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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning Jul 1, 2013, **and ending** Jun 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TURLOCK PENTECOST ASSOCIATION		D Employer identification number 94-1235219
	Doing Business As		E Telephone number (209) 669-0219
	Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. BOX 3874		
City or town, state or province, country, and ZIP or foreign postal code TURLOCK CA 95381		G Gross receipts \$ 433,556.	
F Name and address of principal officer GERALD P TERAN 2391 LYNBOROUGH CT TURLOCK CA 95382		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
I Tax-exempt status 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no) 4947(a)(1) or 527	J Website: N/A		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1940	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>CULTURAL HERITAGE OF PORTGUESE ANCESTORS</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	502,395.	399,035.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19.	21.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,000.	34,500.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	531,414.	433,556.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,784.	8,965.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	442,418.	416,030.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	451,202.	424,995.	
19 Revenue less expenses. Subtract line 18 from line 12	80,212.	8,561.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	785,318.	793,878.
	22 Net assets or fund balances. Subtract line 21 from line 20	785,318.	793,878.

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: *Nelson Fontes* Date: 12-12-14

Type or print name and title: NELSON FONTES

Paid Preparer Use Only

Print/Type preparer's name: JEROLD L. ELLMAN Prepare's signature: *Jerry ELLMAN CPA* Date: 11/4/14

Firm's name: ELLMAN AND NICKERSON, LLP Check if self-employed PTIN: P00108948

Firm's address: 1015 14TH STREET Firm's EIN: 77-0556432

MODESTO CA 95354 Phone no:

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CULTURAL HERITAGE OF PORTGUESE ANCESTORS

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 [X] 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 [X] 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4 a (Code.) (Expenses \$ 201,519. including grants of \$ 0.) (Revenue \$ 291,199.)

OBSERVANCE OF RELIGIOUS FESTIVITIES HANDED DOWN BY ANCESTORS

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

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

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

(Expenses \$ 201,519. including grants of \$ 0.) (Revenue \$ 291,199.)

4 e Total program service expenses 403,038.

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		
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		X
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 \$100,000 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
20 a 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?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <i>If 'Yes,' complete Schedule J</i>		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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</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? <i>If 'Yes,' complete Schedule L, Part I</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? <i>If so, complete Schedule L, Part II</i>		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? <i>If 'Yes,' complete Schedule L, Part III</i>		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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
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? <i>If 'Yes,' complete Schedule R, Part VI</i>		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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 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 other 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 was 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 of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 taken 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 California
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 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:
ELLMAN AND NICKERSON LLP 1015 14TH STREET MODESTO CA 95353 (209) 527-5652

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

1 a 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 dotted line)	(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 trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN AZEVEDO PRESIDENT	5.00	X						0.	0.	0.
(2) NADALINO SILVEIRA VP	5.00	X						0.	0.	0.
(3) NELSON FONTES SEC/TREAS	5.00	X						0.	0.	0.
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

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 dotted line)	(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 trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0.	0.	0.	

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? <i>If 'Yes,' complete Schedule J for such individual</i>		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? <i>If 'Yes,' complete Schedule J for such individual</i>		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? <i>If 'Yes,' complete Schedule J for such person</i>		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 ▶

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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		
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f						
PROGRAM SERVICE REVENUE	2 a <u>FESTA</u>		900099	178,104.	178,104.	0.	0.
	b <u>CONTAS</u>		900099	9,125.	9,125.	0.	0.
	c <u>CRAB CIOPPINO</u>		900099	113,095.	113,095.	0.	0.
	d <u>NEW YEARS EVE</u>		900099	13,550.	13,550.	0.	0.
	e <u>QUEENS PRESENTATION</u>		900099	0.	0.	0.	0.
	f All other program service revenue			85,161.	85,161.	0.	0.
	g Total. Add lines 2a-2f			399,035.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			21.	21.	0.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
		34,500.					
		b Less rental expenses	0.				
		c Rental income or (loss)	34,500.				
d Net rental income or (loss)			34,500.	34,500.	0.	0.	
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
d Net gain or (loss)							
8 a 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						
9 a Gross income from gaming activities. See Part IV, line 19.	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a 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					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			433,556.	433,556.	0.	0.	

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 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.				
5 Compensation of current officers, directors, trustees, and key employees	7,200.	7,200.	0.	0.
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	1,765.	1,765.	0.	0.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,050.	3,050.	0.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,155.	33,155.	0.	0.
23 Insurance	17,869.	17,869.	0.	0.
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 <u>BANK CHARGES</u>	324.	324.	0.	0.
b <u>BEER AND SODA</u>	3,518.	3,518.	0.	0.
c <u>GRATIFICATION DINNER</u>	20,698.	20,698.	0.	0.
d <u>CONTAS EXPENSES</u>	2,755.	2,755.	0.	0.
e All other expenses	334,661.	334,661.	0.	0.
25 Total functional expenses. Add lines 1 through 24e.	424,995.	424,995.	0.	0.
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	
ASSETS	1	Cash — non-interest-bearing	195,457.	1	169,825.
	2	Savings and temporary cash investments	58,041.	2	84,062.
	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	
	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 1,454,349.		
	b	Less accumulated depreciation	10b 938,633.	513,370.	10c 515,716.
	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	18,450.	15	24,275.
16	Total assets. Add lines 1 through 15 (must equal line 34)	785,318.	16	793,878.	
LIABILITIES	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		23	
	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	0.	26	0.
NET ASSETS OR FUND BALANCES	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	
	32	Retained earnings, endowment, accumulated income, or other funds	785,318.	32	793,878.
33	Total net assets or fund balances.	785,318.	33	793,878.	
34	Total liabilities and net assets/fund balances	785,318.	34	793,878.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	433,556.
2	Total expenses (must equal Part IX, column (A), line 25)	2	424,995.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,561.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	785,318.
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	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	793,878.

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.		
2 a	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	
2 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 c	If 'Yes' to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3 a	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
3 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		

BAA

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.

1 a 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
1 c Beginning balance	
1 d Additions during the year	
1 e Distributions during the year	
1 f Ending balance	

2 a 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
1 a 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%.

3 a 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	<input type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input type="checkbox"/>
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

101

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) . . . ▶		

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.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13) . . . ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) HEIFER PROJECT	24,275.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15) ▶	24,275.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25) . . . ▶	

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

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 O (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

TURLOCK PENTECOST ASSOCIATION

Employer identification number

94-1235219

Pt VI, Line 6 SOCIAL MEMBERS

Pt VI, Line 7a MEMBERS ELECT THE GOVERNING BODY

Pt VI, Line 11a COPIES OF FORM 990 ARE AVAILABLE TO ALL MEMBERS

Pt XI ROUNDING

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

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.

Code: _____ Description: FESTA, CRAB CIOPPINO,
 Expenses 201,519.
 Grants Of 0.
 Revenue. 291,199.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
FESTA EXPENSES	125,650.	125,650.	0.	0.
FLOWERS AND MASSES	952.	952.	0.	0.
HEIFER EXPENSE	18,450.	18,450.	0.	0.
NEW YEARS EVE EXPENSES	15,115.	15,115.	0.	0.
PEST CONTROL	642.	642.	0.	0.
PROPERTY TAX	10,572.	10,572.	0.	0.
REPAIRS AND MAINTENANCE	13,252.	13,252.	0.	0.
SALES TAX	3,243.	3,243.	0.	0.
SCHOLARSHIPS	4,300.	4,300.	0.	0.
UTILITIES	30,084.	30,084.	0.	0.
BOARD MEETING EXPENSES	1,807.	1,807.	0.	0.
SUPPLIES	13,730.	13,730.	0.	0.
HALLOWEEN EXPENSES	1,286.	1,286.	0.	0.
TELEPHONE	1,312.	1,312.	0.	0.
CRAB CIOPPINO EXPENSES	75,869.	75,869.	0.	0.
GRATIFICATIONS	9,600.	9,600.	0.	0.
CARD PARTY EXPENSES	8,331.	8,331.	0.	0.
POSTAGE	366.	366.	0.	0.
SECRETARY OF STATE FEES	100.	100.	0.	0.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

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

OMB No 1545-0172

2013

Attachment
Sequence No **179**

Name(s) shown on return

TURLOCK PENTECOST ASSOCIATION

Identifying number

94-1235219

Form 990 / Form 990EZ

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
6	(a) Description of property	(b) Cost (business 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 instrs)		11
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	0.
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 depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 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	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a 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	
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	33,155.
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		

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)

24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes,' is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/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:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
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												
34 Was the vehicle available for personal use during off-duty hours?												
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).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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 began before your 2013 tax year.				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

TRIAL DEPRECIATION EXPENSE REPORT
AS OF 06/30/14 FY=06
FOR ALL ASSET NUMBERS USING IRS FIGURES

TURLOCK PENTECOST ASSN

TYPE	G/L CODE	QTY	ACQUISITION VALUE	CURRENT 179 EXPENSE	YTD 179 EXPENSE	TOTAL ACCUM EXPENSE	DEPRECIABLE BASIS	PRIOR TOTAL ACCUM	DEPR THIS RUN	CURRENT YTD DEPR	TOTAL ACCUM DEPR
Total	12101	99	1285783.32	0.00	0 00	1285783 32		816418 54	30575 11	30575 11	846993 65
Total	121014	1	85588 58	0.00	0 00	85588 58		20584 60	2166 80	2166 80	22751 40
Total	12105	4	74150 80	0 00	0 00	74150 80		68474 80	412 80	412 80	68887 60

GRAND TOTALS		104	1445522 70	0 00	0 00	1445522 70		905477 94	33154 71	33154 71	938632 65
LESS DISPOSED		0	0 00	0 00	0 00	0 00		0 00	-----	-----	0 00

NET TOTALS		104	1445522 70	0 00	0 00	1445522 70		905477.94	33154.71	33154 71	938632 65

* - BY ASSET NUMBER INDICATES ASSET HAS BEEN DISPOSED

AS OF 06/30/14 FY=06

October 14, 14, 02 41 58

FOR ALL ASSET NUMBERS USING IRS FIGURES

ASSET NO	ASSET DESCRPTN	DATE ACQUIRED	ACQUISITION VALUE	DEPR METHD	LIFE YR	B/ MO	SALVAGE/ SECT	179	DEPRECIABLE BASIS	LAST DEPR	PRIOR TOTAL ACCUM	DEPR THIS RUN	CURRENT YTD DEPR	TOTAL ACCUM DEPR
00001	DRIVE IN	02/01/66	6803	38 StrLn	30	0	N	0 00	6803.38	06/13	6803 38	0 00	0.00	6803.38
00002	REMODEL H	07/01/66	92241	71 StrLn	30	0	N	0 00	92241 71	06/13	92241 71	0 00	0.00	92241.71
00014	DRIVE IN	06/01/77	49737	42 StrLn	30	0	N	0 00	49737 42	06/13	49737 42	0 00	0.00	49737.42
00015	STREET LI	08/01/77	803	53 StrLn	15	0	N	0 00	803 53	06/13	803 53	0 00	0 00	803 53
00016	MICRO PHO	10/01/78	1219	00 StrLn	5	0	N	0 00	1219 00	06/13	1219 00	0 00	0 00	1219 00
00017	CARPET	06/01/79	1000	00 StrLn	5	0	N	0 00	1000 00	06/13	1000.00	0 00	0 00	1000 00
00018	REMODELIN	03/01/80	48164	64 StrLn	15	0	N	0 00	48164 64	06/13	48164 64	0 00	0 00	48164 64
00019	NEW ROOF	06/01/81	43705	01 StrLn	15	0	N	0 00	43705 01	06/13	43705 01	0.00	0 00	43705.01
00020	PATIO ADD	06/01/82	40981	16 StrLn	15	0	N	0 00	40981 16	06/13	40981 16	0 00	0 00	40981 16
00021	SPEAKERS	10/01/81	624	00 StrLn	5	0	N	0 00	624 00	06/13	624 00	0 00	0 00	624 00
00022	REFRIGERA	07/01/82	1050	00 StrLn	5	0	N	0 00	1050.00	06/13	1050 00	0 00	0.00	1050 00
00023	REMODEL K	02/01/83	14911	93 StrLn	25	0	N	0 00	14911 93	06/13	14911 93	0.00	0.00	14911 93
00024	HALL LIGH	09/01/83	611	70 StrLn	15	0	N	0 00	611 70	06/13	611 70	0 00	0 00	611 70
00025	HEATER-JA	12/01/83	546	02 StrLn	10	0	N	0 00	546 02	06/13	546 02	0.00	0 00	546 02
00026	CHAIRS	12/01/83	832	76 StrLn	10	0	N	0 00	832 76	06/13	832 76	0.00	0.00	832 76
00027	FLOORS RE	04/01/84	945	00 StrLn	10	0	N	0 00	945.00	06/13	945 00	0 00	0 00	945 00
00028	AUTO SCRU	05/01/84	1900	00 StrLn	10	0	N	0 00	1900 00	06/13	1900 00	0.00	0 00	1900 00
00029	PECOLOR O	06/01/84	1238	20 StrLn	10	0	N	0 00	1238 20	06/13	1238 20	0.00	0 00	1238 20
00030	HOUSE-STU	06/01/84	4023	00 StrLn	15	0	N	0 00	4023 00	06/13	4023 00	0.00	0 00	4023.00
00031	WINDOWS -	06/01/84	1664	55 StrLn	15	0	N	0 00	1664 55	06/13	1664 55	0.00	0.00	1664 55
00032	PAINTING	06/01/84	5965	00 StrLn	5	0	N	0 00	5965 00	06/13	5965 00	0.00	0 00	5965 00
00033	REFERIG -	06/01/84	113	83 StrLn	5	0	N	0 00	113 83	06/13	113 83	0.00	0 00	113.83
00034	REMODEL	01/01/85	32032	80 StrLn	25	0	N	0 00	32032 80	06/13	32032 80	0 00	0 00	32032.80
00035	DRAPES	04/01/86	5000	00 StrLn	10	0	N	0 00	5000 00	06/13	5000 00	0 00	0 00	5000.00
00036	ROOFING	04/01/86	6860	00 StrLn	10	0	N	0 00	6860 00	06/13	6860 00	0 00	0 00	6860 00
00037	REMODEL	06/01/86	7036	66 StrLn	20	0	N	0 00	7036 66	06/13	7036.66	0 00	0 00	7036 66
00038	NEW STOVE	01/01/87	3565	26 StrLn	15	0	N	0 00	3565 26	06/13	3565 26	0 00	0 00	3565 26
00039	OUTDOOR S	01/01/87	5651	04 StrLn	15	0	N	0 00	5651 04	06/13	5651 04	0 00	0 00	5651 04
00040	AIR CONDI	10/01/87	25623	75 StrLn	10	0	N	0 00	25623 75	06/13	25623 75	0.00	0 00	25623 75
00041	BATHROOM	03/01/88	9547	25 StrLn	30	0	N	0 00	9547 25	06/13	8035 56	318.24	318 24	8353 80
00042	POT BOTTO	12/22/88	3883	14 StrLn	10	0	N	0.00	3883.14	06/13	3883 14	0.00	0.00	3883 14
00043	GARAGE RE	06/08/89	24283	90 StrLn	30	0	N	0 00	24283 90	06/13	19494 50	809 46	809.46	20303 96
00044	CHAIRS/HO	11/08/90	7173	68 StrLn	10	0	N	0 00	7173 68	06/13	7173 68	0 00	0.00	7173 68
00045	ROOF REPA	11/30/91	74054	86 StrLn	15	0	N	0 00	74054 86	06/13	74054 86	0.00	0 00	74054 86
00046	AIR CONDI	11/30/91	26195	94 StrLn	15	0	N	0 00	26195 94	06/13	26195 94	0 00	0.00	26195 94
00047	HOUSE REP	01/01/93	7254	92 StrLn	31	6	N	0 00	7254 92	06/13	4721 40	230.31	230 31	4951.71
00048	SPEAKERS	11/01/92	2549	62 StrLn	7	0	N	0 00	2549.62	06/13	2549 62	0.00	0 00	2549.62
00049	FENCING	01/01/93	9751	12 StrLn	10	0	N	0 00	9751.12	06/13	9751 12	0.00	0.00	9751.12
00050	GREASE TR	11/10/93	7290	00 StrLn	15	0	N	0 00	7290 00	06/13	7290 00	0 00	0 00	7290.00
00051	SIDEWALKS	03/15/94	3988	00 StrLn	15	0	N	0 00	3988 00	06/13	3988 00	0 00	0.00	3988.00
00052	PAINTING	12/01/93	3200	00 StrLn	10	0	N	0 00	3200 00	06/13	3200 00	0.00	0 00	3200 00
00053	FLOOR COV	12/01/93	8000	00 StrLn	8	0	N	0 00	8000 00	06/13	8000 00	0 00	0 00	8000 00
00054	TABLES (1	11/01/94	1300	00 StrLn	10	0	N	0 00	1300 00	06/13	1300 00	0 00	0 00	1300 00
00055	STAGE	12/29/94	5430	00 StrLn	15	0	N	0 00	5430 00	06/13	5430 00	0 00	0 00	5430 00
00056	CEMENT SL	04/01/95	4400	00 StrLn	15	0	N	0 00	4400.00	06/13	4400 00	0 00	0 00	4400 00
00057	FLOOR MAC	12/07/94	3034	15 StrLn	10	0	N	0 00	3034 15	06/13	3034 15	0.00	0 00	3034 15
00058	IMPROVEME	02/01/97	23324	48 StrLn	40	0	N	0 00	23324 48	06/13	9572 72	583 11	583.11	10155 83
00059	CHAPEL RE	06/01/98	6400	00 StrLn	31	0	N	0 00	6400 00	06/13	3113 95	206 45	206.45	3320.40
00060	CHAPEL A/	07/01/98	3900	00 StrLn	15	0	N	0 00	3900.00	06/13	3900 00	0 00	0 00	3900 00
00061	ASPHALT P	07/01/98	9456	00 StrLn	10	0	N	0 00	9456.00	06/13	9456 00	0 00	0 00	9456 00
00062	ROUND TAB	11/17/98	7194	13 StrLn	10	0	N	0 00	7194 13	06/13	7194 13	0 00	0 00	7194 13
00063	SOPA PANS	03/15/99	2209	52 StrLn	5	0	N	0 00	2209 52	06/13	2209 52	0.00	0 00	2209.52

AS OF 06/30/14 FY=06

October 14, 14, 02 41 58

FOR ALL ASSET NUMBERS USING IRS FIGURES

ASSET NO	ASSET DESCRPTN	DATE ACQUIRED	ACQUISITION VALUE	DEPR METHD	LIFE YR	B/ MO	SALVAGE/ L	DEPRECIABLE BASIS	LAST DEPR	PRIOR TOTAL ACCUM	DEPR THIS RUN	CURRENT YTD DEPR	TOTAL ACCUM DEPR
00064	CHAIRS	01/13/99	2030 48	StrLn	7	0	N	0.00	2030 48	06/13	2030 48	0 00	2030 48
00065	RISERS	05/17/99	5131 00	StrLn	10	0	N	0 00	5131 00	06/13	5131.00	0 00	5131 00
00066	ICE MACHI	12/03/99	1852 64	MA200	7	0	N	0 00	1852 64	06/13	1852 64	0 00	1852 64
00067	TWO BANNE	04/20/00	1700 00	MA200	7	0	N	0 00	1700 00	06/13	1700 00	0 00	1700 00
00068	RISERS	06/30/00	2505 05	MA200	7	0	N	0 00	2505 05	06/13	2505 05	0 00	2505 05
00069	IMPROVEME	12/18/99	2546 33	StrLn	15	0	N	0 00	2546 33	06/13	2291 76	169.76	2461 52
00070	TILE	03/30/00	1218 50	StrLn	15	0	N	0.00	1218 50	06/13	1076 30	81.23	1157 53
00071	BLINDS	06/15/00	856 21	MA200	7	0	N	0 00	856 21	06/13	856 21	0.00	856 21
00072	PAINTING	06/30/00	3805 00	StrLn	10	0	N	0.00	3805 00	06/13	3805 00	0 00	3805 00
00073	IMPROVEME	06/15/00	681 25	StrLn	15	0	N	0 00	681.25	06/13	594.24	45 42	639 66
00074	CARPETING	06/30/00	886 50	MA200	7	0	N	0 00	886.50	06/13	886.50	0 00	886.50
00075	HOSE HANG	05/31/01	1388 13	StrLn	10	0	N	0 00	1388 13	06/13	1388 13	0 00	1388 13
00076	SOPA PANS	04/23/02	2640 00	StrLn	7	0	N	0 00	2640 00	06/13	2640 00	0 00	2640.00
00077	TRACTOR L	08/06/01	2141 43	StrLn	10	0	N	0 00	2141 43	06/13	2141 43	0 00	2141 43
00078	REMODEL B	02/11/02	2720 00	StrLn	39	6	N	0 00	2720 00	06/13	786 15	68 86	855 01
00079	RESTAURAN	04/15/02	10320 00	StrLn	25	0	N	0 00	10320 00	06/13	4644 00	412 80	5056 80
00080	TABLES	08/07/02	9445 50	MA200	7	0	N	0 00	9445 50	06/13	9445 50	0 00	9445 50
00081	IMPROVEME	07/03/03	4658 86	StrLn	10	0	N	0 00	4658 86	06/13	4658 86	0.00	4658 86
00082	REMODEL R	11/15/02	99014.03	StrLn	39	6	N	0 00	99014 03	06/13	26737 92	2506 68	29244 60
00083	REMODEL B	02/01/03	44607 73	StrLn	39	6	N	0 00	44607 73	06/13	11763 65	1129 31	12892.96
00084	IMPROVEME	07/03/02	4658 86	StrLn	10	0	N	0 00	4658 86	06/13	4658 86	0 00	4658.86
00085	BAR REMOD	08/05/03	1162 68	StrLn	39	6	N	0 00	1162 68	06/13	291 85	29.43	321 28
00086	DANCE HAL	09/12/03	1926 36	StrLn	39	6	N	0.00	1926.36	06/13	479 57	48.77	528.34
00087	KITCHEN R	01/01/04	85588 58	StrLn	39	6	N	0 00	85588 58	06/13	20584 60	2166.80	22751 40
00088	KITCHEN I	07/01/04	17639 95	StrLn	15	0	N	0 00	17639 95	06/13	10584 00	1176.00	11760 00
00089	TABLE AND	09/22/04	2737 40	MA200	7	0	N	0 00	2737 40	06/13	2737 40	0.00	2737 40
00090	CLEANING	10/04/04	7153 88	MA200	7	0	N	0 00	7153.88	06/13	7153 88	0.00	7153 88
00091	PHOTOGRAP	12/28/04	2640 00	MA200	7	0	N	0 00	2640 00	06/13	2640 00	0.00	2640 00
00092	CURTAINS	01/04/05	3018 90	MA200	10	0	N	0 00	3018 90	06/13	2722 13	197 85	2919 98
00093	KITCHEN I	03/07/05	15500 00	StrLn	15	0	N	0 00	15500 00	06/13	8611 08	1033 33	9644 41
00094	DANCE HAL	04/04/05	15000 00	StrLn	15	0	N	0 00	15000 00	06/13	8250 00	1000 00	9250 00
00095	DANCE HAL	05/04/05	40000 00	StrLn	25	0	N	0 00	40000 00	06/13	13066 67	1600.00	14666 67
00096	CURTAINS	05/12/05	3000 00	MA200	10	0	N	0 00	3000 00	06/13	2705.09	196.61	2901 70
00097	DANCE HAL	05/18/05	98000 00	StrLn	25	0	N	0 00	98000 00	06/13	31686.67	3920.00	35606 67
00098	LIGHT FIX	06/24/05	12025 00	MA200	7	0	N	0 00	12025 00	06/13	12025.00	0 00	12025 00
00099	IMPROVEME	07/01/04	29819 95	StrLn	25	0	N	0 00	29819 95	06/13	10735 20	1192 80	11928 00
00100	CABINETS	07/01/04	2100 00	MA200	10	0	N	0 00	2100 00	06/13	1893 56	137 63	2031.19
00101	IMPROVEME	06/01/05	1500 00	StrLn	10	0	N	0 00	1500 00	06/13	1212 50	150 00	1362 50
00102	DANCE HAL	09/01/05	44708 53	StrLn	20	0	N	0.00	44708.53	06/13	19051 64	2235.43	21287 07
00103	IMPROVEME	09/08/05	16000 00	StrLn	20	0	N	0 00	16000 00	06/13	6266.67	800 00	7066 67
00104	PANS	05/06/06	3358 47	StrLn	7	0	N	0 00	3358 47	06/13	3358.47	0 00	3358 47
00105	POTS AND	05/12/09	3691 16	MA200	7	0	N	0 00	3691 16	06/13	2867.58	329 43	3197 01
00106	NEW ROOF	11/16/09	16792 00	StrLn	20	0	N	0 00	16792.00	06/13	3008 57	839 60	3848 17
00107	LH IMP ST	01/01/12	70000 00	StrLn	15	0	N	0 00	70000 00	06/13	7000 00	4666 67	11666 67
00108	HALL LIGH	05/01/12	8000 00	StrLn	10	0	N	0.00	8000 00	06/13	933 33	800 00	1733 33
00109	PA SYSTEM	09/22/12	1879 06	MA200	10	0	N	0.00	1879 06	06/13	187 91	338 23	526 14
00110	CEMENT FL	12/26/12	31000 00	StrLn	20	0	N	0 00	31000 00	06/13	775 00	1550.00	2325 00
00111	CEMENT FL	01/18/13	12300.00	StrLn	20	0	N	0 00	12300 00	06/13	256 25	615.00	871 25
00112	NEW FREEZ	11/20/13	13945.00	StrLn	10	0	N	0 00	13945 00	/	0.00	813.46	813 46
00113	ROLL UP D	12/09/13	6750 00	StrLn	15	0	N	0 00	6750 00	/	0.00	262 50	262 50
00114	KITHCEN I	12/19/13	8306 22	StrLn	15	0	N	0 00	8306 22	/	0 00	276 87	276 87
00115	BAR UNIT	01/15/14	6500 00	StrLn	15	0	N	0 00	6500 00	/	0 00	216 67	216 67