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CLIENT'S COPY



May 11, 2017

Modesto Gospel Mission
1400 Yosemite Blvd
Modesto, CA 95354

Modesto Gospel Mission:

Enclosed is the organization's 2015 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before May 15, 2017.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

The California Form 199 should be mailed on or before June 15, 2017 to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0501

Enclose a check or money order for \$10.00, payable to Franchise Tax Board.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$150.00, payable to Attorney General Registry of Charitable Trusts.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Sue E. Cipponeri, CPA

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2015 calendar year, or tax year beginning **JAN 1, 2016** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MODESTO GOSPEL MISSION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1400 YOSEMITE BLVD City or town, state or province, country, and ZIP or foreign postal code MODESTO, CA 95354	D Employer identification number ** - *** 2833
F Name and address of principal officer: KEVIN CARROLL 1400 YOSEMITE BLVD, MODESTO, CA 95355		E Telephone number 209-529-8259
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 2,460,120.
J Website: ▶ MODESTOGOSPELMISSION.ORG		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)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶
L Year of formation: 1953		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO HOUSE AND FEED NEEDY AND HOMELESS PEOPLE IN THE CITY OF MODESTO, AND TO PROVIDE RELIGIOUS		
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 2015 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	2000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,863,591.	2,037,730.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,549.	22,586.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,907.	2,001.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,615.	118,495.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,999,662.	2,180,812.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,605,344.	1,344,241.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,703,864.	816,482.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 284,514.	430,069.	148,781.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	980,020.	452,746.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,719,297.	2,762,250.
19 Revenue less expenses. Subtract line 18 from line 12	-719,635.	-581,438.	
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)	5,403,080.	4,800,268.
	22 Net assets or fund balances. Subtract line 21 from line 20	438,370.	416,996.
		4,964,710.	4,383,272.

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 KEVIN CARROLL, EXECUTIVE DIR. Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SUE E. CIPPONERI, CPA	Preparer's signature
	Firm's name ▶ KEMPER CPA GROUP LLP	Date 05/11/17
	Firm's address ▶ 1700 STANDIFORD AVE, SUITE 200 MODESTO, CA 95350	Check if self-employed <input type="checkbox"/> PTIN P00408847
		Firm's EIN ▶ ** - *** 8432
		Phone no. (209) 521-1100

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

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: TO HOUSE AND FEED NEEDY AND HOMELESS PEOPLE IN THE CITY OF MODESTO, AND TO PROVIDE RELIGIOUS COUNSELING AND INSTRUCTION.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,206,729. including grants of \$ 1,344,241.) (Revenue \$ 22,586.) MODESTO GOSPEL MISSION HAS SERVED THE NEEDY IN STANISLAUS COUNTY SINCE 1948. OUR PROGRAMS ARE FOR MEN, WOMEN AND CHILDREN. WE HAVE AN EMERGENCY SHELTER, LONG TERM PROGRAMS, EDUCATION AND EMPLOYMENT CENTER, MEDICAL CLINIC AND WE SERVE 5 MEALS A DAY. IN 2015-2016 WE PROVIDED 130,000 MEALS, 64,000 SAFE BED NIGHTS OF SHELTER, 13,000 HOURS OF VOLUNTEER SERVICE . WE GRADUATED 12 MEN AND WOMEN FROM OUR NEW LIFE PROGRAMS AND ALL OF THEM SUCCESSFULLY OBTAINED GAINFUL EMPLOYMENT. WE SAW 8 PEOPLE EARN THEIR DIPLOMA OR GED. OUR GOAL THROUGH ALL OF OUR PROGRAMS AND SERVICES IS TO EMPOWER PEOPLE TO SUCCEED. THE MODESTO GOSPEL MISSION IS A REFUGE FOR RECOVERY AND RESTORATION THROUGH THE LOVE AND POWER OF CHRIST.

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 2,206,729.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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, Part II, III, or IV, and Part 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>		
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>		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? <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?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
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.
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, address, and telephone number of the person who possesses the organization's books and records: KEVIN CARROLL - 209-529-8259 1400 YOSEMITE BOULEVARD, MODESTO, CA 95354

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 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) DICK MONTEITH BOARD MEMBER	0.00	X					0.	0.	0.	
(2) LEONA KOROCK BOARD MEMBER	0.00	X					0.	0.	0.	
(3) ROD GARCIA BOARD MEMBER	0.00	X					0.	0.	0.	
(4) SAUNDRA EDWARDS BOARD MEMBER	0.00	X					0.	0.	0.	
(5) JEREMIAH WILLIAMS BOARD MEMBER	0.00	X					0.	0.	0.	
(6) KEN DARBY BOARD MEMBER	0.00	X					0.	0.	0.	
(7) JOHN VILLINES PRESIDENT	0.00	X					0.	0.	0.	
(8) CAREN BURHANS SECRETARY	0.00	X					0.	0.	0.	
(9) ROBERTA GILMORE CFO	40.00			X			0.	0.	0.	
(10) ANASATASIA CARROLL DIRECTOR OF DEVELOPMENT	40.00			X			0.	0.	0.	
(11) MIKE MCCAULEY DIRECTOR OF OPERATIONS	40.00			X			0.	0.	0.	
(12) DALE HARTMAN DIRECTOR OF PROGRAM	40.00			X			0.	0.	0.	
(13) KEVIN CARROLL EXECUTIVE DIRECTOR	40.00			X			0.	0.	24,000.	

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 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			
1b Sub-total							0.	0.	24,000.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	24,000.	

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 **0**

	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
RUSS REID PO BOX 90125, PASADENA, CA 91109		118,421.

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 **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,037,730.				
	g Noncash contributions included in lines 1a-1f: \$		1,276,171.				
	h Total. Add lines 1a-1f		2,037,730.				
Program Service Revenue	2 a MISCELLANEOUS INCOME	Business Code					
		624200	16,082.	16,082.			
	b RECYCLING INCOME	624200	4,985.	4,985.			
	c TRANSITIONAL HOUSING	624200	1,519.	1,519.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		22,586.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,099.			2,099.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	43,488.				
		(ii) Personal					
		b Less: rental expenses	0.				
	c Rental income or (loss)		43,488.				
	d Net rental income or (loss)		43,488.			43,488.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	255,892.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	255,990.				
		c Gain or (loss)	-98.				
	d Net gain or (loss)		-98.			-98.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	98,325.				
		b Less: direct expenses	23,318.				
c Net income or (loss) from fundraising events			75,007.			75,007.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	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						
	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.			2,180,812.	22,586.	0.	120,496.	

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,344,241.	1,344,241.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	42,500.		42,500.	
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	657,280.	512,460.	61,038.	83,782.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	67,889.	15,457.	50,907.	1,525.
10 Payroll taxes	48,813.	38,236.	4,174.	6,403.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,542.		9,542.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	148,781.			148,781.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,396.	4,154.	13,184.	58.
12 Advertising and promotion	14,773.		222.	14,551.
13 Office expenses	55,283.	26,646.	13,072.	15,565.
14 Information technology				
15 Royalties				
16 Occupancy	76,888.	65,964.	10,924.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,683.	2,148.	13,741.	794.
20 Interest	9,000.	9,000.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,824.	69,459.	17,365.	
23 Insurance	88,561.	60,563.	24,955.	3,043.
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 SUPPLIES	33,081.	31,099.		1,982.
b DUES, PUBLICATIONS AND	8,941.	3,984.	4,300.	657.
c AUTO EXPENSES	7,388.	5,799.	616.	973.
d REPAIR AND MAINTENANCE	6,623.	6,623.		
e All other expenses	21,763.	10,896.	4,467.	6,400.
25 Total functional expenses. Add lines 1 through 24e	2,762,250.	2,206,729.	271,007.	284,514.
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 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	477,757.	1	185,404.
	2 Savings and temporary cash investments	253,912.	2	0.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	61,899.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	118,065.	8	49,995.
	9 Prepaid expenses and deferred charges	10,092.	9	7,703.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,958,894.		
	b Less: accumulated depreciation	10b 2,463,627.	4,543,254.	10c 4,495,267.
	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)		5,403,080.	16	4,800,268.
Liabilities	17 Accounts payable and accrued expenses	138,370.	17	116,996.
	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	300,000.	23	300,000.
	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		438,370.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,838,288.	27	4,225,232.
	28 Temporarily restricted net assets	126,422.	28	158,040.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input 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		32	
33 Total net assets or fund balances	4,964,710.	33	4,383,272.	
34 Total liabilities and net assets/fund balances	5,403,080.	34	4,800,268.	

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	2,180,812.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,762,250.
3	Revenue less expenses. Subtract line 2 from line 1	3	-581,438.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,964,710.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,383,272.

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 type="checkbox"/> Cash <input checked="" 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	2a	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	2b	X
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.	2c	
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? _____	3a	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 _____	3b	

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Name of the organization: MODESTO GOSPEL MISSION
Employer identification number: ** - *** 2833

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 [X] 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).
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).
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).
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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
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).
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).
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations []
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization

MODESTO GOSPEL MISSION

Employer identification number

** - ***2833

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization MODESTO GOSPEL MISSION	Employer identification number ** - ***2833
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. MILTON AND CAROL DAVID 2708 VENETO DR MODESTO, CA 95356	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROGER AND MARY GISH 2121 GOLDEN WEST LANE MODESTO, CA 95350	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DR. CURTIS AND NANCY GRANT 717 SCENIC VIEW CT MODESTO, CA 95354	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MARK AND LORRAINE GROVER 2829 KIERNAN AVE MODESTO, CA 95356	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JULIO GALLO FOUNDATION PO BOX 1130 MODESTO, CA 95353	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JOHN AND TAMI MAYOL 1301 COUNTRY VIEW DRIVE MODESTO, CA 95356	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MODESTO GOSPEL MISSION	Employer identification number ** - ***2833
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GEORGE TE VELDE 13301 LADD ROAD MODESTO, CA 95356	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MATTHEW AND ANNETTE COURY 7307 STONEGATE DRIVE MODESTO, CA 95356	\$ 5,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	STANISLAUS COMMUNITY FOUNDATION 1029 16TH STREET MODESTO, CA 95354	\$ 5,491.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	TIMOTHY P HUFF & ASSOCIATES, INC 519 MCHENRY AVENUE MODESTO, CA 95354	\$ 8,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	WALTER AND JOAN GOLDSMITH 1223 YALE AVENUE MODESTO, CA 95350	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CITY OF MODESTO PO BOX 642 MODESTO, CA 95353	\$ 12,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MODESTO GOSPEL MISSION	Employer identification number ** - ***2833
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	LAZAR TRUST 1020 10TH STREET MODESTO, CA 95354	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MODESTO GOSPEL MISSION	Employer identification number ** - ***2833
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization MODESTO GOSPEL MISSION	Employer identification number ** - *** 2833
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization MODESTO GOSPEL MISSION **Employer identification number**
-*2833

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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" on 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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		1,093,794.		1,093,794.
b Buildings		4,646,994.	1,603,718.	3,043,276.
c Leasehold improvements				
d Equipment				
e Other		1,218,106.	859,909.	358,197.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,495,267.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,217,168.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	13,038.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	23,318.	
e	Add lines 2a through 2d	2e		36,356.
3	Subtract line 2e from line 1		3	2,180,812.
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		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,180,812.

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

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

1	Total expenses and losses per audited financial statements		1	2,798,606.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	13,038.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	23,318.	
e	Add lines 2a through 2d	2e		36,356.
3	Subtract line 2e from line 1		3	2,762,250.
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		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,762,250.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **MODESTO GOSPEL MISSION** Employer identification number ****-***2833**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUSS REID - PO BOX 90125, PASADENA, CA 91109	MAILING ETC.		X	176,487.	118,421.	58,066.
Total				176,487.	118,421.	58,066.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NIGHT AT THE MUSEM (event type)	GOLF FOR A MISSION (event type)	4 (total number)		
Revenue	1	Gross receipts	24,561.	29,955.	43,809.	98,325.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	24,561.	29,955.	43,809.	98,325.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		2,362.		2,362.
	6	Rent/facility costs	466.	6,656.	6,450.	13,572.
	7	Food and beverages	170.	4,152.	473.	4,795.
	8	Entertainment				
	9	Other direct expenses	139.	2,409.	41.	2,589.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				23,318.
11	Net income summary. Subtract line 10 from line 3, column (d)				75,007.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---------|
| a The organization's facility | 13a | _____ % |
| b An outside facility | 13b | _____ % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

MODESTO GOSPEL MISSION

Employer identification number

**** - *** 2833**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NON-CASH ITEMS	200	0.	1,289,209.	THRIFT SHOP VALUES AND COMPARABLE SALES	FOOD, CLOTHING, HOUSEHOLD GOODS, MEDICNE

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXECUTIVE DIRECTOR MEETS WITH EACH INDIVIDUAL REQUESTING ASSISTANCE. HE DISCUSSES THEIR SITUATION AND DETERMINES WHETHER EACH INDIVIDUAL WILL BE ASSISTED IN A PARTICULAR AREA.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MODESTO GOSPEL MISSION

Employer identification number

**** - *** 2833**

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X								
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEVIN CARROLL EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	0.	0.	24,000.	24,000.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4:

KEVIN CARROLL HOUSING ALLOWANCE \$24,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **MODESTO GOSPEL MISSION** Employer identification number ****-***2833**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		537,085.	COMPARABLE SALES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		538,772.	COMPARABLE SALES
20 Drugs and medical supplies	X		200,213.	COMPARABLE SALES
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

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

2015

Open to Public
Inspection

Name of the organization

MODESTO GOSPEL MISSION

Employer identification number

** - ***2833

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNSELING AND INSTRUCTION.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION APPROVED A CHANGE TO THEIR FISCAL YEAR FROM A CALENDAR
YEAR END TO A JUNE 30 YEAR END.

FORM 990, PART VI, SECTION B, LINE 11:

EACH INDIVIDUAL DIRECTOR/BOARD MEMBER RECEIVES A PRELIMINARY COPY OF THE
FORM 990 BEFORE FILING. THEY SEND THEIR COMMENTS OR REQUESTS TO THE CFO.

FORM 990, PART VI, SECTION B, LINE 12:

CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AT A REGULLARY SCHEDULED
BOARD MEETING AND EACH NEW BOARD MEMBER IS GIVEN THE POLICY AT THE TIME OF
THEIR ELECTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE
EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR RECEIVES A REVIEW ON AN ANNUAL
BASIS AND COMPENSATION IS DETERMINED AT THAT TIME. THE EXECUTIVE COMMITTEE
OF THE BOARD REVIEWS THE EXECUTIVE DIRECTOR AND MAKES A RECOMMENDATION FOR
COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE UPON REQUEST. A SUMMARY OF COMPANY PREPARED
FINANCIALS ARE AVAILABLE ON THE WEBSITE.

2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	2003 FORD EXPEDITION	01/01/03	SL	7.00		16	32,839.				32,839.	32,839.		0.	32,839.
2	VEHICLE REPAIRS-2005 EXP	08/23/05	SL	5.00		16	5,763.				5,763.	5,763.		0.	5,763.
3	2005 FORD F350 BOX TRUCK	04/27/05	SL	7.00		16	33,978.				33,978.	33,978.		0.	33,978.
4	2005 FORD F150 CARGO VAN	04/27/05	SL	5.00		16	22,192.				22,192.	22,192.		0.	22,192.
5	2005 FORD EXPEDITION	04/27/05	SL	7.00		16	32,026.				32,026.	32,026.		0.	32,026.
7	2011 CHEVROLET EXPRESS G 2500	01/31/13	SL	7.00		16	19,473.				19,473.	8,114.		1,391.	9,505.
8	2003 CHEVY TAHOE	03/31/15	SL	7.00		16	15,356.				15,356.	1,645.		1,097.	2,742.
9	2000 CHEVY SILVERADO	04/06/15	SL	7.00		16	10,735.				10,735.	1,150.		767.	1,917.
10	2008 CHEVY EXPRESS	03/27/15	SL	7.00		16	18,422.				18,422.	1,974.		1,316.	3,290.
11	BUILDING - 1417 DEHARRO	12/01/83	SL	45.00		16	173,908.				173,908.	123,999.		1,932.	125,931.
12	BUILDING - 1432 PAGE	05/01/85	SL	45.00		16	57,773.				57,773.	39,375.		642.	40,017.
13	BUILDING - 1400 YOSEMITE	06/29/93	SL	39.00	MM	16	437,774.				437,774.	224,500.		5,612.	230,112.
14	BUILDING - 129 KERR	06/23/98	SL	39.00	MM	16	65,710.				65,710.	29,488.		842.	30,330.
15	BUILDING - 1419 DEHARRO	12/21/98	SL	39.00	MM	16	26,370.				26,370.	11,154.		338.	11,492.
16	BUILDING ADDITION	07/01/99	SL	39.00	MM	16	105,404.				105,404.	43,248.		1,351.	44,599.
17	BUILDING ADDITION	07/01/00	SL	39.00	MM	16	168,368.				168,368.	66,737.		2,159.	68,896.
18	BUILDING - 1432 YOSEMITE	03/31/03	SL	40.00		16	301,320.				301,320.	101,696.		3,767.	105,463.
19	BLDG ADDITION ADMIN	12/12/06	SL	39.00	MM	16	25,447.				25,447.	5,922.		326.	6,248.

528111
04-01-15

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
20	BLDG ADDITION ADMIN	03/16/07	SL	15.00		16	24,133.				24,133.	14,079.		804.	14,883.
21	BUILDING- MONO DR. PURCHASE	01/11/11	SL	39.00	MM	16	287,786.				287,786.	43,911.		3,690.	47,601.
22	BUILDING - 1525-1527 OWENS	02/21/07	SL	39.00	MM	16	344,800.				344,800.	92,088.		4,421.	96,509.
23	DONUT SHOP LAND	06/29/93	L				36,950.				36,950.			0.	
24	BUILDING - 1420 YOSEMITE	06/29/93	SL	39.00	MM	16	32,520.				32,520.	18,800.		417.	19,217.
25	OUTDOOR BENCHES	12/22/00	SL	7.00		16	1,663.				1,663.	1,663.		0.	1,663.
26	CLINIC CABINETS	07/13/00	SL	15.00		16	9,667.				9,667.	9,667.		0.	9,667.
27	BED	10/01/01	SL	5.00		16	181.				181.	181.		0.	181.
28	BUNKBEDS	12/15/01	SL	5.00		16	7,499.				7,499.	7,499.		0.	7,499.
29	CANOPY	11/14/03	SL	7.00		16	5,306.				5,306.	5,306.		0.	5,306.
30	DININGROOM TABLES	05/17/05	SL	5.00		16	4,319.				4,319.	4,319.		0.	4,319.
31	COMPUTERS	07/20/05	SL	3.00		16	11,394.				11,394.	11,394.		0.	11,394.
32	BEDS	12/01/05	SL	5.00		16	6,938.				6,938.	6,938.		0.	6,938.
33	MATTRESSES	01/20/06	SL	7.00		16	19,366.				19,366.	19,366.		0.	19,366.
34	COMPUTERS	09/15/06	SL	3.00		16	3,897.				3,897.	3,572.		0.	3,572.
35	CARPET ADMIN OFFICES	10/06/06	SL	7.00		16	6,987.				6,987.	6,987.		0.	6,987.
36	BEDS & CABINETS	12/29/06	SL	5.00		16	33,763.				33,763.	33,763.		0.	33,763.
37	CONCRETE TABLES FOR CHILDRENS CENTER	05/20/09	SL	7.00		16	2,930.				2,930.	2,724.		174.	2,898.

528111
04-01-15

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	COMPUTER AND PRINTER FOR EXECUTIVE DIR	05/16/13	SL	3.00		16	1,212.				1,212.	1,044.		168.	1,212.
39	1417 DEHARRO IMPRVMT	01/01/84	SL	15.00		16	2,807.				2,807.	2,807.		0.	2,807.
40	1432 PAGE IMPRVMT	01/01/89	SL	5.00		16	2,150.				2,150.	2,150.		0.	2,150.
41	1400 YOSEMITE IMPRVMT	11/23/96	SL	39.00	MM	16	954,930.				954,930.	468,279.		12,243.	480,522.
42	1400 YOSEMITE IMPRVMT	01/01/97	SL	39.00	MM	16	387,735.				387,735.	188,498.		4,971.	193,469.
43	INDUSTRIAL FENCE	06/01/94	SL	10.00		16	2,737.				2,737.	2,737.		0.	2,737.
44	DEHARRO DRIVEWAY CONCRETE	02/25/02	SL	15.00		16	6,800.				6,800.	6,265.		227.	6,492.
45	FENCE	02/25/02	SL	15.00		16	2,526.				2,526.	2,324.		84.	2,408.
46	1434 YOSEMITE FENCE	05/15/03	SL	10.00		16	8,228.				8,228.	8,228.		0.	8,228.
47	YOSEMITE BLVD IMPROVEMENT	10/01/05	SL	10.00		16	112,500.				112,500.	112,500.		0.	112,500.
48	KERR AVE AWNING ROOF	10/13/05	SL	5.00		16	9,489.				9,489.	9,331.		0.	9,331.
49	1417 DEHARRO SHOWERS	11/03/05	SL	10.00		16	9,598.				9,598.	9,598.		0.	9,598.
50	1434 YOSEMITE CONCRETE	02/16/06	SL	15.00		16	35,391.				35,391.	23,197.		1,180.	24,377.
51	BUILDING B SHOWERS	01/19/10	SL	15.00		16	8,250.				8,250.	3,025.		275.	3,300.
52	BULLET RESISTANT SECURITY GLASS	06/22/10	SL	15.00		16	7,035.				7,035.	2,579.		235.	2,814.
53	CARPET REPLACEMENT	01/29/08	SL	7.00		16	1,944.				1,944.	1,830.		0.	1,830.
54	KITCHEN FIRE SYSTEM	06/12/08	SL	15.00		16	4,637.				4,637.	2,318.		155.	2,473.
55	RECEIVING DOCK CANOPY	02/25/09	SL	7.00		16	7,206.				7,206.	6,692.		172.	6,864.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
56	MONO DRIVE IMPROVEMENTS	12/30/11	SL	39.00	MM	16	69,931.				69,931.	7,247.		897.	8,144.
57	PARKING LOT PAVEMENT	07/25/11	SL	15.00		16	93,750.				93,750.	28,122.		3,125.	31,247.
58	WAREHOUSE IMPROVEMENTS	12/31/11	SL	39.00	MM	16	218,598.				218,598.	22,654.		2,803.	25,457.
59	PAGE CT IMPROVEMENTS	12/19/11	SL	39.00	MM	16	1,923.				1,923.	198.		25.	223.
60	BACK FLOW REGULATOR	08/23/12	SL	7.00		16	2,523.				2,523.	1,200.		180.	1,380.
61	PAGE CT IMPROVEMENTS	12/17/12	SL	39.00	MM	16	22,581.				22,581.	1,761.		290.	2,051.
62	WAREHOUSE IMPROVEMENTS	06/21/12	SL	39.00	MM	16	285,842.				285,842.	25,958.		3,665.	29,623.
63	MONO DRIVE IMPROVEMENTS	03/09/12	SL	7.00		16	2,288.				2,288.	1,253.		163.	1,416.
64	BUILDING FUND	06/30/13	SL	39.00	MM	16	5,636.				5,636.	362.		72.	434.
65	BUILDING IMPROVEMENTS	06/30/13	SL	40.00		16	71,017.				71,017.	4,506.		888.	5,394.
66	DEHARRO LAND	12/01/83	L				22,500.				22,500.			0.	
67	1432 PAGE CT	05/01/85	L				17,227.				17,227.			0.	
68	DEHARRO VACANT LOT	05/01/90	L				50,048.				50,048.			0.	
69	YOSEMITE LAND	06/29/93	L				497,480.				497,480.			0.	
70	KERR AVE LAND	06/23/98	L				35,236.				35,236.			0.	
72	1434 YOSEMITE LAND	03/31/03	L				100,400.				100,400.			0.	
73	1525 OWENS REMODEL	08/21/07	SL	15.00		16	24,386.				24,386.	13,823.		813.	14,636.
74	1525 OWENS ROOF	08/25/08	SL	15.00		16	4,500.				4,500.	2,250.		150.	2,400.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
75	APARTMENT REMODEL	06/01/13	SL	39.00	MM	16	5,856.				5,856.	388.		75.	463.
76	EQUIPMENT	06/01/91	SL	5.00		16	50,446.				50,446.	50,446.		0.	50,446.
77	COMMUNICATION EQUIPMENT	11/23/96	SL	7.00		16	3,458.				3,458.	3,458.		0.	3,458.
78	DOWNSTROKE BALER	04/26/02	SL	7.00		16	5,276.				5,276.	5,276.		0.	5,276.
79	IC REFRIGERATION A/C	09/09/02	SL	7.00		16	3,807.				3,807.	3,807.		0.	3,807.
80	EQUIPMENT	01/10/91	SL	10.00		16	70,006.				70,006.	70,006.		0.	70,006.
81	PLAYGROUND EQUIPMENT	03/07/05	SL	7.00		16	10,761.				10,761.	10,631.		0.	10,631.
82	FITNESS EQUIPMENT	07/26/05	SL	10.00		16	12,550.				12,550.	12,550.		0.	12,550.
83	PHONE SYSTEM	07/12/05	SL	5.00		16	7,979.				7,979.	7,847.		0.	7,847.
84	2005 NISSAN FORKLIFT	04/28/05	SL	7.00		16	24,579.				24,579.	24,579.		0.	24,579.
85	PLAYGROUND EQUIPMENT	07/10/06	SL	7.00		16	13,969.				13,969.	13,806.		0.	13,806.
86	IC REFRIGERATION A/C CC	08/24/06	SL	7.00		16	39,909.				39,909.	39,909.		0.	39,909.
87	OFFICE PHONES	04/23/07	SL	7.00		16	1,313.				1,313.	1,313.		0.	1,313.
88	OFFICE EQUIPMENT	07/01/07	SL	7.00		16	2,992.				2,992.	2,992.		0.	2,992.
89	ELECTRIC WATER HEATER	02/03/10	SL	7.00		16	2,205.				2,205.	1,732.		158.	1,890.
90	TWO WAY RADIOS	08/05/10	SL	7.00		16	2,832.				2,832.	2,227.		202.	2,429.
91	FOOD SLICING MACHINES	01/31/07	SL	7.00		16	1,371.				1,371.	1,290.		0.	1,290.
92	FREEZER COIL	11/20/07	SL	7.00		16	3,100.				3,100.	3,100.		0.	3,100.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
93	DISPOSAL/ FLANGE ADAPTER	06/02/08	SL	7.00		16	2,409.				2,409.	2,369.		0.	2,369.
94	WACHING MACHINE MOTOR	07/17/08	SL	7.00		16	4,710.				4,710.	4,710.		0.	4,710.
95	EQUIPMENT-LETTER OPENER	11/14/08	SL	7.00		16	2,130.				2,130.	2,130.		0.	2,130.
96	WATER HEATER IN KITCHEN	10/09/09	SL	7.00		16	5,100.				5,100.	4,739.		361.	5,100.
97	DONOR PERFECT SOFTWARE	04/27/10	SL	5.00		16	8,360.				8,360.	8,081.		0.	8,081.
98	BUILDING B BEDS	05/18/12	SL	7.00		16	14,190.				14,190.	7,264.		1,014.	8,278.
99	CHARIOT FLOOR SCRUBBER	02/06/12	SL	7.00		16	6,123.				6,123.	3,427.		437.	3,864.
100	SWAMP COOLER	06/12/12	SL	7.00		16	4,565.				4,565.	2,336.		326.	2,662.
101	WASHER EXTRACTOR	06/15/12	SL	7.00		16	6,156.				6,156.	3,150.		440.	3,590.
102	SCISSOR SKYJACK	09/04/12	SL	7.00		16	5,356.				5,356.	2,550.		383.	2,933.
103	STOVE	05/03/13	SL	7.00		16	6,571.				6,571.	2,504.		469.	2,973.
104	WASHER & DRYER	12/06/13	SL	7.00		16	12,026.				12,026.	3,579.		859.	4,438.
105	NETWORK PROJECT	10/15/13	SL	3.00		16	14,064.				14,064.	10,548.		2,344.	12,892.
106	CHILDREN CENTER GAME	01/30/15	SL	5.00		16	2,995.				2,995.	549.		300.	849.
107	CHILDREN CENTER TV	03/23/15	SL	5.00		16	4,901.				4,901.	735.		490.	1,225.
108	KITCHEN OVEN	04/14/15	SL	7.00		16	2,000.				2,000.	214.		143.	357.
109	LAWN MOWER	05/04/15	SL	7.00		16	3,432.				3,432.	327.		245.	572.
110	KITCHEN OVEN	05/07/15	SL	7.00		16	4,614.				4,614.	439.		330.	769.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
111	BLDG B DRYER	05/19/15	SL	7.00		16	3,157.				3,157.	263.		226.	489.
112	CAMERAS	06/10/15	SL	5.00		16	13,857.				13,857.	1,617.		1,386.	3,003.
113	SANTA MARIA GRILL	06/11/15	SL	5.00		16	1,666.				1,666.	194.		167.	361.
114	85 GAL WATER HEATER	06/30/15	SL	10.00		16	7,200.				7,200.	360.		360.	720.
115	CAMERA	07/21/15	SL	5.00		16	1,251.				1,251.	104.		125.	229.
116	WELLNESS CENTER IMPROVEMENTS	12/31/15	SL	15.00		16	62,942.				62,942.			2,098.	2,098.
117	CHILDREN CENTER FLOORING	01/13/15	SL	15.00		16	1,513.				1,513.	101.		50.	151.
118	RAZOR WIRE BLDG B	02/05/15	SL	15.00		16	1,796.				1,796.	110.		60.	170.
119	ROOF BLDG B	06/29/15	SL	15.00		16	26,074.				26,074.	869.		869.	1,738.
120	WAREHOUSE KERR AVE/PAGE	05/27/14	SL	39.00	MM	16	488,859.				488,859.	20,369.		6,267.	26,636.
121	WOMEN'S RESTROOM	09/10/14	SL	39.00	MM	16	103,122.				103,122.	3,415.		1,322.	4,737.
122	CHILDREN CTR WINDOW TINT	12/10/14	SL	39.00	MM	16	3,784.				3,784.	101.		49.	150.
123	MONO PATIOS	05/12/14	SL	15.00		16	2,125.				2,125.	239.		71.	310.
124	LAND-WAREHOUSE KERR/PAGE	05/27/14	L				162,953.				162,953.			0.	
125	BURNISHER	02/28/14	SL	7.00		16	1,324.				1,324.	378.		95.	473.
126	GOLF CART	07/08/14	SL	7.00		16	2,637.				2,637.	754.		188.	942.
127	PRINTER	09/22/14	SL	5.00		16	1,592.				1,592.	636.		159.	795.
128	COFFEE MAKER	10/27/14	SL	7.00		16	2,300.				2,300.	658.		164.	822.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
129	GOLF CART	06/10/14	SL	7.00		16	2,368.				2,368.	676.		169.	845.
	VEHICLES			.000		HY16									
	BUILDINGS			.000		HY16									
	FURNITURE & FIXTURES			.000		HY16									
	IMPROVEMENTS			.000		HY16									
	LAND			.000		HY16									
	MACHINERY & EQUIPMENT			.000		HY16									
136	INSULATION AT 1400 YOSEMITE	06/09/15	SL	15.00		16	1,300.				1,300.	51.		43.	94.
137	GARBAGE DISPOSAL	04/30/15	SL	7.00		16	1,128.				1,128.	107.		81.	188.
	DONUT SHOP - RENTAL PROPERTY			.000		HY16									
	TRANS APARTMENTS			.000		HY16									
	WELLNESS CENTER			.000		HY16									
	NETWORK PROJECTS			.000		HY16									
142	LAND- MONO DR. PURCHASE	01/11/11	L				72,000.				72,000.			0.	
143	LAND-1527 OWENS	02/27/07	L				86,200.				86,200.			0.	
144	WELLNESS CENTER	05/09/16	SL	15.00		16	31,560.				31,560.			351.	351.
145	WELLNESS CENTER IMPROVEMENTS	04/11/16	SL	15.00		16	3,250.				3,250.			54.	54.
146	RENTAL IMPROVMENTS CARPET	05/04/16	SL	10.00		16	1,457.				1,457.			24.	24.

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(D) - Asset disposed

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2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
147	SECURITY CAMERAS	05/17/16	SL	5.00		16	2,570.				2,570.			43.	43.
71	1419 DEHARRO LAND	12/21/98	L				12,800.				12,800.			0.	
	* 990 PAGE 10 TOTAL - NETWORK PROJECTS						6,958,894.				6,958,894.	2,376,803.		86,824.	2,463,627.
	* GRAND TOTAL 990 PAGE 10 DEPR						6,958,894.				6,958,894.	2,376,803.		86,824.	2,463,627.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						6,920,057.			0.	6,920,057.	2,376,803.			
	ACQUISITIONS						38,837.			0.	38,837.	0.			
	DISPOSITIONS						0.			0.	0.	0.			
	ENDING BALANCE						6,958,894.			0.	6,958,894.	2,376,803.			
	ENDING ACCUM DEPR											2,463,627.			
	ENDING BOOK VALUE														4,495,267.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. MODESTO GOSPEL MISSION	Employer identification number (EIN) or ** - *** 2833
	Number, street, and room or suite no. If a P.O. box, see instructions. 1400 YOSEMITE BLVD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MODESTO, CA 95354	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KEVIN CARROLL

• The books are in the care of **1400 YOSEMITE BOULEVARD - MODESTO, CA 95354**
 Telephone No. **209-529-8259** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2017**.

5 For calendar year _____, or other tax year beginning **JAN 1, 2016**, and ending **JUN 30, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

California Exempt Organization
Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 01/01/2016, and ending (mm/dd/yyyy) 06/30/2016

Corporation/Organization name MODESTO GOSPEL MISSION <small>Additional information. See instructions.</small>	California corporation number 0275309
Street address (suite or room) 1400 YOSEMITE BLVD	PMB no.
City MODESTO	State CA
Foreign country name	Foreign province/state/country
	Foreign postal code
	FEIN ** - ***2833
	ZIP code 95354

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	422,390.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,037,730.00
	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 Instruction B	4	2,460,120.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	255,990.00
	7 Total costs. Add line 5 and line 6	7	255,990.00
	8 Total gross income. Subtract line 7 from line 4	8	2,204,130.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,785,568.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-581,438.00
Filing Fee	11 Total payments	11	00
	12 Use tax. See General Instruction K	12	00
	13 Payment 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 Instruction F	15	10.00
	16 Penalties and Interest. See General Instruction J	16	00
	17 Balance due. 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.

Sign Here	Signature of officer	Title EXECUTIVE DIR.	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	Date 05/11/17	Check if self-employed <input type="checkbox"/>	• PTIN P00408847
	Firm's name (or yours, if self-employed) and address KEMPER CPA GROUP LLP 1700 STANDIFORD AVE, SUITE 200 MODESTO, CA 95350			• FEIN ** - ***8432
				• Telephone (209) 521-1100

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	98,325.00
	2	Interest	•	2	2,099.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	43,488.00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2 •	6	255,892.00
	7	Other income	SEE STATEMENT 3 •	7	22,586.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	422,390.00
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 4 •	9	1,344,241.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5 •	11	42,500.00
	12	Other salaries and wages	•	12	657,280.00
	13	Interest	•	13	9,000.00
	14	Taxes	•	14	48,813.00
	15	Rents	•	15	76,888.00
	16	Depreciation and depletion (See instructions)	•	16	86,824.00
	17	Other Expenses and Disbursements	SEE STATEMENT 6 •	17	520,022.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	2,785,568.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		731,669.		185,404.
2	Net accounts receivable				61,899.
3	Net notes receivable				
4	Inventories		118,065.		49,995.
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10 a	Depreciable assets	6,920,057.		5,865,100.	
b	Less accumulated depreciation	(2,376,803.)	4,543,254.	(2,463,627.)	3,401,473.
11	Land				1,093,794.
12	Other assets	STMT 7	10,092.		7,703.
13	Total assets		5,403,080.		4,800,268.
Liabilities and net worth					
14	Accounts payable		138,370.		116,996.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		300,000.		300,000.
18	Other liabilities				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		4,964,710.		4,383,272.
22	Total liabilities and net worth		5,403,080.		4,800,268.

Schedule M-1 Reconciliation of income per books with income per return			
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	•	-581,438.
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	Total. Add line 1 through line 5		-581,438.
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	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		-581,438.

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DR. MILTON AND CAROL DAVID	2708 VENETO DR MODESTO, CA 95356	06/16/16	5,000.
ROGER AND MARY GISH	2121 GOLDEN WEST LANE MODESTO, CA 95350	02/03/16	5,000.
DR. CURTIS AND NANCY GRANT	717 SCENIC VIEW CT MODESTO, CA 95354	02/18/16	5,000.
MARK AND LORRAINE GROVER	2829 KIERNAN AVE MODESTO, CA 95356	06/30/16	5,000.
JULIO GALLO FOUNDATION	PO BOX 1130 MODESTO, CA 95353	06/30/16	5,000.
JOHN AND TAMI MAYOL	1301 COUNTRY VIEW DRIVE MODESTO, CA 95356	VARIOUS	30,000.
GEORGE TE VELDE	13301 LADD ROAD MODESTO, CA 95356	03/21/16	5,000.
MATTHEW AND ANNETTE COURY	7307 STONEGATE DRIVE MODESTO, CA 95356	05/04/16	5,366.
STANISLAUS COMMUNITY FOUNDATION	1029 16TH STREET MODESTO, CA 95354	01/26/16	5,491.
TIMOTHY P HUFF & ASSOCIATES, INC	519 MCHENRY AVENUE MODESTO, CA 95354	06/16/16	8,175.
WALTER AND JOAN GOLDSMITH	1223 YALE AVENUE MODESTO, CA 95350	06/14/16	10,000.
CITY OF MODESTO	PO BOX 642 MODESTO, CA 95353	06/21/16	12,048.
LAZAR TRUST	1020 10TH STREET MODESTO, CA 95354	03/11/16	50,000.
TOTAL INCLUDED ON LINE 3			151,080.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	VARIOUS	05/01/16	PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	255,990.	0.	0.	255,892.
TOTAL TO FORM 199, PAGE 2, LN 6	255,990.	0.	0.	255,892.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
TRANSITIONAL HOUSING	1,519.
RECYCLING INCOME	4,985.
MISCELLANEOUS INCOME	16,082.
TOTAL TO FORM 199, PART II, LINE 7	22,586.

FORM 199	NONCASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 4
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ACTIVITY CLASSIFICATION:

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
VARIOUS	STANISLAUS COUNTY - STANISLAUS, CA 99999	NONE	1,344,241.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
06/30/16	0.	FOOD, CLOTHING, HOUSEHOLD GOODS, MEDICINE	THRIFT STORE VALUES, COMPARABLE SALES
TOTAL FOR THIS ACTIVITY			1,344,241.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9	1,344,241.
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FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 5
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DICK MONTEITH 1400 YOSEMITE BLVD MODESTO, CA 95354	BOARD MEMBER 0.00	0.
LEONA KOROCK 1400 YOSEMITE BLVD MODESTO, CA 95354	BOARD MEMBER 0.00	0.
ROD GARCIA 1400 YOSEMITE BLVD MODESTO, CA 95354	BOARD MEMBER 0.00	0.
SAUNDRA EDWARDS 1400 YOSEMITE BLVD MODESTO, CA 95354	BOARD MEMBER 0.00	0.
JEREMIAH WILLIAMS 1400 YOSEMITE BLVD MODESTO, CA 95354	BOARD MEMBER 0.00	0.

KEN DARBY 1400 YOSEMITE BLVD MODESTO, CA 95354	BOARD MEMBER 0.00	0.
JOHN VILLINES 1400 YOSEMITE BLVD MODESTO, CA 95354	PRESIDENT 0.00	0.
CAREN BURHANS 1400 YOSEMITE BLVD MODESTO, CA 95354	SECRETARY 0.00	0.
ROBERTA GILMORE 1400 YOSEMITE BLVD MODESTO, CA 95354	CFO 40.00	0.
ANASATASIA CARROLL 1400 YOSEMITE BLVD MODESTO, CA 95354	DIRECTOR OF DEVELOPMENT 40.00	0.
MIKE MCCAULEY 1400 YOSEMITE BLVD MODESTO, CA 95354	DIRECTOR OF OPERATIONS 40.00	0.
DALE HARTMAN 1400 YOSEMITE BLVD MODESTO, CA 95354	DIRECTOR OF PROGRAM 40.00	0.
KEVIN CARROLL 1400 YOSEMITE BLVD MODESTO, CA 95354	EXECUTIVE DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
SUPPLIES	33,081.
DUES, PUBLICATIONS AND AUTO EXPENSES	8,941.
REPAIR AND MAINTENANCE	7,388.
DIRECT EXPENSES OF FUNDRAISING EVENTS	6,623.
OTHER EMPLOYEE BENEFITS	23,318.
ACCOUNTING FEES	67,889.
PROFESSIONAL FUNDRAISING FEES	9,542.
OTHER PROFESSIONAL FEES	148,781.
ADVERTISING AND PROMOTION	17,396.
OFFICE EXPENSES	14,773.
CONFERENCES AND CONVENTIONS	55,283.
	16,683.

MODESTO GOSPEL MISSION

-*2833

INSURANCE	88,561.
ALL OTHER EXPENSES	21,763.
TOTAL TO FORM 199, PART II, LINE 17	520,022.

FORM 199 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	10,092.	7,703.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	10,092.	7,703.

FORM 199 FUND BALANCES STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	4,838,288.	4,225,232.
TEMPORARILY RESTRICTED ASSETS	126,422.	158,040.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	4,964,710.	4,383,272.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN ** - *** 2833

Corporation name

California corporation number

MODESTO GOSPEL MISSION

0275309

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12	13	

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

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(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
14							
SEE STATEMENT	9	6,958,894.	2,376,803.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	86,824.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	86,824.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	86,824.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	

CA 3885 DEPRECIATION STATEMENT 9

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 2003 FORD EXPEDITION	01/01/03	32,839.	32,839.	SL	7.00	0.	
2 VEHICLE REPAIRS-2005 EXP	08/23/05	5,763.	5,763.	SL	5.00	0.	
3 2005 FORD F350 BOX TRUCK	04/27/05	33,978.	33,978.	SL	7.00	0.	
4 2005 FORD F150 CARGO VAN	04/27/05	22,192.	22,192.	SL	5.00	0.	
5 2005 FORD EXPEDITION	04/27/05	32,026.	32,026.	SL	7.00	0.	
7 2011 CHEVROLET EXPRESS G 2500	01/31/13	19,473.	8,114.	SL	7.00	1,391.	
8 2003 CHEVY TAHOE	03/31/15	15,356.	1,645.	SL	7.00	1,097.	
9 2000 CHEVY SILVERADO	04/06/15	10,735.	1,150.	SL	7.00	767.	
10 2008 CHEVY EXPRESS	03/27/15	18,422.	1,974.	SL	7.00	1,316.	
11 BUILDING - 1417 DEHARRO	12/01/83	173,908.	123,999.	SL	45.00	1,932.	
12 BUILDING - 1432 PAGE	05/01/85	57,773.	39,375.	SL	45.00	642.	
13 BUILDING - 1400 YOSEMITE	06/29/93	437,774.	224,500.	SL	39.00	5,612.	
14 BUILDING - 129 KERR	06/23/98	65,710.	29,488.	SL	39.00	842.	
15 BUILDING - 1419 DEHARRO	12/21/98	26,370.	11,154.	SL	39.00	338.	
16 BUILDING ADDITION	07/01/99	105,404.	43,248.	SL	39.00	1,351.	
17 BUILDING ADDITION	07/01/00	168,368.	66,737.	SL	39.00	2,159.	
18 BUILDING - 1432 YOSEMITE	03/31/03	301,320.	101,696.	SL	40.00	3,767.	
19 BLDG ADDITION ADMIN	12/12/06	25,447.	5,922.	SL	39.00	326.	
20 BLDG ADDITION ADMIN	03/16/07	24,133.	14,079.	SL	15.00	804.	
21 BUILDING- MONO DR. PURCHASE	01/11/11	287,786.	43,911.	SL	39.00	3,690.	
22 BUILDING - 1525-1527 OWENS	02/21/07	344,800.	92,088.	SL	39.00	4,421.	
23 DONUT SHOP LAND	06/29/93	36,950.		L		0.	
24 BUILDING - 1420 YOSEMITE	06/29/93	32,520.	18,800.	SL	39.00	417.	

25	OUTDOOR BENCHES						
	12/22/00	1,663.	1,663.	SL	7.00	0.	
26	CLINIC CABINETS						
	07/13/00	9,667.	9,667.	SL	15.00	0.	
27	BED						
	10/01/01	181.	181.	SL	5.00	0.	
28	BUNKBEDS						
	12/15/01	7,499.	7,499.	SL	5.00	0.	
29	CANOPY						
	11/14/03	5,306.	5,306.	SL	7.00	0.	
30	DININGROOM TABLES						
	05/17/05	4,319.	4,319.	SL	5.00	0.	
31	COMPUTERS						
	07/20/05	11,394.	11,394.	SL	3.00	0.	
32	BEDS						
	12/01/05	6,938.	6,938.	SL	5.00	0.	
33	MATTRESSES						
	01/20/06	19,366.	19,366.	SL	7.00	0.	
34	COMPUTERS						
	09/15/06	3,897.	3,572.	SL	3.00	0.	
35	CARPET ADMIN OFFICES						
	10/06/06	6,987.	6,987.	SL	7.00	0.	
36	BEDS & CABINETS						
	12/29/06	33,763.	33,763.	SL	5.00	0.	
37	CONCRETE TABLES FOR CHILDRENS CENTER						
	05/20/09	2,930.	2,724.	SL	7.00	174.	
38	COMPUTER AND PRINTER FOR EXECUTIVE DIR						
	05/16/13	1,212.	1,044.	SL	3.00	168.	
39	1417 DEHARRO IMPRVMNT						
	01/01/84	2,807.	2,807.	SL	15.00	0.	
40	1432 PAGE IMPRVMNT						
	01/01/89	2,150.	2,150.	SL	5.00	0.	
41	1400 YOSEMITE IMPRVMNT						
	11/23/96	954,930.	468,279.	SL	39.00	12,243.	
42	1400 YOSEMITE IMPRVMNT						
	01/01/97	387,735.	188,498.	SL	39.00	4,971.	
43	INDUSTRIAL FENCE						
	06/01/94	2,737.	2,737.	SL	10.00	0.	
44	DEHARRO DRIVEWAY CONCRETE						
	02/25/02	6,800.	6,265.	SL	15.00	227.	
45	FENCE						
	02/25/02	2,526.	2,324.	SL	15.00	84.	
46	1434 YOSEMITE FENCE						
	05/15/03	8,228.	8,228.	SL	10.00	0.	
47	YOSEMITE BLVD IMPROVEMENT						
	10/01/05	112,500.	112,500.	SL	10.00	0.	
48	KERR AVE AWNING ROOF						
	10/13/05	9,489.	9,331.	SL	5.00	0.	
49	1417 DEHARRO SHOWERS						
	11/03/05	9,598.	9,598.	SL	10.00	0.	
50	1434 YOSEMITE CONCRETE						
	02/16/06	35,391.	23,197.	SL	15.00	1,180.	
51	BUILDING B SHOWERS						
	01/19/10	8,250.	3,025.	SL	15.00	275.	

52	BULLET RESISTANT SECURITY GLASS					
	06/22/10	7,035.	2,579.	SL	15.00	235.
53	CARPET REPLACEMENT					
	01/29/08	1,944.	1,830.	SL	7.00	0.
54	KITCHEN FIRE SYSTEM					
	06/12/08	4,637.	2,318.	SL	15.00	155.
55	RECEIVING DOCK CANOPY					
	02/25/09	7,206.	6,692.	SL	7.00	172.
56	MONO DRIVE IMPROVEMENTS					
	12/30/11	69,931.	7,247.	SL	39.00	897.
57	PARKING LOT PAVEMENT					
	07/25/11	93,750.	28,122.	SL	15.00	3,125.
58	WAREHOUSE IMPROVEMENTS					
	12/31/11	218,598.	22,654.	SL	39.00	2,803.
59	PAGE CT IMPROVEMENTS					
	12/19/11	1,923.	198.	SL	39.00	25.
60	BACK FLOW REGULATOR					
	08/23/12	2,523.	1,200.	SL	7.00	180.
61	PAGE CT IMPROVEMENTS					
	12/17/12	22,581.	1,761.	SL	39.00	290.
62	WAREHOUSE IMPROVEMENTS					
	06/21/12	285,842.	25,958.	SL	39.00	3,665.
63	MONO DRIVE IMPROVEMENTS					
	03/09/12	2,288.	1,253.	SL	7.00	163.
64	BUILDING FUND					
	06/30/13	5,636.	362.	SL	39.00	72.
65	BUILDING IMPROVEMENTS					
	06/30/13	71,017.	4,506.	SL	40.00	888.
66	DEHARRO LAND					
	12/01/83	22,500.		L		0.
67	1432 PAGE CT					
	05/01/85	17,227.		L		0.
68	DEHARRO VACANT LOT					
	05/01/90	50,048.		L		0.
69	YOSEMITE LAND					
	06/29/93	497,480.		L		0.
70	KERR AVE LAND					
	06/23/98	35,236.		L		0.
71	1419 DEHARRO LAND					
	12/21/98	12,800.		L		0.
72	1434 YOSEMITE LAND					
	03/31/03	100,400.		L		0.
73	1525 OWENS REMODEL					
	08/21/07	24,386.	13,823.	SL	15.00	813.
74	1525 OWENS ROOF					
	08/25/08	4,500.	2,250.	SL	15.00	150.
75	APARTMENT REMODEL					
	06/01/13	5,856.	388.	SL	39.00	75.
76	EQUIPMENT					
	06/01/91	50,446.	50,446.	SL	5.00	0.
77	COMMUNICATION EQUIPMENT					
	11/23/96	3,458.	3,458.	SL	7.00	0.
78	DOWNSTROKE BALER					
	04/26/02	5,276.	5,276.	SL	7.00	0.

79	IC REFRIGERATION A/C						
	09/09/02	3,807.	3,807.	SL	7.00	0.	
80	EQUIPMENT						
	01/10/91	70,006.	70,006.	SL	10.00	0.	
81	PLAYGROUND EQUIPMENT						
	03/07/05	10,761.	10,631.	SL	7.00	0.	
82	FITNESS EQUIPMENT						
	07/26/05	12,550.	12,550.	SL	10.00	0.	
83	PHONE SYSTEM						
	07/12/05	7,979.	7,847.	SL	5.00	0.	
84	2005 NISSAN FORKLIFT						
	04/28/05	24,579.	24,579.	SL	7.00	0.	
85	PLAYGROUND EQUIPMENT						
	07/10/06	13,969.	13,806.	SL	7.00	0.	
86	IC REFRIGERATION A/C CC						
	08/24/06	39,909.	39,909.	SL	7.00	0.	
87	OFFICE PHONES						
	04/23/07	1,313.	1,313.	SL	7.00	0.	
88	OFFICE EQUIPMENT						
	07/01/07	2,992.	2,992.	SL	7.00	0.	
89	ELECTRIC WATER HEATER						
	02/03/10	2,205.	1,732.	SL	7.00	158.	
90	TWO WAY RADIOS						
	08/05/10	2,832.	2,227.	SL	7.00	202.	
91	FOOD SLICING MACHINES						
	01/31/07	1,371.	1,290.	SL	7.00	0.	
92	FREEZER COIL						
	11/20/07	3,100.	3,100.	SL	7.00	0.	
93	DISPOSAL/ FLANGE ADAPTER						
	06/02/08	2,409.	2,369.	SL	7.00	0.	
94	WACHING MACHINE MOTOR						
	07/17/08	4,710.	4,710.	SL	7.00	0.	
95	EQUIPMENT-LETTER OPENER						
	11/14/08	2,130.	2,130.	SL	7.00	0.	
96	WATER HEATER IN KITCHEN						
	10/09/09	5,100.	4,739.	SL	7.00	361.	
97	DONOR PERFECT SOFTWARE						
	04/27/10	8,360.	8,081.	SL	5.00	0.	
98	BUILDING B BEDS						
	05/18/12	14,190.	7,264.	SL	7.00	1,014.	
99	CHARIOT FLOOR SCRUBBER						
	02/06/12	6,123.	3,427.	SL	7.00	437.	
100	SWAMP COOLER						
	06/12/12	4,565.	2,336.	SL	7.00	326.	
101	WASHER EXTRACTOR						
	06/15/12	6,156.	3,150.	SL	7.00	440.	
102	SCISSOR SKYJACK						
	09/04/12	5,356.	2,550.	SL	7.00	383.	
103	STOVE						
	05/03/13	6,571.	2,504.	SL	7.00	469.	
104	WASHER & DRYER						
	12/06/13	12,026.	3,579.	SL	7.00	859.	
105	NETWORK PROJECT						
	10/15/13	14,064.	10,548.	SL	3.00	2,344.	

106	CHILDREN CENTER GAME					
	01/30/15	2,995.	549.	SL	5.00	300.
107	CHILDREN CENTER TV					
	03/23/15	4,901.	735.	SL	5.00	490.
108	KITCHEN OVEN					
	04/14/15	2,000.	214.	SL	7.00	143.
109	LAWN MOWER					
	05/04/15	3,432.	327.	SL	7.00	245.
110	KITCHEN OVEN					
	05/07/15	4,614.	439.	SL	7.00	330.
111	BLDG B DRYER					
	05/19/15	3,157.	263.	SL	7.00	226.
112	CAMERAS					
	06/10/15	13,857.	1,617.	SL	5.00	1,386.
113	SANTA MARIA GRILL					
	06/11/15	1,666.	194.	SL	5.00	167.
114	85 GAL WATER HEATER					
	06/30/15	7,200.	360.	SL	10.00	360.
115	CAMERA					
	07/21/15	1,251.	104.	SL	5.00	125.
116	WELLNESS CENTER IMPROVEMENTS					
	12/31/15	62,942.		SL	15.00	2,098.
117	CHILDREN CENTER FLOORING					
	01/13/15	1,513.	101.	SL	15.00	50.
118	RAZOR WIRE BLDG B					
	02/05/15	1,796.	110.	SL	15.00	60.
119	ROOF BLDG B					
	06/29/15	26,074.	869.	SL	15.00	869.
120	WAREHOUSE KERR AVE/PAGE					
	05/27/14	488,859.	20,369.	SL	39.00	6,267.
121	WOMEN'S RESTROOM					
	09/10/14	103,122.	3,415.	SL	39.00	1,322.
122	CHILDREN CTR WINDOW TINT					
	12/10/14	3,784.	101.	SL	39.00	49.
123	MONO PATIOS					
	05/12/14	2,125.	239.	SL	15.00	71.
124	LAND-WAREHOUSE KERR/PAGE					
	05/27/14	162,953.		L		0.
125	BURNISHER					
	02/28/14	1,324.	378.	SL	7.00	95.
126	GOLF CART					
	07/08/14	2,637.	754.	SL	7.00	188.
127	PRINTER					
	09/22/14	1,592.	636.	SL	5.00	159.
128	COFFEE MAKER					
	10/27/14	2,300.	658.	SL	7.00	164.
129	GOLF CART					
	06/10/14	2,368.	676.	SL	7.00	169.
136	INSULATION AT 1400 YOSEMITE					
	06/09/15	1,300.	51.	SL	15.00	43.
137	GARBAGE DISPOSAL					
	04/30/15	1,128.	107.	SL	7.00	81.
142	LAND- MONO DR. PURCHASE					
	01/11/11	72,000.		L		0.

MODESTO GOSPEL MISSION

-*2833

143	LAND-1527 OWENS					
	02/27/07	86,200.	L			0.
144	WELLNESS CENTER					
	05/09/16	31,560.	SL	15.00		351.
145	WELLNESS CENTER IMPROVEMENTS					
	04/11/16	3,250.	SL	15.00		54.
146	RENTAL IMPROVMENTS CARPET					
	05/04/16	1,457.	SL	10.00		24.
147	SECURITY CAMERAS					
	05/17/16	2,570.	SL	5.00		43.
TOTAL DEPR TO FORM 3885		<u>6,958,894.</u>	<u>2,376,803.</u>			<u>86,824.</u>

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0211187 MODESTO GOSPEL MISSION <small>Name of Organization</small> 1400 YOSEMITE BLVD <small>Address (Number and Street)</small> MODESTO, CA 95354 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0275309</u> Federal Employer I.D. No. <u>94-6102833</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2016 ending 06/30/2016) list:
 Gross annual revenue \$ 2,180,812. Total assets \$ 4,800,268.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. STMT 10	X	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 11	X	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 209-529-8259

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

KEVIN CARROLL

EXECUTIVE DIR.

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

INFORMATION REGARDING PROFESSIONAL
FUND-RAISING SERVICES
PART B, LINE 5

STATEMENT 10

NAME: RUSS REID
ADDRESS: PO BOX 90125, PASADENA, CA 91109-5125
PHONE NO: 626-463-9483

FORM RRF-1

EXPLANATION OF CHARITABLE RAFFLES
PART B, LINE 7

STATEMENT 11

TEA AND FASHION SHOW 03/12/2016
GOLF FOR A MISSION 04/25/2016