

2017

# California Exempt Organization Annual Information Return

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) **07/01/2017**, and ending (mm/dd/yyyy) **06/30/2018**

Corporation/Organization name <b>MODESTO GOSPEL MISSION</b>		California corporation number <b>0275309</b>
Additional information. See instructions.		FEIN <b>94-6102833</b>
Street address (suite or room) <b>1400 YOSEMITE BLVD</b>		PMB no.
City <b>MODESTO</b>	State <b>CA</b>	ZIP code <b>95354</b>
Foreign country name	Foreign province/state/country	Foreign postal code

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy)</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
--	--

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	329,170.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	5,700,417.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B <b>STMT 2</b>	4	6,029,587.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	54,504.00
	7	Total costs. Add line 5 and line 6	7	54,504.00
	8	Total gross income. Subtract line 7 from line 4	8	5,975,083.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	5,426,858.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	548,225.00
<b>Filing Fee</b>	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and Interest. See General Information J	16	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>EXECUTIVE DIRE</b>	Date	• Telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	• PTIN <b>P00644129</b>
	Firm's name (or yours, if self-employed) and address <b>ATHERTON &amp; ASSOCIATES, LLP P.O. BOX 4339 MODESTO, CA 95352-4339</b>		• FEIN <b>94-1239084</b>
			• Telephone <b>(209) 577-4800</b>

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

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

728951 12-06-17

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	4,960.00	
	2	Interest	•	2	3,185.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	113,856.00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	175,000.00
	7	Other income	SEE STATEMENT 4	•	7	32,169.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	329,170.00
	9	Contributions, gifts, grants, and similar amounts paid		•	9	00
	10	Disbursements to or for members		•	10	00
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5	•	11	109,566.00
	12	Other salaries and wages		•	12	911,386.00
	13	Interest		•	13	18,000.00
	14	Taxes		•	14	77,905.00
	15	Rents		•	15	7,224.00
	16	Depreciation and depletion (See instructions)		•	16	177,073.00
	17	Other Expenses and Disbursements	SEE STATEMENT 6	•	17	4,125,704.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	5,426,858.00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		133,188.		616,565.
2	Net accounts receivable				6,828.
3	Net notes receivable				
4	Inventories		49,995.		115,086.
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10	<b>a</b> Depreciable assets	5,911,046.		5,903,940.	
	<b>b</b> Less accumulated depreciation	( 2,639,048. )	3,271,998. ( 2,766,284. )		3,137,656.
11	Land		1,056,844.		1,076,567.
12	Other assets <b>STMT 7</b>		27,195.		158,769.
13	<b>Total assets</b>		4,539,220.		5,111,471.
<b>Liabilities and net worth</b>					
14	Accounts payable		258,527.		91,043.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		300,000.		300,000.
18	Other liabilities <b>STMT 8</b>				53,546.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		3,980,693.		4,666,882.
22	<b>Total liabilities and net worth</b>		4,539,220.		5,111,471.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	548,225.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		548,225.
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		548,225.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-6102833

Corporation name

California corporation number

MODESTO GOSPEL MISSION

0275309

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for IRC Section 179 election details, including lines 1 through 13, with columns for description and amounts.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation Method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation. Includes line 14 and line 15.

Part III Summary

Summary table with 2 rows (16 and 17) and 2 columns for amounts, including line 18 for depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section, (f) Period or percentage, (g) Amortization for this year. Includes lines 19 through 22.

CA 3885 DEPRECIATION STATEMENT 10

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 LAND	VARIOUS	1,076,567.		SL	.000	0.	
2 BUILDING & IMPROVEMENTS	VARIOUS	5,237,548.	2073227.	SL	39.00	146,215.	
3 FURNITURE & FIXTURES	VARIOUS	57,496.	57.	SL	7.00	4,053.	
4 VEHICLES	VARIOUS	209,600.	172,210.	SL	7.00	9,141.	
5 MACHINERY & EQUIPMENT	VARIOUS	399,296.	343,717.	SL	7.00	17,664.	
TOTAL TO FORM 3885		6,980,507.	2589211.			177,073.	

TAXABLE YEAR  
**2017**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>MODESTO GOSPEL MISSION</b>	<b>94-6102833</b>

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<u>6,029,587.00</u>
2 Total gross income (Form 199, line 8)	2	<u>5,975,083.00</u>
3 Total expenses and disbursements (Form 199, line 9)	3	<u>5,426,858.00</u>

**Part II Settle Your Account Electronically for Taxable Year 2017**

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--	-----------	---------------------------------

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>		_____ Date		_____ Title
------------------	--	---------------	--	----------------

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN <b>P00644129</b>
	Firm's name (or yours if self-employed) and address	<b>ATHERTON &amp; ASSOCIATES, LLP</b>			FEIN <b>94-1239084</b>
		<b>P.O. BOX 4339</b>			ZIP code <b>95352-4339</b>
	<b>MODESTO, CA</b>				

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	_____		
		FEIN _____		
	_____			ZIP code _____