# 990

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Net Assets

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

OMB No. 1545-0047

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

Open to Public

Department of the Treasury

Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 1/1/2007 12/31/2007 For the 2007 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Please B Check if applicable: WIND AND FIRE MINISTRIES INC 1526622 Address change label or print or E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change type. 294-5307 3243 Wind and Fire Dr (319) Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method: Cash Cash Final return . Instruc Marion, IA 52302 ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations. Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H(a) Is this a group return for affiliates? ☐ Yes ✓ No trusts must attach a completed Schedule A (Form 990 or 990-EZ). **H(b)** If "Yes," enter number of affiliates ▶ G Website: ► www.windandfire.org **H(c)** Are all affiliates included? Yes No J Organization type (check only one) ▶ ✓ 501(c) ( 3 ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an K Check here ▶ if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling?  $\slash\hspace{-0.4cm} Z$  Yes  $\slash\hspace{-0.4cm} \square$  No receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return. be sure to file a complete return. Group Exemption Number ▶ Check ▶ ☐ if the organization is **not** required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 421,824 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 0 a Contributions to donor advised funds . . . . . . . 1a 1b 293.711 **b** Direct public support (not included on line 1a) O 1c c Indirect public support (not included on line 1a) . . . 0 1d d Government contributions (grants) (not included on line 1a) 293,711 e Total (add lines 1a through 1d) (cash \$\_\_\_\_\_\_ 293,711 noncash \$\_\_\_\_\_ 1e 28,101 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 0 0 4 4 Interest on savings and temporary cash investments 5 0 5 Dividends and interest from securities 0 6a 0 6b 0 6c c Net rental income or (loss). Subtract line 6b from line 6a . . . 0 Other investment income (describe 8a Gross amount from sales of assets other 11,764 8a 21,600 than inventory . . . . . . . . . 11,764 8b 33,500 **b** Less: cost or other basis and sales expenses. 8c -11,900 c Gain or (loss) (attach schedule) Stmt 1 -11,900 d Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . . . . . . . . 8d See Statement 2 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ 56,609 9b **b** Less: direct expenses other than fundraising expenses 9,827 c Net income or (loss) from special events. Subtract line 9b from line 9a 0 10a Gross sales of inventory, less returns and allowances 0 0 10c c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 212 11 Other revenue (from Part VII, line 103) . . . . . . . . . . . . . . 11 **Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. 319,951 12 12 13 33,576 13 Program services (from line 44, column (B)) . . . .

Net assets or fund balances at beginning of year (from line 73, column (A)),

Management and general (from line 44, column (C))

Fundraising (from line 44, column (D))

Excess or (deficit) for the year. Subtract line 17 from line 12

Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18, 19, and 20

Payments to affiliates (attach schedule) . . .

Total expenses. Add lines 16 and 44, column (A)

111,097

144,673

175,278

550,968

1,444,315

2,170,561

0

0

14

15

16

17

18

19

20

Stmt 3

Form 990 (2007) Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising and general 6b, 8b, 9b, 10b, or 16 of Part I. **22a** Grants paid from donor advised funds (attach schedule) (cash \$ \_\_\_\_\_ noncash \$ \_\_\_ 0 0 22a If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) (cash \$ \_\_\_\_\_ noncash \$ \_\_\_ 22b 0 If this amount includes foreign grants, check here  $\triangleright \sqcup$ Specific assistance to individuals (attach 23 0 0 schedule) . . . . . . . . Benefits paid to or for members (attach 0 0 24 schedule) . . . . . . . . 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 0 0 0 25a **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b 0 0 0 0 . . . . . . . . . . . . . c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 0 0 0 25c persons described in section 4958(c)(3)(B) Salaries and wages of employees not included 26 26 0 0 0 0 on lines 25a, b, and c . . . . . . . . 27 Pension plan contributions not included on 0 0 0 0 27 lines 25a, b, and c . . . . . . . . . . . . . . . . 28 Employee benefits not included on lines 0 0 0 0 28 . . . . . . . . . . 29 0 0 0 0 29 Payroll taxes . . . . . . 0 0 0 0 30 30 Professional fundraising fees . 0 0 0 0 31 31 Accounting fees . . . . . 430 0 430 0 32 32 6,712 0 6,712 0 33 33 Supplies 5,990 0 5,990 0 Telephone . . . . 34 34 0 0 375 375 35 35 Postage and shipping . . . . 48,131 0 48,131 0 36 36 Occupancy . . . . . . . . . 0 37 16,933 16,933 0 37 Equipment rental and maintenance . . . 15,418 0 15,418 0 38 38 Printing and publications . . . . . 0 7,108 0 7,108 39 39 . . . . . . . . . . . . . . 0 1,080 780 300 40 40 Conferences, conventions, and meetings . . . 9,700 9,700 0 0 41 41 0 0 0 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize): See Statement 4 32.796 32,796 43a 43b 43c 43d 43e 43f 43g Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 144,673 33,576 1 **Joint Costs.** Check ▶ ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program service \_; (ii) the amount allocated to Program If "Yes," enter (i) the aggregate amount of these joint costs \$\_\_\_\_\_

(iii) the amount allocated to Management and general \$

144,673	33,576	111,097	0						
; <b>(ii)</b> the	ng solicitation reported in <b>(B)</b> Program services? . ▶ ☐ <b>Yes</b> ✓ <b>No</b> ; <b>(ii)</b> the amount allocated to Program services \$; ; and <b>(iv)</b> the amount allocated to Fundraising \$								
			Form <b>990</b> (2007)						

Form 990 (2007) Page **3** 

### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wł	hat is the organization's primary exempt purpose?   Religious - Regional Prayer Missions Ministry		Program Service
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	er	Expenses (Required for 501(c)(3) and
of	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (	(4)	(4) orgs., and 4947(a)(1) trusts; but optional for
org	ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others	s.)	others.)
а	See Statement 5		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ [		
b	)		
~	·		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	$\Box$	
С	· · · · · · · · · · · · · · · · · · ·		
·	;		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ [	$\Box$	
d			
u	l		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ [	$\Box$	
e	Other program services (attach schedule)	쒸	
J	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ [	$\Box$	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	<u>                                      </u>	33,576
	5		55,676

Form **990** (2007)

Form 990 (2007) Page **4** 

Part IV Balance Sheets (See the instructions.) Where required, attached schedules and amounts within the description (A) Beginning of year End of year column should be for end-of-year amounts only. 91,705 45 24,423 45 Cash—non-interest-bearing . . . . 46 0 0 46 Savings and temporary cash investments . . . O 47a 47a Accounts receivable . . . . . . 47b 0 0 47c 0 **b** Less: allowance for doubtful accounts . 0 48a 0 48b 0 0 48c **b** Less: allowance for doubtful accounts . 0 49 0 50a Receivables from current and former officers, directors, trustees, and 0 50a 0 **b** Receivables from other disqualified persons (as defined under section 0 50b 0 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 51a Other notes and loans receivable (attach 0 51a Assets schedule) . . . . . . . . . . . 51b 0 0 51c 0 **b** Less: allowance for doubtful accounts . 52 0 0 53 0 Prepaid expenses and deferred charges ☐ Cost ☐ FMV 0 54a 0 **54a** Investments—publicly-traded securities. 0 0 54b ☐ Cost ☐ FMV **b** Investments—other securities (attach schedule) 55a Investments—land, buildings, 55a 129,000 equipment: basis . . . . . . **b** Less: accumulated depreciation (attach 55b 0 129,000 0 55c schedule) See Statement 6 0 56 0 Investments—other (attach schedule) 2.146.138 57a 57a Land, buildings, and equipment: basis . **b** Less: accumulated depreciation (attach 0 1,352,610 57c 2,146,138 57b schedule) Stmt 7 Other assets, including program-related investments (describe ▶ 58 59 **Total assets** (must equal line 74). Add lines 45 through 58 . . . 2,299,561 1,444,315 59 0 60 0 Accounts payable and accrued expenses . . . . 0 61 0 61 0 0 62 62 Loans from officers, directors, trustees, and key employees (attach 0 45,000 63 schedule) .See Statement 8. 0 64a 0 64a Tax-exempt bond liabilities (attach schedule) . . . 0 64b 84,000 b Mortgages and other notes payable (attach schedule) Stmt 9 0 65 0 65 Other liabilities (describe ▶ .....) Total liabilities. Add lines 60 through 65 . . . . . . . 0 129,000 66 Organizations that follow SFAS 117, check here ▶ □ and complete lines 67 through 69 and lines 73 and 74. **Balances** 67 67 68 68 69 Fund Organizations that do not follow SFAS 117, check here ▶ <a>
✓</a> and complete lines 70 through 74. ō 0 70 70 1,352,610 Net Assets 71 2,146,139 Paid-in or capital surplus, or land, building, and equipment fund . 91,705 24,422 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must 1,444,315 73 2,170,561 Total liabilities and net assets/fund balances. Add lines 66 and 73 1,444,315 74 2,299,561

Form 990 (2007) Page **5** 

Pai	t IV-A Reconciliation of Revenue per Audinstructions.)	dited Financial Statem	ents With Rev	enue per	Return (	See the
а	Total revenue, gains, and other support per audi	ted financial statements			а	
b	Amounts included on line ${\bf a}$ but not on Part I, lin	e 12:				
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2			
3	Recoveries of prior year grants		b3			
4	Other (specify):					
			b4		b	
_	Add lines <b>b1</b> through <b>b4</b>				b C	
c d	Subtract line <b>b</b> from line <b>a</b>					
u 1	Investment expenses not included on Part I, line		d1			
2	Other (specify):					
_	сию (феспу).		d2			
	Add lines <b>d1</b> and <b>d2</b>				d	
е	Total revenue (Part I, line 12). Add lines c and c				е	
Pai	t IV-B Reconciliation of Expenses per Au		ments With Exp	penses p	er Returr	1
а	Total expenses and losses per audited financial				а	
b .	Amounts included on line a but not on Part I, lin		64			
1	Donated services and use of facilities		b1 b2			
2	Prior year adjustments reported on Part I, line 20		b3			
3 4	Losses reported on Part I, line 20 Other (specify):		50			
7	Other (specify).		b4			
	Add lines <b>b1</b> through <b>b4</b>				b	
С	Outstand Back to facility Back				С	
d	Amounts included on Part I, line 17, but not on	ine a:				
1	Investment expenses not included on Part I, line	6b	d1			
2	Other (specify):					
	Add lines <b>d1</b> and <b>d2</b>		d2		d	
е	Add lines <b>d1</b> and <b>d2</b> Total expenses (Part I, line 17). Add lines <b>c</b> and	d	· · · · ·		е	
Pai	Current Officers, Directors, Trustee or key employee at any time during the year	s, and Key Employees ear even if they were not o	(List each person compensated.) (S	n who was ee the inst	an officer, tructions.)	director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)		ns to employee s & deferred tion plans	(E) Expense account and other allowances
See	Statement 10			·		
		-				
		-				
		-				
		-				
		-				
		_				
		-				

	990 (2007)			age I
Pai	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	~	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	~	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	~	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures  Aggregate pondeductible amount of section 6033(e)(1)(A) dues notices  85d			
	riggiogate hemodate amount of coolen coolen, it is a coolen coole			
		85g		
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	oog		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		V
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		V
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 •			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		~
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		~
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		~
902	at any time during the year?			
	Number of employees employed in the pay period that includes March 12, 2007 (See			
				0
91a	instructions.)  The books are in care of ▶ Ric Lumbard  Located at ▶ 3243 Wind and Fire Dr, Marion, IA  Telephone no. ▶ 319- 21P + 4 ▶ 523	294-5 802	307	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	\ <u>'</u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	04:	Yes	No
	account)?	91b		
	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			
	and Financial Accounts.			

Form 990 (2007) Page 8 Part VI Other Information (continued) Yes No 1 c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . > | 92 Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 (E) Note: Enter gross amounts unless otherwise Related or indicated. exempt function Business code Amount Exclusion code Amount income 93 Program service revenue: **Mission Base Accounts** 26,103 а The Field 1,998 b C d е Medicare/Medicaid payments . . . . . f Fees and contracts from government agencies g 94 Membership dues and assessments . . . 95 Interest on savings and temporary cash investments 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: debt-financed property . . . . . а not debt-financed property . . . . . b 98 Net rental income or (loss) from personal property Other investment income . . . . . . 99 -11,900 100 Gain or (loss) from sales of assets other than inventory 9,827 101 Net income or (loss) from special events . 102 Gross profit or (loss) from sales of inventory Other revenue: a Refund 212 103 b C d е 26,240 Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) . . . . . . 26,240 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). See Statement 11 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) (A)
Name, address, and EIN of corporation, (B) Percentage of ownership interest Fnd-of-year Nature of activities Total income partnership, or disregarded entity assets % % % % Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) Part X (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . ☐ Yes ✓ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  $\square$  Yes  $\checkmark$  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2007) Information Regarding Transfers To and From Controlled Entities. Complete only if the organization Part XI

	is a controlling organization	on as defined in sectior	n 512(b)(13).			-		
			. , , , ,				Yes	No
106	Did the reporting organization ma the Code? If "Yes," complete the				sectio	on 512(b)(13) of		
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer		(D) Amount of		er
a								
b								
С								
	Totals							
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes," of					section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	( Descri	C) ption of nsfer	<b>,</b> .	(D) Amount of		er
a								
b								
c								
	Totals							
108	Did the organization have a bindir rents, royalties, and annuities des	•		2007, cov	ering	the interest,	Yes	No
Pleas Sign	Under penalties of perjury, I declare that I and belief, it is true, correct, and complete	have examined this return, include	ding accompanying sc			of which preparer has a		
Here	Ric Lumbard, Board Secret Type or print name and title	tary / Pastor						
Paid Proporo	Preparer's signature		Date	Check if self-employed		Preparer's SSN or PTIN (S	See Gen.	Inst. X)
Preparer's Use Only Firm's name (or yours if self-employed),				<u> </u>				

Form **990** (2007)

#### SCHEDULE A

(Form 990 or 990-EZ)

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization **Employer identification number** WIND AND FIRE MINISTRIES INC 42 1526622 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (e) Expense (d) Contributions to (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation mployee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over

\$50,000 for other services . . . . . . . . .

Pa	rt III Statements About Activities (See page 2 of the instructions.)	1	<b>f</b> es	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$\bigsim \bigsim	1		,
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		~
b	Lending of money or other extension of credit?	2b		~
С	Furnishing of goods, services, or facilities?	2c		~
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		~
е	Transfer of any part of its income or assets?	2e		~
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		<b>,</b>
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		~
С		3c		~
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		~
	<u> </u>	la		V
b	Did the organization make any taxable distributions under section 4966?	łb		<b>✓</b>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<b>'</b>
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	rt I\	/	Reason for Non-Private	Foundation S	Status (See pages 4	through 7 of	the instructi	ons.)
I cer	tify	that	the organization is not a privat	e foundation bec	ause it is: (Please check	only <b>ONE</b> app	olicable box.)	
5	<b>/</b>	A c	church, convention of churches	, or association o	of churches. Section 170	0(b)(1)(A)(i).		
6		A s	chool. Section 170(b)(1)(A)(ii). (	Also complete Pa	art V.)			
7		A h	nospital or a cooperative hospit	al service organiz	zation. Section 170(b)(1)(	(A)(iii).		
8		A fe	ederal, state, or local governme	ent or governmen	ntal unit. Section 170(b)(	1)(A)(v).		
9			nedical research organization o					
10			organization operated for the best complete the <b>Support Sche</b> d	_	or university owned or op	perated by a go	vernmental unit	t. Section 170(b)(1)(A)(iv)
11a			organization that normally recei 0(b)(1)(A)(vi). (Also complete the			a governmental	unit or from the	e general public. Section
11b		A c	community trust. Section 170(b)	)(1)(A)(vi). (Also co	omplete the Support Sc	<b>hedule</b> in Part	IV-A.)	
12	An organization that normally receives: (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)							
13			organization that is not control uirements of section 509(a)(3).					nd otherwise meets the
			Type I Type II	☐Type I	II-Functionally Integrate	ed $\square$	Type III-Other	r
			Provide the following infor	rmation about th	ne supported organizati	ions. (See pag	e 7 of the instr	uctions.)
Na	ime	(s) o	(a) f supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organizatio the sup organiz governing d	pported on listed in porting ation's	(e) Amount of support
						Yes	No	
Tota	ıl .		<u> </u>	<u> </u>		<u> </u>	•	
14	П	Δn	organization organized and on	erated to test for	nublic safety. Section 5	509(a)(4) (See r	nage 7 of the in	netructions )

	t IV-A Support Schedule (Complete only: You may use the worksheet in the instructions					
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .					
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.					
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					
24	Line 23 minus line 17					
25	Enter 1% of line 23					
26	Organizations described on lines 10 or 11:	a Entor 2% of	amount in colum	an (a) line 24	▶ 26a	1
b	Prepare a list for your records to show the nar governmental unit or publicly supported organiz amount shown in line 26a. <b>Do not file this list w</b> Total support for section 509(a)(1) test: Enter li	me of and amoun zation) whose tota ith your return. E ne 24, column (e)	t contributed by al gifts for 2003 t nter the total of a	each person (oth hrough 2006 exce Il these excess an	er than a eeded the nounts > 26b	
d	Add: Amounts from column (e) for lines: 18					
	22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera				▶ 26e	
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	or amounts include the name of, and	ded in lines 15, total amounts re	16, and 17 that v	vere received fr	om a "disqualified
b	(2006)	ved from each per year, that was mo 5 through 11b, as we the larger amount	rson (other than "ore than the larger well as individuals t described in (1)	disqualified person of (1) the amount .) <b>Do not file this li</b> or (2), enter the s	s"), prepare a list on line 25 for the st with your retu um of these diffe	for your records to year or (2) \$5,000. rn. After computing erences (the excess
С	Add: Amounts from column (e) for lines: 15					
	17 20		21			
d						1
е	Public support (line 27c total minus line 27d to				▶ 27e	
f	Total support for section 509(a)(2) test: Enter a	mount from line 2	23, column (e) .	. ▶ 27f		
g	Public support percentage (line 27e (numera					
h	Investment income percentage (line 18, colu	umn (e) (numerat	tor) divided by I	ine 27f (denomin	ator)). ▶ 27h	ı %
28	<b>Unusual Grants:</b> For an organization described prepare a list for your records to show, for ear description of the nature of the grant. <b>Do not</b> the grant of th	ch year, the nam	e of the contribu	utor, the date and	amount of the	grant, and a brief

# Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	(10 00 000)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:	220		
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c 32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by an				ne instructi	ons.	)
Che	ck ▶ a ☐ if the organization belongs to an affilia		eck ▶ b 🗌 if		nd "limited co	ntrol"	provisions apply.
	Limits on Lobbyii	•			(a) Affiliated gr	oup	(b) To be completed for all electing
	(The term "expenditures" mean	ns amounts paid	or incurred.)		totalo		organizations
36	Total lobbying expenditures to influence public		,				
37	Total lobbying expenditures to influence a legis	• ,	,				
38	, , , , , , , , , , , , , , , , , , , ,	bbying expenditures (add lines 36 and 37)					
39	Other exempt purpose expenditures						
40	Total exempt purpose expenditures (add lines	,		40			
41	Lobbying nontaxable amount. Enter the amount		•				
			able amount is—				
	Not over \$500,000 20% (						
	Over \$500,000 but not over \$1,000,000 . \$100,0						
	Over \$1,000,000 but not over \$1,500,000 . \$175,0			,000,000			
	Over \$1,500,000 but not over \$17,000,000 . \$225,0						
40	Over \$17,000,000 \$1,000 Grassroots nontaxable amount (enter 25% of li	•					
42 43	Subtract line 42 from line 36. Enter -0- if line 4	,					
43 44	Subtract line 42 from line 38. Enter -0- if line 4						
	Subtract line 41 from line 36. Litter -0- if line 4	i is more man ii	ne 30				
	Caution: If there is an amount on either line 43	3 or line 44, you i	must file Form 47	<sup>7</sup> 20.			
	4-Year Av	eraging Perio	d Under Secti	ion 501(h)			
	(Some organizations that made a section See the instructions for					ıns be	elow.
		Lob	bying Expenditu	res During 4-Ye	ear Averagir	ng Pe	eriod
	Calendar year (or	(a)	(b)	(c)	(d) 2004		(e)
	fiscal year beginning in) ▶	2007	2006	2005	2004		Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
Pa	rt VI-B Lobbying Activity by Nonelectification (For reporting only by organization)			Part VI-A) (See	page 13 (	of th	e instructions.)
Duri	ng the year, did the organization attempt to influ		· · · · · · · · · · · · · · · · · · ·				
	mpt to influence public opinion on a legislative m				any Yes	NO	Amount
	Volunteers		_				
b	Paid staff or management (Include compensati						
С	Media advertisements	•	•	0 ,			
d	Mailings to members, legislators, or the public						
е	Publications, or published or broadcast statem						
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, gove	ernment officials,	or a legislative b	oody			
h	Rallies, demonstrations, seminars, conventions						
i	Total lobbying expenditures (Add lines <b>c</b> through	gh <b>h.</b> )		on of the later.			
	If "Yes" to any of the above, also attach a stat	ement giving a d	etalled description	on of the lobbying	j activities.		

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51					following with any other organization on 527, relating to political organization		d in s	ection
а	Trai	nsfers from the repo	orting organization	to a noncharitable exempt orga	anization of:		Yes	No
	(i)	Cash				51a(i)		~
						a(ii)		<b>/</b>
b		er transactions:						
			es of assets with a	noncharitable exempt organiza	tion	b(i)		~
	(ii)			itable exempt organization		b(ii)		~
	(iii)			ner assets		b(iii)		~
	(iv)					b(iv)		~
	`					b(v)		~
	(v)					b(vi)		~
				ship or fundraising solicitations		C		~
_		-	-	sts, other assets, or paid emplo	-			
d					. Column (b) should always show the fair he organization received less than fair			
					ls, other assets, or services received:	market	alue i	n any
			Tangomont, onew in		T			
(a Line		(b) Amount involved	Name of name	(c) charitable exempt organization	(d) Description of transfers, transactions, and s	harina arr	nnaoma	nto
LITIE	110.	Amount involved	name of none	chantable exempt organization	Description of transfers, transactions, and s	nanny an	angeme	
	des	cribed in section 50 res," complete the	01(c) of the Code (d	other than section 501(c)(3)) or i :	ne or more tax-exempt organizations n section 527?	☐ Yes	· •	No
		(a) Name of organiza	ation	(b) Type of organization	(c) Description of relationshi	р		

Form: 990 Page: 1 Part: I Question: 8

# WIND AND FIRE MINISTRIES INC 42-1526622

### Sales of Assets Other than Inventory

**Noninventory Asset** 

Description:1985 Ford Dump TruckSold To:Greg Winterowd

 Sales Price:
 \$4,600.00
 Date Sold:
 11/14/2007

 Expense of Sale:
 \$0.00
 Date acquired:
 07/04/2006

Cost or value when acquired: \$5,500.00 How acquired: Depreciation since acquistion: \$0.00 Purchase

Net Sale: -\$900.00

**Noninventory Asset** 

Description:ExcavatorSold To:Hawkeye Auto

 Sales Price:
 \$13,000.00
 Date Sold:
 10/24/2007

 Expense of Sale:
 \$0.00
 Date acquired:
 08/01/2006

Cost or value when acquired:\$22,500.00How acquired:Depreciation since acquistion:\$0.00Purchase

Net Sale: -\$9,500.00

**Noninventory Asset** 

Description:1985 Ford Dump TruckSold To:Greg Winterowd

 Sales Price:
 \$4,000.00
 Date Sold:
 09/07/2007

 Expense of Sale:
 \$0.00
 Date acquired:
 07/04/2006

Cost or value when acquired:\$5,500.00How acquired:Depreciation since acquistion:\$0.00Purchase

Net Sale: -\$1,500.00

**Publicly Traded Securities** 

Description: Sold To:

Sales Price:\$11,764.00Date Sold:Expense of Sale:\$0.00Date acquired:Cost or value when acquired:\$11,764.00How acquired:

Depreciation since acquistion: \$0.00
Net Sale: \$0.00

WIND AND FIRE MINISTRIES INC 42-1526622

Form: 990 Page: 1 Part: I Question: 9

### **Schedule of Special Events**

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Glory Conferences	\$66,436.00	\$0.00	\$66,436.00	\$56,609.00	\$9,827.00
Total:	\$66,436.00	\$0.00	\$66,436.00	\$56,609.00	\$9,827.00

WIND AND FIRE MINISTRIES INC

42-1526622

Form: 990 Page: 1 Part: I Question: 20

### Other changes in Net Assets or Fund Balances

Explanation	Amount
Adjustment to fixed assets and property valuation	\$550,968.00
Total:	\$550,968.00

WIND AND FIRE MINISTRIES INC 42-1526622

Form: 990 Page: 2 Part: II Question: 43

### Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
MBA Missionary	\$25,197.00	\$25,197.00	\$0.00	\$0.00
Ministry Companies (WOCO,	\$4,478.00	\$4,478.00	\$0.00	\$0.00
THE FIELD Spiritual Equipping Center	\$3,121.00	\$3,121.00	\$0.00	\$0.00
CRTEC	\$0.00	\$0.00	\$0.00	\$0.00
Total:	\$32,796.00	\$32,796.00	\$0.00	\$0.00

WIND AND FIRE MINISTRIES INC 42-1526622

Form: 990 Page: 3 Part: III Question:

### **Program Services**

Achievement			Pgm. Svc. Exp.
	rge Regiona	Missions Base was able to minister to over 4000 al Conference Activities (4000 Conference Registrants)  This amount includes foreign grants: N/A	\$780.00
•	of staff min y people wi	ayer ministry provided regional prayer and ministry istry during the 2007 Calendar year through WFM staff. ithin the region. (5600 hours)  This amount includes foreign grants: N/A	\$4,478.00
, ,	s sole supoi	is Base was able to raise support for staff missionaries rt for many of the Missions Base Staff. (121  This amount includes foreign grants: N/A	\$25,197.00
	ot Camps, 9	G Center was able to hold 36 specific regional training 0 Day Internships, Monthly Courses and Conferences.  This amount includes foreign grants: N/A	\$3,121.00
developed programming and procedure	es in the res	nter to Restore Trafficked and Exploited Children storation of children 5-17 who are the victims of human dren who are victims of Trafficking in Persons (TIP) (63  This amount includes foreign grants: N/A	\$0.00
		Total:	\$33 576 00

Total: \$33,576.00

WIND AND FIRE MINISTRIES INC 42-1526622

Form: 990 Page: 4 Part: IV Question: 55

### Schedule of Investment Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Building Funds from Security agreements	\$129,000.00	\$0.00	\$129,000.00
Total:	\$129,000.00	\$0.00	\$129.000.00

WIND AND FIRE MINISTRIES INC 42-1526622

Statement 7 Form: 990 Page: 4 Part: IV

Question: 57

### Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Furniture includes commercial grade chairs, tables, etc	\$111,543.00	\$0.00	\$111,543.00
Sound Equipment including speakers, sound boards,	\$78,301.00	\$0.00	\$78,301.00
Vehicles include dump truck, tractors, payloader, lawn	\$18,750.00	\$0.00	\$18,750.00
Agriculture supplemental equipment, (i.e: ladders, tools,	\$14,380.00	\$0.00	\$14,380.00
Midwest Prayer Center, 85x135 premanufactured metal	\$1,273,725.00	\$0.00	\$1,273,725.00
Food Service Equipment, Restaurant grade	\$21,515.00	\$0.00	\$21,515.00
Wellness Equipment, Heavy duty work out equipment,	\$78,000.00	\$0.00	\$78,000.00
Parsonage, 7690 s.f. wood framed/steel panel/roof	\$522,920.00	\$0.00	\$522,920.00
Office Equipment including Computers, fax, copiers, etc	\$27,004.00	\$0.00	\$27,004.00
Total:	\$2,146,138.00	\$0.00	\$2,146,138.00