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Form **990-EZ**

Short 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. 1545-1150

2012

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **FEBRUARY 22**, 2012, and ending **DECEMBER 31**, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRUE HOLINESS TABERNACLE	D Employer identification number 45-4599544
	Number & street (or P.O. box, if mail is not delivered to street addr) Room/suite 1100 BARKSDALE BLVD	E Telephone number (318) 752-2330
	City or town, state or country, and ZIP + 4 Bossier City LA 71111	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) -- 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

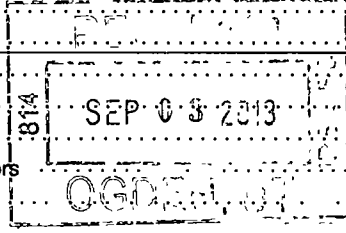
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 113,067

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	113,067	
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4		
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
	c Less: direct expenses from gaming and fundraising events	6c		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less: cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8 Other revenue (describe in Schedule O)	8		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	113,067	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	4,098	
	11 Benefits paid to or for members	11	1,385	
	12 Salaries, other compensation, and employee benefits	12		
	13 Professional fees and other payments to independent contractors	13	11,319	
	14 Occupancy, rent, utilities, and maintenance	14	47,697	
	15 Printing, publications, postage, and shipping	15	194	
	16 Other expenses (describe in Schedule O)	16	42,832	
	17 Total expenses. Add lines 10 through 16	17	107,525	
	NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,542
		19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
20 Other changes in net assets or fund balances (explain in Schedule O)		20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	5,542	



SCANNED SEP 18 2013

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

P15

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Table with 3 columns: Description, Amount, Expense Code. Rows include lines 28, 29, 30, 31, and 32 Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, & deferred compensation, (e) Estimated amount of other compensation.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

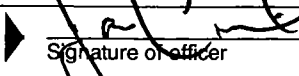
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

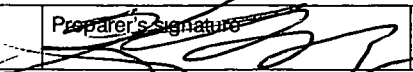
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here	 Signature of officer JAMES COUNCIL Type of print name and title PRESIDENT	Date Aug 23, 2013
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Paid Preparer Use Only	Print/Type preparer's name Kathryn Morgan	Preparer's signature 	Date 08-23-2013	Check <input type="checkbox"/> if self-employed	PTIN P00037061
	Firm's name ▶ HRB TAX GROUP INC	Firm's EIN ▶ 431871840			Phone no. 318-747-2126
	Firm's address ▶ BOSSIER CORNERS SHOP CTR				

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization **TRUE HOLINESS TABERNACLE** Employer identification number **45-4599544**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public

Inspection

Name of the organization

TRUE HOLINESS TABERNACLE

Employer identification number

45-4599544

all income and expenses are detailed in attached atatements with line num
assets on balance sheet is the remaining basis in depreciable property
liabilities on balance sheet is the loan remaining balance on van

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2012 or tax period beginning	02-22	, and ending	12-31-2012.
Name of Organization				Employer Identification Number
TRUE HOLINESS TABERNACLE				45-4599544

Primary Purpose
PREACHING THE GOSPEL ACCORDING TO THE HOLY BIBLE AND JESUS CHRIST

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2012 or tax period beginning 02-22-2012, and ending 12-31-2012.
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Name of Organization TRUE HOLINESS TABERNACLE	Employer Identification Number 45-4599544
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(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
JAMES COUNCIL PASTOR/PRESIDENT	50.00	1,744	0	0
LASHONEDA COUNCIL EXEC VICE PRESIDENT	50.00	1,000	0	0
DREEICK COUNCIL VICE PRESIDENT	35.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2012 or tax period beginning 02-22, and ending 12-31-2012.

Name of Organization TRUE HOLINESS TABERNACLE Employer Identification Number 45-4599544

Part V - Line 42a

Individual Name or Business Name

TRUE HOLINESS TABERNACLE

Street Address 1100 BARKSDALE BLVD

U.S. Address:

Zip code 71111- City Bossier City State LA

Foreign Address

City

Province or State

Country

Postal code

Phone Number (318) 752-2330

Fax Number

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return TRUE HOLINESS TABERNACLE	Business or activity to which this form relates FOR	Identifying number 45-4599544
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Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6 (a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

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

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	878
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B -- Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

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

Section C -- Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21 Listed property. Enter amount from line 28	21	3,360
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	4,238
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

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

Section A -- Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Busn / investment use percentage (d) Cost or other basis (e) Basis for depr. (busn./investment use only) (f) Recovery period (g) Method/ Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use: CHURCH VAN 03-22-2012 100.0% 10,000 10,000 05 DB200HY 3,360
27 Property used 50% or less in a qualified business use. S/L- S/L- S/L-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 3,360
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32 27603
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions).
43 Amortization of costs that began before your 2012 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

2012 AUTO EXPENSE WORKSHEET

TRUE HOLINESS TABERNACLE
45-4599544

Keep for Your Records

VEHICLE INFORMATION

1. Vehicle description	1. <u>CHURCH VAN</u>	
2. Carried to form or schedule	2. <u>Form 990</u>	
3. Date vehicle was placed in service	3. <u>03-22-2012</u>	
4. Odometer beginning mileage _____ ending mileage _____		

CALCULATION OF BUSINESS USE PERCENTAGES

5. Total business mileage driven during the year	5.	<u>27,603</u>
6. Total commuting mileage driven during the year	6.	
7. Total other personal mileage driven during the year	7.	
8. Total mileage driven during the year	8.	<u>27,603</u>
9. Business use percentage (Line 5 divided by Line 8)	*9.	<u>100.00 %</u>

CALCULATION OF THE ACTUAL EXPENSE METHOD

	Input		Deduction Allowed
10. Parking fees and tolls			10.
11. Gasoline and oil		x Line 9	11.
12. Repairs		x Line 9	12.
13. Licensing fees		x Line 9	13.
14. Registration fees		x Line 9	14.
15. Insurance		x Line 9	15.
16. Other expenses		x Line 9	16.
17. Total automobile expenses (Line 10 through 16) (carries to auto expense line of form on Line 2)			17.
18. Property tax (carries to taxes line of form on Line 2)		x Line 9	18.
19. Interest expense (carries to interest expense line of form on Line 2)		x Line 9	19.
20. Lease payments		x Line 9	20.
21. Inclusion amount		x Line 9	21.
22. Total lease expense (Line 20 less Line 21) (carries to lease expense line of form on Line 2)			22.
23. Section 179 expense deduction			*23.
24. Special depreciation allowance			**24.
25. Current depreciation expense			**25.
26. Total depreciation expense (Lines 23 through 25) (carries to depreciation expense line of form on Line 2)			26.
27. Value of employer-provided vehicle		x Line 9	27.
28. Total expenses using Actual Expense Method (total of Lines 17, 18, 19, 22, 26, and 27)			28.

* Not subject to business use percentage
** Already adjusted for business use percentage

2012 DETAIL STATEMENTS

TRUE HOLINESS TABERNACLE
45-4599544

STATEMENT #1 - Contributions, gifts, grants (EZ1 Line 1)

tithes..... 92,428
Other Contributions..... 20,639

TOTAL CARRIED TO EZ1 Line 1..... 113,067

STATEMENT #2 - Grants and similar amts paid (990-EZ PG 1 Line 10)

grants to seed churches..... 2,978
transportation for school students to church... 1,120

TOTAL CARRIED TO 990-EZ PG 1 Line 10..... 4,098

STATEMENT #3 - Benefits Pd to or For Members (990-EZ PG 1 Line 11)

temp housing for homeless members..... 295
medicine and funeral expenses for indigent m... 1,090

TOTAL CARRIED TO 990-EZ PG 1 Line 11..... 1,385

STATEMENT #4 - Professional Fees (990-EZ PG 1 Line 13)

Dominique Dacaldacal Secretary..... 1,470
Tracy Jones Admin Asst..... 205
Darryl Council - Musician..... 1,380
DeAndre Council - Musician..... 2,600
Johnathan Ford - Custodian..... 2,920
Lashoneda Council Treasurer..... 1,000
James Council - Pastor..... 1,744

TOTAL CARRIED TO 990-EZ PG 1 Line 13..... 11,319

STATEMENT #5 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

rent..... 26,400
alarm system..... 624
electric..... 5,211
telephone..... 5,961
water..... 3,838
gas..... 907
Bldg repairs and main..... 4,756

TOTAL CARRIED TO 990-EZ PG 1 Line 14..... 47,697

STATEMENT #6 - Other expenses (EOEZ Pg 1 Line 16)

2012 DETAIL STATEMENTS

TRUE HOLINESS TABERNACLE
.45-4599544

church van expenses.....	9,448
travel lodging.....	5,164
office supplies.....	2,699
meals and food for church kitchen.....	1,612
advertising and broadcasting sermons.....	8,453
bank fees.....	6,385
cleaning and main of robes.....	1,282
church supplies (Bibles, hymnals, etc).....	3,551
calculated depreciation.....	4,238

TOTAL CARRIED TO EOEZ Pg 1 Line 16..... 42,832

STATEMENT #7 - End of Year - Cash (990-EZ PG 1 Line 22)

checking account.....	586
savings account.....	1,228

TOTAL CARRIED TO 990-EZ PG 1 Line 22..... 1,814

2012 Federal Depreciation Schedule

TRUE HOLINESS TABERNACLE
45-4599544

Description	Date	Method	Cost	Prior 179	Current 179	Pr Spec Allow	Curr Spec Allow	Basis	Prior Depr	Current Depr	Accum Depr	Adj Basis
FORM 990												
MUSICAL AND SOU	01-03-12	200DBHY-7	1421	0	0	0	0	1421	0	406	406	1015
PORTABLE STORAG	03-09-12	150DBHY-15	300	0	0	0	0	300	0	30	30	270
CHURCH VAN	03-22-12	200DBHY-5	10000	0	0	0	0	10000	0	3360	3360	6640
PODIUM AND ALTE	08-01-12	200DBHY-7	1547	0	0	0	0	1547	0	442	442	1105
4 Assets		Totals:	13268	0	0	0	0	13268	0	4238	4238	9030
UNASSIGNED												
0 Assets		Totals:	0	0	0	0	0	0	0	0	0	0
4 Assets		Grand Totals:	13268	0	0	0	0	13268	0	4238	4238	9030

2012 Federal AMT Depreciation Schedule

TRUE HOLINESS TABERNACLE
45-4599544

Description	Date	Method - Life	Cost	Prior 179	Current 179	Pr Spec		Basis	Current		Prior Depr	Accum		Adj Basis
						Allow	Allow		Depr	Depr		Depr	Depr	
FORM 990														
MUSICAL AND SOU	01-03-12	200DBHY-7	1421	0	0	0	0	1421	0	305	0	305	1116	
PORTABLE STORAG	03-09-12	150DBHY-15	300	0	0	0	0	300	0	30	0	30	270	
CHURCH VAN	03-22-12	200DBHY-5	10000	0	0	0	0	10000	0	3000	0	3000	7000	
PODIUM AND ALTE	08-01-12	200DBHY-7	1547	0	0	0	0	1547	0	332	0	332	1215	

4 Assets Totals: 13268 0 0 0 0 13268 0 0 3667 3667 9601

UNASSIGNED

0 Assets Totals: 0 0 0 0 0 0 0 0 0 0 0 0 0

4 Assets Grand Totals: 13268 0 0 0 0 13268 0 0 3667 3667 9601