ļ '''		.ú			1		
Chairman	25	X	<u> </u>	X				20,196	0	
Norelle Lutke	l			Ĭ						
Vice Chairman		X	<b></b>	X	<u>_</u>	<u> </u>		0	0	
Lois Jean Kinney				┨						
Treasurer		X		X	-	ļ		0	0	
Teri Nyberg										
Secretary	<del> </del>	X	-	X			-	0	0	
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	L		L.							
										_

Page 8

	Irt VII   Section A. Officers, Directors, Trustees, K	(B)	es, ar	iu n	(C)		compe	:IISA	(D)	(E)	T	(F)	
	Name and title	Average	Positio	n (ch			t	1	Reportable	Reportable	E	stimate	ed
		hours	apply)						compensation	compensation	a	mount o	of
		per	l to	l t	0	l - m	1 0 1	F	from	from		other	
		week	d ur	s r t u	f	уР	g ;;; p	r	the	related	co	mpensa	ation
			' se	ı s t t			h e i	m e	organization	organizations		from ti	he
			d et	u e	е	y	s s y	r	(W-2/1099-MISC)	(W-2/1099-MISC)		organız	ation
			n L	6	Ϊ'	e	θθ					and rela	ated
			i r	n a			d				٥	rganıza	tions
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		<u> </u>				<u> </u>					<u> </u>		
1b	Total								20,196	0	<u> </u>		0
2	Total number of individuals (including those in 44) who	received mo	ore than	า \$1	00,0	100 ir	n repor	table	compensation fro	m the			^
_	organization >											Yes	No
3	Did the organization list any former officer, director or	trustee kev	employ	/ee.	or h	iahe	st com	pens	sated			103	1.0
	employee on line 1a? If "Yes," complete Schedule J for										3		X
4	For any individual listed on line ta, is the sum of report												
	the organization and related organizations greater than	\$150,000?	lf "Yes,	" co	mple	ete S	Schedu	le J	for such		,		
	individual +, ,										4		X
5	Did any person listed on liste 1a receive or accrue com						-						
~	services rendered to the organization? If "Yes," comple	te Schedule	J for s	uch	per	son	• •				5	X	
<u>5e</u>	ction B. Independent Contractors  Complete this table for your five highest compensated		aantra	otor.	o the	at 10		mor	2 than \$100,000 of				
•	compensation from the organization.	maepenaem	Contra	CiOi	5 u i	2116	Ceivea	11101	e alaii \$100,000 oi				
	(A)		·					-	(B)			(C)	
	Name and business address								Description of se	ervices		ensation	n
							_						
					_								
									1				
	Total number of independent and a state of the design	00 ID 4\ L		٠			. 0100	000	<u></u>		4		
2	Total number of independent contractors (including the compensation from the organization ▶	oe⊪≀i)W⊓O	receiv	eu r	HOTE	ulal	ι φισυ,	,uuU	II 1				

orm 990	(200	08) Holy Spirit Renewal	Ministries			02-036625	1 Page <b>9</b>
Part \	111	Statement of Revenue ,					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
goa	1a	Federated campaigns 1a			į		
i t m	Ь	Membership dues 1b			1		
teu s, r t gri am an oti sta n d	С	Fundraising events 1c					
	ď	Related organizations 1d			1		
a m	е	Government grants (contributions) 1e			1		
t I s a r a n d	f	All other contributions, gifts, grants, and similar amounts not included above	1,268,567		1		
n	g	Noncash contributions included in lines 1a-1f \$			<u> </u>		
ď	h	Total. Add lines 1a-1f		1,268,567			
			Business Code	]			
	2a	Conf and meetings	900099	36,618	18,309		18,309
	ь						
r v	c						
in	d						
C U	е						
İ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		36,618			
	3	Investment income (including dividends, interest, a	and				
ļ		other similar amounts)		5,250	2,625		2,625
Ì	4	Income from investment of tax-exempt bond process	eds▶				·
	5	Royalties	<b>&gt;</b>				
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	С	Rental income or (loss)		<u> </u>			
[	d	Net rental income or (loss) ,					
		Gross amount from sales of assets other than inventory	(II) Ölüser	_			
		Less: cost or other basis			-		
0		and sales expenses	<del></del>	4 1	İ	{	
t		Gain or (loss) (70,000					
h e		Net gain or (loss)	<u>P</u>	(70,000)	(70,000)	·	<del></del>
r		Gross income from fundraising		]	J		
R		events (not including \$				l	
e		of contributions reported on line 1c).			ŀ		
V e		See Part IV, line 18	<u> </u>	1	1		
n		Less: direct expenses b	L	1		Ì	
u		Net income or (loss) from fundraising events .		<del> </del>	· <del></del>		
		Gross income from gamen activities See Part JV, line 19			ŧ		
		Less: direct expenses b		1			
j		Net income or (loss) from gaming activities	L	<del> </del>			<u> </u>
	10a	Gross sales of lavantory, less			<del>-,, </del>		****
		resturns arretallowances a Less cost of goods sold b			1		
1		Net income or (loss) from sales of inventory		† [	ţ	Ì	
Į		Miscellaneous Revenue	Business Code			-	
ľ	1 <b>1</b>	/ William Will		1 1	†	ĺ	
	ь			†		·	
	c			<del> </del>			
		All other revenue		<del> </del>			<del></del>
		Total. Add lines 11a-11d		†			
ļ				<del> </del>			
		<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8 9c, 10c, and 11e		1.240.435	(49.066)		20,934

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colum				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
	, 8b, 9b, and 10b of Part VIII.		6xhei1262	Selicial exhelises	0.po000
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22			·	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	1 177 764	1 177 764		
	U.S. See Part IV, lines 15 and 16	1,177,764	1,177,764		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 106		20,196	
_	trustees, and key employees	20,196		20,196	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	<del></del>			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		·		
9	Other employee benefits		ļ	+	
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management	<del></del>	ļ,,,,		·•-
b	Legal				
С	Accounting				
d	Lobbying			7.1	
е	Professional fundraising services See Part IV, line 17 .			:	
f	Investment management fees				
g	Other				
12	Advertising and promotion	7,191	3,596	3,595	
13	Office expenses	3,809		3,809	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	4,847		4,847	
18	Payments of travel or entertainment expertses				
	for any federal, state, or local public officials + + x				
19	Conferences, conventions, and meetings	29,795	22,368	7,427	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, Itemize expenses not		1		
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed			ţ	
	5% of total expenses shown on line 25 below )				
a	`	100	100		
- Ь					
c					
ď	<del></del>				
e		··· <del>·</del>			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,243,702	1,203,828	39,874	0
26	Joint Costs. Check here ▶ ☐ If following \	_,			
	SOP 98-2 Complete this line only if the organization			Į į	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation · · · · · · · · · · · · · · · · · · ·		1	l	

Form 990 (2008)

rar	T.	Balance Sneet	/4\	<del></del>	/p\	
			(A) Beginning of year		(B) End of ye	ar
			122,939	1		3,738
	1	Cash - non-interest-bearing	144,939	2	- 30	,,130
	2	Savings and temporary cash investments		3		
	3	Pledges and grants receivable, net		4		<del></del>
	4	Accounts receivable, net	<del></del>	4		
	5	Receivables from current and former officers, directors, trustees, key		5		
		employees, or other related parties. Complete Part II of Schedule L		3		
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete				
A		Part II of Schedule L		6		
s	7	Notes and loans receivable, net		7		
S	8	Inventories for sale or use		8		
e t	9	Prepaid expenses and deferred charges		9		
S	10a	Land, buildings, and equipment cost basis 10a				
	b	Less accumulated depreciation. Complete		40		
		Part VI of Schedule D		10c		
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11	<del></del>	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	122,939	16	98	3,738
	17	Accounts payable and accrued expenses	,	17		
	18	Grants payable		18		
L	19	Deferred revenue		19		
i	20	Tax-exempt bond liabilities		20		
b	21	Escrow account liability. Complete Part IV of Schedule D		21		
į	22	Payables to current and former officers, directors, trustees, key				
i		employees, highest compensated employees, and disqualified				
t		persons Complete Part II of Schedule L		22		
i e	23	Secured mortgages and notes payable to unrelated third parties		23		
S	24	Unsecured notes and loans payable,		24		
	25	Other liabilities Complete Part X of Schedule D (xx)		25		
	26	Total liabilities. Add lines 17 through 25	0	26		0
		Organizations that follow SFAS ∰7, check here ▶ ☐ and				
N F		complete lines 27 through 29, and lines 33 and 34.				
e u	27	Unrestricted net assets		27		
t n	28	Temporarily restricted net assets		28		
Α	29	Permanently restricted nat assets +		29		
s B		Organizations that do not follow SFAS 117, check here > 🗓				
s a e l		and complete lines 30 through 34.				
t a	30	Capital stock or trust principal, or current funds		30		
s n	31	Paid-et or capitat sumplus, or land, building, or equipment fund		31		
o e	32	Retained estrings, endowment, accumulated income, or other funds	122,939	32	9	8,738
r s	33	Total net assets or fund balances	122,939	33	9	8,738
	34	Total liabilities and net assets/fund balances	122,939	34	9	8,738
Pai	t XI	Financial Statements and Reporting				
	·····				Y	res No
1	Accet	nting method used to prepare the Form 990. 🛛 Cash 🔲 Accrual 🔲 Oth	er			
2a		the organization's financial statements compiled or reviewed by an independent accounta	nt?		2a	X
b		the organization's financial statements audited by an independent accountant?			2b	X
c		" to lines 2a or 2b, does the organization have a committee that assumes responsibility for	or oversight of			
		dit, review, or compilation of its financial statements and selection of an independent according			2c	
3a		esult of a federal award, was the organization required to undergo an audit or audits as se			1 T	
		ngle Audit Act and OMB Circular A-133?			3a	X
ь		s." did the organization undergo the required audit or audits?			3b	

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Employer identification number

2008

Open to Public Inspection

ło1	y S	pirit Renewal	Ministries						02-0	366251			
Pa	rt I	Reason for	<b>Public Charity</b>	y Status (All organiza	ations must	complete	this part.) (	see ınstru	ctions)				
The	orgar	ization is not a private	e foundation becau	se it is: (Please check or	nly <b>one</b> org	anizatıon.)	)						
1		A church, convention	n of churches, or as	sociation of churches de	escribed in	section 17	70(b)(1)(A)	(i).					
2				(A)(ii). (Attach Schedule									
3		A hospital or a coope	erative hospital serv	rice organization describ	ed ın <b>secti</b>	on 170(b)(	(1)(A)(iii). (	Attach Sc	hedule H.)				
4		A medical research of	organization operate	ed in conjunction with a h	nospital des	scribed in s	section 17	0(ь)(1)(А)	(iii). Enter	the hospita	al's name	€,	
		city, and state:											
5			ated for the benefit	of a college or university	y owned or	operated l	oy a govern	nmental ur	nt describe	d in			
		section 170(b)(1)(A											
6	П			governmental unit descri	ibed in <b>sec</b>	tion 170(b	)(1)(A)(v).						
7	$\overline{\mathbf{X}}$			substantial part of its su					e general p	ublic			
	_	described in section											
8	П	A community trust de	escribed in <b>section</b>	170(b)(1)(A)(vi). (Comp	olete Part II	)							
9	ñ	An organization that	normally receives:	(1) more than 33 1/3% of	f its suppoi	t from con	tributions, i	membersh	np fees, an	d gross			
	_			mpt functions - subject to									
				and unrelated business to									
				30, 1975 See section 5									
10				exclusively to test for p				)( <b>4</b> ). (see i	nstructions	s)			
11		An organization orga	inized and operated	d exclusively for the bene	efit of, to pe	riform the f	iunctions of	f, or to car	ry out the				
				rted organizations descri						ection			
		509(a)(3). Check the	box that describes	the type of supporting o	rganiz <b>atio</b> r	and domi	olete lines 1	11e throug	h 11h				
		a 🔲 Type I	<b>ь</b> 🗌 Турс	ell c 🗔	] ∓ype lli-	Functional	lly integrate	ed	d	Type I	II-Other		
е				rganization is not control									
		persons other than for	oundation manager	s and other than one 🌣 🤋	more public	ly support	ed organiza	ations des	cribed in s	ection			
		509(a)(1) or section		,									
f		If the organization re		termination from the IRS					orting				_
		organization, check t		,									٠ . لــ
g		Since August 17, 20	06, has the organız	ation accepted any gift o	or contributi	on from ar	ny of the						
		following persons?											
				controls, either alone or							Γ	Yes	No
				of the supported organiz							11g(i)	<u> </u>	<b> </b>
				#ibed in (i) above?							11g(iı)		<u> </u>
				n described in (i) or (ii) at			• • • • •				11g(iii)		L
h		Provide the following	information about	the organizations the org	ganization s	supports.	<del></del>						
	(i) Na	me of supported	₩ £IN	(fii) Type of organization	(iv) Is the c	-	(v) Did yo			ls the tion in col		Amoun	t of
		organization		(described on lines 1-9 above or IRC section	governing of		the organization (i) of your		(i) organize	d in the	s	upport	
				(see instructions) )		·				S?	}		
		<del></del>	ļ		Yes	No	Yes	No	Yes	No			
		,			ļ								
					+			<del>-</del>		<del> </del>			
		***************************************											
		<del></del>					1			-			
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					-	-							

990 or 990-EZ) 2008 Holy Spirit Renewal Ministries 02-0366251

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 bo	x on line 5, 7, or 8 of F	Part I)	<del></del>	··· -		<del></del>
	tion A. Public Support	(a) 2004	<b>(b)</b> 2005	(c) 2006	( <b>d</b> ) 2007	(e) 2008	(f) Total
Cale	endar year (or fiscal year beginning in)	(a) 2004	( <b>b</b> ) 2005	(C) 2006	( <b>d</b> ) 2007	(e) 2008	(i) iotai
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants")	. 124,658	44,865	76,407	46,071	1.286.876	1,578,877
_	•		,				
2	Tax revenues levied for the organization's benefit and either paid to or expended on						
	its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the			1			
	organization without charge						
4	Total. Add lines 1-3	. 124,658	44,865	76,407	46,071	1,286,876	1,578,877
5	The portion of total contributions by each	;					
	person (other than a governmental unit or	;					
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount				:		
_	shown on line 11, column (f)				: 		1,578,877
6	Public support. Subtract line 5 from line 4 tion B. Total Support	•		<u> </u>			1,370,077
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	. 124,658			46,071		
8	Gross income from interest, dividends,			************	-		
	payments received on securities loans, rents, royalties and income from similar						
	SOURCES				905	2,625	3,530
9	Net income from unrelated business						
•	activities, whether or not the business is						
	regularly carried on	•					
0	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						1,582,407
1  2	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc (see	1991	<u> </u>			12	1,302,407
	•						<del></del>
13	First five years. If the Form 990 is for the organies check this box and stop here	anization's ##\$£, secon					
Sec	tion C. Computation of Public Sup						
4	Public support percentage for 2008 (line 5, colu					14	99.78 %
15	Public support percentage from 2007 Scheduit					15	99.00 %
6a	33 1/3% support test - 2008. If the organization			d line 14 is 33 1/3	3% or more, che	ck this box	
	and stop here. The organization qualifies #\$ \$	publicly supported or	ganization .	<b></b> .			▶ 🏻
Ь	33 1/3% support test - 2007. If the organization	on did not check a bo	x on line 13 or 16	a, and line 15 is 3	33 1/3% or more	, check this	_
	box and stop here. The organization qualifies						▶ 🛚
7a	10%-facts-and-circumstances test - 2008.	-					
	more, and if the organization meets the "facts-a					V how the	_
	organization meets the "facts and circumstanc	-	•		-		▶ ∐
Ь	10%-facts-and-circumstances test - 2007.	•					•
	more, and if the organization meets the "facts-a					v now the	
ıΩ	organization meets the "facts-and-circumstanc	· · · · · · · · · · · · · · · · · · ·	· ·		=	netructions	
8	Private foundation. If the organization did not	CHECK & DUX ON line 1	J, 10a, 100, 17a,	OF TAB, CHECK TO	is DOX and See If	130 00010113	· · · · · • 🗗
	WHINES			EEA.	<del> </del>	Cabachdo A /Form 00	0 ~ 000 E7 2009

## 990 or 990-EZ) 2008 Holy Spirit Renewal Ministries Support Schedule for Organizations Described in Section 509(a)(2) Part III

Sec	(Complete only if you checked the box on I	ine 9 of Part I)					
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	. <u>.</u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)			***		<u> </u>	
	tion B. Total Support	<del></del>	······	t ()	(1)	( )	(4) =
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6	,	****				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	HII. HIII					
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1					
13	Total support. (Add lines 9, 10c, 11, and 12.)		L	<u> </u>	<u> </u>	<u> </u>	
14	First five years. If the Ports 990 is for the organizat check this box and stop here		<u> </u>				▶ □
	tion C. Computation of Public Support						
15 16	Public support percentage for 2008 (line 8, column (	•	* * * * * * * * * * * * * * * * * * * *			15	<u>%</u> %
	tion D. Computation of Investment Inc					1 10 1	
17	Investment income percentage for 2008 (line 10c, co			nn (f))		17	%
18	Investment income percentage from 2007 Schedule					18	%
19a	33 1/3% support tests - 2008. If the organization of	lid not check the	box on line 14, a	ınd line 15 is mor	e than 33 1/3%,	and line 17 is	
L	not more than 33 1/3%, check this box and stop he	_			-		▶ 🗍
20 b	33 1/3% support tests - 2007. If the organization of is not more than 33 1/3%, check this box and stop it.	nere. The organiz	zation qualifies a	s a publicly supp	orted organization	on • • • • •	าช ▶ [] 
20	Private Foundation: If the organization did not che	CK a box on line 1	14, 19a, or 19b, o	cneck this box ar	na see instruction	Schodulo A (Form 90	0 ~ 000 = 7 2000

Page 2

(i) Method of valuation (book, FMV, appraisat, other) (h) Description of non-cash assistance 990) 2008 Holy Spirit Renewal Ministries

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, (g) Amount of non-cash assistance 1,177,764 sent check (f) Manner of cash disbursement Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has (e) Amount of cash grant (d) Purpose of grant to build East Asia and the (c) Region Pacific Use Schedule F-1 (Form 990) if additional space is needed. (b) IRS code section and EIN (if applicable) Enter total number of other organizations or entities (a) Name of organization Schedule F (Form 990) 2008 Part II

Schedule F (Form 990) 2008

EEA

Schedule F (Form 990) 2008 Holy Spirit Renewal Ministries

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Tive of grant or assistance	(S) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of non-cash	(g) Description of non-cash	(h) Method of valuation
		recipients	cash grant	disbursement	assistance		(book, FMV, appraisal, other)
							•
							1
	-						
	,						
,							;
		-	,				
,							
		EEA				Schedule F	Schedule F (Form 990) 2008

#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

## Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

that answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. To be completed by organizations

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Name of the organization Holy Spirit Renewal Ministries 02-0366251 Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel ☐ Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or 1b provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Written employment contract Compensation committee Compensation survey of study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 18: 4a a Receive a severance payment or change of control payment? 4c c Participate in, or receive payment from, an equity-bassed compensation arrangement? If "Yes" to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 14, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?........ 5a 5Ь If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part V#, Section A, line 1a, did the organization pay or accrue any compensation contingent on that net earnings of: 6a

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

If "Yes," to line 6a or 6b, describe in Part III

7

**b** Any related organization?

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Were any appropried in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the inhitiat contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe

Schedule J (Form 990) 2008

7

02-0366251

Holy Spirit Renewal Ministries

Use Schedule J-1 if additional space is needed Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Schedule J (Form 990) 2008

Part II Officer

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	- (-)						
	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Deferred	(C) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(ui) Other compensation	compensation	benefits	(D)-(D)(B)	reported in pnor Form 990 or Form 990-E2
i)			20,196			20,196	
DR Clayton Ford	(II)						
1	(1						
<u>:</u>	(11)						
3	(2)						
<u>i)</u>	(II)						,
	(2)						
<u>:5</u>	(E)		*****				
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							Schedule J (Form 990) 2008

#### SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number Holy Spirit Renewal Ministries 02-0366251 01. Form 990 governing body review (Part VI, line 10) Treasurer reveives and signs the 990. The 990 is available for board review at their next meeting 02. Governing documents, etc, available to public (Part VI, line 19) Books and records are open if the organization is contacted at its home office