



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 2013, and ending 2013

B Check if applicable: X Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization TRUE HOLINESS TABERNACLE, D Employer identification number 45-4599544, E Telephone number (318) 752-2330, F Name and address of principal officer: BOSSIER CITY LA 71111, G Gross receipts \$ 209,302, H(a) Is this a group return for subordinates? Yes X No, H(b) Are all subordinates included? Yes No, H(c) Group exemption number

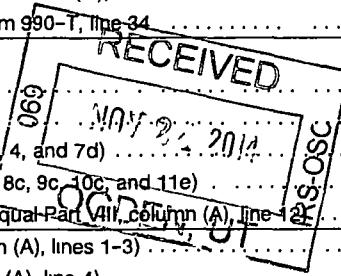
I Tax-exempt status: X 501(c)(3), 501(c)(), (insert no.), 4947(a)(1) or 527

J Website: N/A

K Form of organization: X Corporation, Trust, Association, Other, L Year of formation: 2012, M State of legal domicile: LA

Part I Summary

Table with columns for Revenue and Expenses. Rows include: 1. Mission: PREACHING THE GOSPEL ACCORDING TO THE HOLY BIBLE AND JESUS CHRIST; 2. Discontinued operations; 3-7a. Governing body and employees; 7b. Net unrelated business taxable income; 8-12. Revenue (Total: 209,302); 13-19. Expenses (Total: 170,684); 20-22. Assets and liabilities (Net assets: 545,000).



Part II Signature Block

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, PRESIDENT, Date 11-13-14

Paid Preparer Use Only: Print/Type preparer's name KATHRYN MORGAN, Preparer's signature KATHRYN MORGAN, Date 11-07-2014, PTIN P00037061, Firm's name HRB TAX GROUP INC, Firm's EIN 431871840, Firm's address BOSSIER CITY LA 71111, Phone no. 3187472126

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

94

SCANNED DEC 18 2014

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PREACHING THE GOSPEL ACCORDING TO THE HOLY BIBLE AND JESUS CHRIST

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 145,037 including grants of \$ _____) (Revenue \$ _____)

SEE ATTACHMENT #1

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 145,037

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N/A		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, sub-column, and Yes/No boxes. Includes sections for backup withholding, employees, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or 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 make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SEE ATTACHMENT #2

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
JAMES COUNCIL PASTOR	70.00	X			X			39,000			
DOMINIQUE DACALDAC SECRETARY	40.00				X			9,670			
DEANDRE COUNCIL MUSICIAN	30.00				X			5,200			
JOHNATHAN FORD CUSTODIAN	40.00				X			5,200			
LASHONEDA COUNCIL CO-PASTOR TREASURE	50.00	X									
DERRICK COUNCIL VICE PRESIDENT	30.00	X									
DARRYL COUNCIL MUSCIAN	30.00				X			3,120			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
1b Sub-total								62190			
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								62190			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
G I F T E R S I M I L A R A M O U N T S	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, & similar amounts not included above	208,203				
	g	Noncash contributions included in lines 1a-1f.	\$				
h	Total. Add lines 1a-1f		208,203				
P R O G R A M S I M I L A R R E V E N U E			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
O T H E R R E V E N U E	3	Investment income (including dividends, interest, and other similar amounts)		1	1		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a			(i) Real	(ii) Personal		
		b	Gross rents				
		c	Less: rental expenses				
		d	Net rental income or (loss)				
	7a			(i) Securities	(ii) Other		
		b	Gross amount from sales of assets other than inventory				
		c	Less: cost or other basis and sales expenses				
		d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue	Business Code				
11a	RETURNED CHECKS		1,098	1,098			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,098				
12	Total revenue. See instructions		209,302	1,099			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	3,970	3,970		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	926	926		
5	Compensation of current officers, directors, trustees, and key employees	62,190	47,320	14,870	
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,335		1,335	
c	Accounting	1,265		1,265	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	687	687		
12	Advertising and promotion	10,016	10,016		
13	Office expenses	8,177		8,177	
14	Information technology				
15	Royalties				
16	Occupancy	48,823	48,823		
17	Travel	19,842	19,842		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,175	3,175		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,411	4,411		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	CLEANING AND MAINTENANCE OF	1,093	1,093		
b	SOUND EQUIP MAINTENENCE	608	608		
c	HYMNALS, BIBLES, PAMPHLETS E	3,600	3,600		
d	SUPPLIES FOR CHURCH KITCHEN	566	566		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	170,684	145,037	25,647	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest-bearing	586	1	974
	2 Savings and temporary cash investments	1,228	2	4,707
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	499,834
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 48,451		
	b Less: accumulated depreciation	10b 8,649	9,030	10c 39,802
	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		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)		10,844	16 545,317	
L I A B I L I T I E S	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,302	23	317
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
26 Total liabilities. Add lines 17 through 25		5,302	26 317	
F U N D A S S E T S O R	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	545,000
	32 Retained earnings, endowment, accumulated income, or other funds	5,542	32	
33 Total net assets or fund balances	5,542	33	545,000	
34 Total liabilities and net assets/fund balances		10,844	34 545,317	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	209,302
2	Total expenses (must equal Part IX, column (A), line 25)	2	170,684
3	Revenue less expenses. Subtract line 2 from line 1	3	38,618
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,542
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	545,000

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A		

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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?

	Yes	No
(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?	11g(i)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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) 2013

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization TRUE HOLINESS TABERNACLE

Employer identification number 45-4599544

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2013

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		32,000		32,000
b Buildings				
c Leasehold improvements				
d Equipment		16,451	8,649	7,802
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				39,802

Part VII Investments — Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments — Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows (1)-(9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1)-(9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2)-(9) and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 1 - THIS IS AN ESCROW COUNSTRUCTION: ACCOUNT TO BUILD A NEW CHURCH CONTRACTOR HAS ACCESS

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.**

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection.**

Name of the organization

TRUE HOLINESS TABERNACLE
FAMILY RELATIONSHIP

Employer identification number

45-4599544

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.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

TRUE HOLINESS TABERNACLE

Employer identification number

45-4599544

990 IS PROVIDED TO GOVERNING BOARD MEMBERS WHEN COMPLETED

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.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

TRUE HOLINESS TABERNACLE

Employer identification number

45-4599544

THIS IS INCLUDED AS AN AGENDA ITEM AT THE MONTHLY GOVERNING BOARD MEETING

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.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

TRUE HOLINESS TABERNACLE

Employer identification number

45-4599544

COMPENSATION IS RECOMMENDED BY THE GOVERNING BOARD AND VOTED ON AND
APPROVED BY ALL MEMBERS AT THE ANNUAL MEETING

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.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

TRUE HOLINESS TABERNACLE

Employer identification number

45-4599544

RECORDS, TAX RETURNS AND APPLICATIONS ARE AVAILABLE UPON REQUEST

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2013, or tax period beginning , and ending

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

Part III - Statement of Program Service Accomplishments

Code Expenses: 145,037 including Grants of: Revenue: Exempt Purpose Achievements

PREACHING THE GOSPEL AND HELPING THE COMMUNITY IN THE SPIRIT OF JESUS CHRIST

990 BOOKS ARE IN CARE OF

ATTACHMENT 2: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION For calendar year 2013, or tax period beginning , and ending

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

Part VI - Line 20

Individual Name or Business Name:

TRUE HOLINESS TABERNACLE

Street Address 917 YOUREE DR

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

990 SCHEDULE OF DEPRECIATION AND DEPLETION

ATTACHMENT 3: FORM 990 PAGE 10, PART IX, LINE 22

OPEN TO PUBLIC

INSPECTION For Calendar year 2013, or tax year period beginning and ending

Name of Organization

TRUE HOLINESS TABERNACLE

Employer Identification Number

45-4599544

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
CHURCH VAN	2012-03	10,000	3,360	200DBHY	5	3,200
MUSIC AND SOUND EQUIP	2012-01	1,421	406	200DBHY	7	348
PORTABLE STORAGE BLDG	2012-03	300	30	150DBHY	15	29
PODIUM AND ALTER	2012-08	1,547	442	200DBHY	7	379
BOOKSHELVES	2013-05	1,314		200DBHY	7	188
CHAIRS	2013-09	1,869		200DBHY	7	267
Total:						4,411

4,238

16,451

4,411

Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

2013
Attachment
Sequence No. **179**

Name(s) shown on return TRUE HOLINESS TABERNACLE	Business or activity to which this form relates FOR	Identifying number 45-4599544
--	---	---

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	500000
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 2012 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500000
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 2014. 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 2013	17	756
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 2013 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 SEE STATEMENT						455
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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C -- Assets Placed in Service During 2013 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	3200
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	4411
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% 10000 10000 05 DB200HY 3200
27 Property used 50% or less in a qualified business use: S/L-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 3200
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 31695
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 2013 tax year (see instructions):
43 Amortization of costs that begins before your 2013 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

**7-YEAR ASSETS PLACED IN SERVICE DURING 2013
USING GENERAL DEPRECIATION SYSTEM**

TRUE HOLINESS TABERNACLE
45-4599544

19c. Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
BOOKSHELVES	05-31-2013	1,314	7	HY	200 DB	188
CHAIRS	09-30-2013	1,869	7	HY	200 DB	267
Total						455

2013 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>31,695</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>31,695</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	<u>7,252</u> x Line 9		11.	<u>7,252</u>
12. Repairs	<u>4,314</u> x Line 9		12.	<u>4,314</u>
13. Licensing fees	_____ x Line 9		13.	_____
14. Registration fees	_____ x Line 9		14.	_____
15. Insurance	<u>3,046</u> x Line 9		15.	<u>3,046</u>
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.	<u>14,612</u>
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.	<u>3,200</u>
26. Total depreciation expense (Lines 23 through 25) (carries to depreciation expense line of form on Line 2)			26.	<u>3,200</u>
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.	<u>17,812</u>

* Not subject to business use percentage.

** Already adjusted for business use percentage.

2013 ELECTION NOT TO DEDUCT 50% SPECIAL DEPRECIATION ALLOWANCE

TRUE HOLINESS TABERNACLE

45-4599544

Taxpayer elects under IRC Sec. 168(k)(2) to not claim the additional 50% first-year special depreciation allowance for the following classes of property placed in service during the tax year ended DECEMBER 31, 2013 :

3-YEAR PROPERTY

5-YEAR PROPERTY

7-YEAR PROPERTY

10-YEAR PROPERTY

15-YEAR PROPERTY

20-YEAR PROPERTY

WATER UTILITY PROPERTY

DEPRECIABLE COMPUTER SOFTWARE

QUALIFIED LEASEHOLD IMPROVEMENT PROPERTY

2013 DETAIL STATEMENTS

TRUE HOLINESS TABERNACLE
45-4599544

STATEMENT #1 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)

TITHES..... 286,884
OTHER CONTRIBUTIONS..... 1,099

TOTAL CARRIED TO EZ1 LINE 1..... 287,983

STATEMENT #2 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1F)

TITHES SAVINGS DEPOSITS..... 99,898
TITHES CHECKING DEPOSITS..... 108,305

TOTAL CARRIED TO 990-EO PG 9 LINE 1F..... 208,203

STATEMENT #3 - ASSIST. TO INDIV. IN US (990 EO PG 10 LINE 2A)

SEEDING OTHER CHURCHES..... 2,000
LOVE OFFERINGS TO OTHER CHURCHES..... 600
GUEST MINISTERS TRAVEL, MEALS AND LODGING..... 1,370

TOTAL CARRIED TO 990 EO PG 10 LINE 2A..... 3,970

STATEMENT #4 - BENEFITS PAID TO OR FOR MEMBER (990 EO PG 10 LINE 4A)

AIDE TO INDIGENT MEMBERS..... 926

TOTAL CARRIED TO 990 EO PG 10 LINE 4A..... 926

STATEMENT #5 - COMPENSATION OF OFFICERS, ETC (990 EO PG 10 LINE 5A)

JAMES COUNCIL..... 39,000
DOMOINIQUE DACALDACAL..... 9,670
DARRYL COUNCIL..... 3,120
DEANDRE COUNCIL..... 5,200
JONATHAN FORD..... 5,200

TOTAL CARRIED TO 990 EO PG 10 LINE 5A..... 62,190

STATEMENT #6 - PROG. COMPENSATION (990 EO PG 10 LINE 5B)

PASTOR..... 39,000
MUSCIANS..... 8,320

TOTAL CARRIED TO 990 EO PG 10 LINE 5B..... 47,320

2013 DETAIL STATEMENTS

TRUE HOLINESS TABERNACLE
45-4599544

STATEMENT #7 - MANAGEMENT COMP. (990 EO PG 10 LINE 5C)

SECRETARY..... 9,670
CUSTODIAN..... 5,200

TOTAL CARRIED TO 990 EO PG 10 LINE 5C..... 14,870

STATEMENT #8 - ADVERTISING AND PROMOTION (990 EO PG 10 LINE 12A)

SIGNAGE..... 741
AIRTIME ON KSHV TV..... 9,275

TOTAL CARRIED TO 990 EO PG 10 LINE 12A..... 10,016

STATEMENT #9 - OFFICE EXPENSES (990 EO PG 10 LINE 13A)

BANK FEES..... 479
NSF AND OVERDRAFT FEES..... 5,272
CREDIT CARD FEES AND RETURN CC PYMTS..... 750
OFFICE SUPPLIES..... 1,628
COMPUTER REPAIR..... 49

TOTAL CARRIED TO 990 EO PG 10 LINE 13A..... 8,177

STATEMENT #10 - OCCUPANCY (990 EO PG 10 LINE 16A)

SECURITY SYSTEMS..... 432
ELECTRIC..... 5,025
TRASH AND DUMPSTER..... 103
WATER AND SEWER..... 2,908
GAS..... 1,063
RENT..... 32,496
TELEPHONE..... 5,827
BLDG REPAIR AND MAINT..... 245
REAL ESTATE TAXES..... 725

TOTAL CARRIED TO 990 EO PG 10 LINE 16A..... 48,823

STATEMENT #11 - TRAVEL (990 EO PG 10 LINE 17A)

AIRLINE TICKETS..... 2,031
LODGING..... 2,013
MEALS TRAVELING @ 50%..... 629
UHAUL FOR EQUIPMENT..... 556
CHURCH VAN EXP PER WKSHT LES DEPRECIATION..... 14,612

TOTAL CARRIED TO 990 EO PG 10 LINE 17A..... 19,842

2013 DETAIL STATEMENTS

TRUE HOLINESS TABERNACLE
45-4599544

STATEMENT #12 - CONF. CONVERSIONS, AND MEETING (990 EO PG 10 LINE 19A)

SPEAKERS..... 1,700
SUPPLIES FOR CONFERENCE..... 1,475

TOTAL CARRIED TO 990 EO PG 10 LINE 19A..... 3,175

STATEMENT #13 - LEGAL (990 EO PG 10 LINE 11B(A))

STATE CHURCH LICENSE..... 215
CREDIT COUNSELING FOR LOANS..... 1,120

TOTAL CARRIED TO 990 EO PG 10 LINE 11B(A)..... 1,335

STATEMENT #14 - ACCOUNTING (990 EO PG 10 LINE 11C(A))

TAX PREP FEES 2012 990EZ..... 465
PREP AND APPLICATION FEES 1023..... 800

TOTAL CARRIED TO 990 EO PG 10 LINE 11C(A)..... 1,265

STATEMENT #15 - OTHER (990 EO PG 10 LINE 11G(A))

MUSICIANS..... 687

TOTAL CARRIED TO 990 EO PG 10 LINE 11G(A)..... 687

STATEMENT #16 - CASH INVESTMENTS BEG YR (990-EO PG 11 LINE 2A)

SAVINGS..... BEGINNING ENDING
1,228 4,707

TOTAL CARRIED TO 990-EO PG 11 LINE 2A..... 1,228 4,707

STATEMENT #17 - SECURED MORTGAGES BEG YEAR (990-EO PG 11 LINE 23A)

CHURCH VAN..... BEGINNING ENDING
5,302 317

TOTAL CARRIED TO 990-EO PG 11 LINE 23A..... 5,302 317

STATEMENT #18 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

GRANTS TO SEED CHURCHES
TRANSPORTATION FOR SCHOOL STUDENTS TO CHURCH

TOTAL CARRIED TO 990-EZ PG 1 LINE 10

2013 DETAIL STATEMENTS

TRUE HOLINESS TABERNACLE
45-4599544

PAGE 4

STATEMENT #19 - BENEFITS PD TO OR FOR MEMBERS (990-EZ PG 1 LINE 11)

TEMP HOUSING FOR HOMELESS MEMBERS
MEDICINE AND FUNERAL EXPENSES FOR INDIGENT M

TOTAL CARRIED TO 990-EZ PG 1 LINE 11

STATEMENT #20 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

DOMINIGUE DACALDACAL SECRETARY
TRACY JONES ADMIN ASST
DARRYL COUNCIL - MUSICIAN
DEANDRE COUNCIL - MUSICIAN
JOHNATHAN FORD - CUSTODIAN
LASHONEDA COUNCIL TREASURER
JAMES COUNCIL - PASTOR

TOTAL CARRIED TO 990-EZ PG 1 LINE 13

STATEMENT #21 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

RENT
ALARM SYSTEM
ELECTRIC
TELEPHONE
WATER
GAS
BLDG REPAIRS AND MAIN

TOTAL CARRIED TO 990-EZ PG 1 LINE 14

STATEMENT #22 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

CHURCH VAN EXPENSES
TRAVEL LODGING
OFFICE SUPPLIES
MEALS AND FOOD FOR CHURCH KITCHEN
ADVERTISING AND BROADCASTING SERMONS
BANK FEES
CLEANING AND MAIN OF ROBES
CHURCH SUPPLIES (BIBLES, HYMNALS, ETC)
CALCULATED DEPRECIATION

TOTAL CARRIED TO EOEZ PG 1 LINE 16

2013 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	406	348	754	667
PORTABLE STORAG	03-09-12	150DBHY-15	300	0	0	0	0	300	30	29	59	241
CHURCH VAN	03-22-12	200DBHY-5	10000	0	0	0	0	10000	3360	3200	6560	3440
PODIUM AND ALTE	08-01-12	200DBHY-7	1547	0	0	0	0	1547	442	379	821	726
BOOKSHELVES	05-31-13	200DBHY-7	1314	0	0	0	0	1314	0	188	188	1126
CHAIRS	09-30-13	200DBHY-7	1869	0	0	0	0	1869	0	267	267	1602
LAND FOR NEW CH	10-15-13	LAND-0	32000	0	0	0	0	0	0	0	0	0
7 ASSETS	TOTALS:		48451	0	0	0	0	16451	4238	4411	8649	7802

7 ASSETS	GRAND TOTALS:		48451	0	0	0	0	16451	4238	4411	8649	7802
----------	---------------	--	-------	---	---	---	---	-------	------	------	------	------

BALANCE SHEET RECONCILIATION

GRAND TOTALS:	48451	0	0	0	0	0	0	16451	4238	4411	8649	7802
LESS FUTURE PURCHASES:	0	0	0	0	0	0	0	0	0	0	0	0
LESS CURRENT YEAR DISPOSALS:	0	0	0	0	0	0	0	0	0	0	0	0
END OF YEAR TOTALS:	48451	0	0	0	0	0	0	16451	4238	4411	8649	7802

BUILDINGS/OTHER DEPREC ASSETS:	16451											
ACCUMULATED DEPR:											8649	
LESS ACCUMULATED AMORT (SEE BELOW):											0	
PRIOR 179:											0	
CURRENT 179:											0	
PRIOR SPECIAL DEPR ALLOWANCE:											0	
CURRENT SPECIAL DEPR ALLOWANCE:											0	
ENDING ACCUMULATED DEPR (PER BALANCE SHEET):											8649	
LAND:	32000											
INTANGIBLE ASSETS:	0											
ACCUMULATED AMORT:											0	
ENDING ACCUMULATED AMORT (PER BALANCE SHEET):											0	