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Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

	AF	or the	2012 calendar year, or tax year beginning SEP 28, 2012 and end	anig D	EC 31, Z	012			
	B Ci	neck if	C Name of organization		D Employer id	entific	ation number		
		Addres	CROSSPOINTE CHURCH HOLDING CO, LLC						
		Name change		6-10	95810				
	X	Initial return		om/suite	te E Telephone number				
		Termin			706-653-2075				
		Amend			G Gross receipts \$		633,632.		
	X	Applica	FORTSON, GA 31808		H(a) Is this a gr	oup ret			
		pendin			for affiliate		Yes X No		
			2301 AIRPORT THRUWAY, COLUMBUS, GA 3190	4	H(b) Are all affilia	tes incli	uded? Yes No		
	I T	ax-exe	mpt status: $\square$ 501(c)(3) $\boxed{X}$ 501(c)( 2 ) $\blacktriangleleft$ (insert no ) $\square$ 4947(a)(1) or $\square$	527			st. (see instructions)		
			e: ► N/A		H(c) Group exe	mption	number >		
	K F	orm of	organization X Corporation Trust Association Other ▶	L Year o	of formation 20	12 м	State of legal domicile GA		
	Pa	rt I	Summary						
	ø	1	Briefly describe the organization's mission or most significant activities. $\overline{ ext{THE}}$ $\overline{ ext{CO}}$	RPOR	ATION IS	ORC	SANIZED AS		
	Activities & Governance	-	A TITLE HOLDING COMPANY UNDER IRC SECTION	501(	C)(2) FO	R TH	IE PURPOSE		
ത	Ĕ	2	Check this box $lacktriangle$ $oxed{X}$ if the organization discontinued its operations or disposed	of more	than 25% of its net assets.				
2013	ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			3	3		
Le Le	8 6	4	Number of independent voting members of the governing body (Part VI, line 1b)	-		4	2		
<b>⊆</b>	es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	0		
	Ĭ.	6	Total number of volunteers (estimate if necessary)		-	6	3		
AUG	Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		-	7a	67,506.		
_		b	Net unrelated business taxable income from Form 990-T, line 34			7ь	<31,844.		
윘				<u> </u>	Prior Year		Current Year		
2.3	ne		Contributions and grants (Part VIII, line 1h)				566,097.		
3	Revenue		Program service revenue (Part VIII, line 2g)				67,506.		
Section So	Be B		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)				29.		
i o			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		-+	633,632.		
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	7		033,032.		
			Grants and similar amounts paid (Part IX, column (A), lines 1·3) Benefits paid to or for members (Part IX, column (A), line 4)		<del>\langle \langle \lang</del>	-+	0.		
	S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		)   0   0		0.		
	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	<i>5013</i> —	18	$\neg +$	0.		
	bei		Total fundraising expenses (Part IX, column (D), line 25)		<del>」第 </del>		······································		
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7117			157,736.		
		18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) GDEN Revenue less expenses. Subtract line 18 from line 12	<b>V</b> , <b>V</b>			157,736.		
		19	Revenue less expenses. Subtract line 18 from line 12				475,896.		
	Assets or Balances			Beg	ginning of Current	Year	End of Year		
	sets	20	Total assets (Part X, line 16)				2,322,175.		
	t As	21	Total liabilities (Part X, line 26)				1,846,279.		
	Fund		Net assets or fund balances Subtract line 21 from line 20		·		475,896.		
	Pa	rt II	Signature Block						
		-	lties of penjury, I declare that I have examined this return, including accompanying schedules an			-	knowledge and belief, it is		
	true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of which	preparer					
			Signature of officer		7-15 Date	5-13			
	Sig		, , ,		Date				
	Her	е	SPRINGER CAIN, ADMINISTRATOR Type or print name and title						
			(1) 11.11	2,000 c	)ate   Cr	ieck	PTIN		
	Paid		Preparer's signature ( ) Preparer's signature	I.I.E	18-12 1	L			
		arer	Firm's name ROBINSON, GRIMES & COMPANY, P.C.	الديديد	Firm's E	if-employed	58-1374304		
	•	Only	Firm's address P.O. BOX 4299		111113 E				
		Jy	COLUMBUS, GA 31914		Phone n	0 70	06-324-5435		
	Max	the II	RS discuss this return with the preparer shown above? (see instructions)		11 110110 11		X Yes No		
		01 12-1					Form <b>990</b> (2012)		

## Form 990 (2012) CROSSPOINTE CHURCH HOLDING CO, LLC Part IV Checklist of Required Schedules

		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			١.,
	If "Yes," complete Schedule A	1	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			١,,
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			_
	during the tax year? If "Yes," complete Schedule C, Part II	4_	N/	<u>A</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		J
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u>X</u> _
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?			Х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	ı	х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		<u> </u>
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		:	ļ
_	Part VI	11a	Х	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			<b></b> -
_	assets reported in Part X, line 16 <sup>9</sup> If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		·	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a		<u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	4.4%		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		<del></del>
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	_	X
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

			Yes	No_
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	.		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	,		
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	, ,		
	Schedule K If "No", go to line 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	Į l		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		NT /	7
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	<u>A</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		N/	7
	Schedule L, Part I	25b	14 /	<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	000		Х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
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	27		х
00	of any of these persons? If "Yes," complete Schedule L, Part III	-21		
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		,	1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	}	N7 /	120
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38		(2012)
		LOUL	シフリ	(4014)

Page 5

	Check if Schedule O contains a response to any question in this Part V			
	The street was a contained responde to any question in time rate.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  1b. 0	1 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	
·	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a  0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Χ	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		
А	If "Yes," Indicate the number of Forms 8282 filed during the year 7d	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	Ā
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting $\mathrm{N/A}$			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
ъ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		_	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  N/A 11a		111	
a				
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them)  Section 4047(a)(1) non-exempt charitable trusts let be executated films Form 200 in law of Form 10412	120		
	27/2 1 1	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A [12b]  Section 501(c)(29) qualified nonprofit health insurance issuers.		-	
a	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O		:	
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans		-	
С	Enter the amount of reserves on hand			
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2012)

232005 12-10-12

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

	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 to any question in this Part VI			X.	
Sect	tion A. Governing Body and Management				
		<u> </u>	Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 3				
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0		-		
b	Enter the number of voting members included in line 1a, above, who are independent 2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2		_X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		<u>X</u>	
5	· · · · · · · · · · · · · · · · · · ·				
6	Did the organization have members or stockholders?	6	X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		Х	
	more members of the governing body?	74			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		Х	
0	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	75	•		
8	The governing body?	8a	Х		
_	Each committee with authority to act on behalf of the governing body?	8b	X		
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	"			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
oec	HOIT B. 1 Ondes (This deciron b requests information about policies not required by the internal neverted every		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
_	and branches to ensure their operations are consistent with the organization's exempt purposes?				
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a					
b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done	12c			
13	Did the organization have a written whistleblower policy?	13		X	
14	Did the organization have a written document retention and destruction policy?	14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a		_X	
b	Other officers or key employees of the organization	15b		Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		-		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.,	
	taxable entity during the year?	16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		-		
	exempt status with respect to such arrangements?	16b			
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►GA				
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)	availab	e		
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cial		
	statements available to the public during the tax year	<b>.</b>			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza BECCA FINCHER - 706-653-2075	tion.			
	2301 AIRPORT THRUWAY, COLUMBUS , GA 31904				
23200 12-10	06 ⊦12	Form	990	(2012)	

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

Check if Schedule O contains a response to any question 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 r  (A)  Name and Title	(B) Average		(C) Position		(D) Reportable	<b>(E)</b> Reportable	(F) Estimated			
	hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)				is bot	han	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRAD EVANGELISTA DIRECTOR	1.00	X						0.	43,452.	0
(2) REYNOLD COUNTS	0.00					<del>  -</del>	-		1071020	
DIRECTOR		Х						0.	0.	0
(3) DOUG DUNCAN	0.00									<del></del>
DIRECTOR		Х		ļ		<u> </u>	-	0.	0.	· 0
									:	
								\ <del>-</del>		
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	<u> </u>	-	<u> </u>	-	-	-	-			
	1	J		1	l	1				

Jection A. Onicers, Directors, Trus	ices, Key Lill	picy	ccs,	and	4 1 11	giic	31 0	The institute of the in	es (commeco)				
(A)	<b>(B)</b> Average		<b>(C)</b> Position			1		(D) (E)		(F) Estimated			
Name and title	hours per	(do not check more than one						Reportable compensation	Reportable compensation	amount of			
•	week	offic				or/trus		from	from related	other			
	(list any hours for	irector				L		the	organizations (W-2/1099-MISC)		pensa rom th		
	related	ee or c	stee			nsated		organization (W-2/1099-MISC)	(44-27 1099-141130)		janizat		
	organizations	l trust	anal tru		loyee	Highest compensated employee				an	d relat	ed	
	below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	ghest	ja ja			org	anızatı	ons	
	111107	흪	Ë	ð	s.	± 5	. E						
	<del></del>												
						-							
										1		<del></del>	
	·									-			
		<u> </u>											
		ļ-									-		
		<u> </u> 											
			L							ļ			
1b Sub-total			-					0.	43,452			0.	
c Total from continuation sheets to Part VI	I, Section A							0.	43,452	*		$\frac{0.}{0.}$	
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) w	ho re		<del></del>	-1			
compensation from the organization									<u> </u>	_		0	
										F	Yes	No	
3 Did the organization list any former officer,			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	3		Х	
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su			ama	ensa	atior	กลก	d otl	her compensation from	the organization	3	-	1 1	
and related organizations greater than \$15									the organization	4	<u> </u>	X	
5 Did any person listed on line 1a receive or a									idual for services			ļ	
rendered to the organization? If "Yes," com	plete Schedu	le J t	or s	uch	per:	son				5	<u> </u>	Х	
Section B. Independent Contractors  1 Complete this table for your five highest co	mpoppeted in	don	ande	ont o	ont	roct	ore t	that received more than	\$100,000 of comper	eation	from		
1 Complete this table for your five highest countries the organization. Report compensation for										isation			
(A)								(B)			C)		
Name and business	address	N	CNC	<u>E</u>				Description of s	services	Comp	ensatio	on	
					-		-						
						<del></del>							
												_	
2 Total number of independent contractors (	including but	not li	ımıte	ed to			ste	d above) who received r	more than				
\$100,000 of compensation from the organ	ization 🕨					0_				F	000	(2012)	
										LOIU	コプリ	(2012)	

Pai	t V	Ш	Check if Schedule O cont		to any question in	n this Part VIII			
			*	allis a response	to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran	ts, and	566,097.				
ontribi		9	similar amounts not included about Noncash contributions included in lines  Total. Add lines 1a-1f	<del></del>	<b>—</b>	566,097.			
<u> </u>		<u></u>	Total. Add lines Tarif		Business Code				
	2	2	RENTS		531120	67,506.	1	67,506.	
Š.		a b						<del></del>	
Ser		C							
a.e.		d							
Program Service Revenue		e							
Pro			All other program service reve	nue					
			Total. Add lines 2a-2f		<b></b>	67,506.			
	3	3_	Investment income (including	dividends, inter	est, and				
			other similar amounts)		▶				
	4		Income from investment of ta	x-exempt bond	oroceeds 🕨				
	5		Royalties		<b>&gt;</b>				
			•	(i) Real	(II) Personal				-
	6	а	Gross rents .						1
		b	Less: rental expenses						1
		С	Rental income or (loss)						1
		d	Net rental income or (loss)		<b>&gt;</b>			, , , , , , , , , , , , , , , , , , , ,	
	7	а	Gross amount from sales of	(ı) Securities	(II) Other				
			assets other than inventory						
		b	Less. cost or other basis						1
			and sales expenses						1
		С	Gain or (loss)	L	J				
		d	Net gain or (loss)		<u> </u>	······································			
Other Revenue	8	а	Gross income from fundraisin including \$	of					-
Вè			contributions reported on line						
Jer		_	Part IV, line 18						
₹			Less: direct expenses		`				†
			Net income or (loss) from fun						
	9	а	Gross income from gaming a						ł
			Part IV, line 19 Less direct expenses		<u></u>				
			Net income or (loss) from gar		<u> </u>				
	10		Gross sales of inventory, less					***************************************	
	1.0	u	and allowances						
		h	Less. cost of goods sold		0				1
			Net income or (loss) from sale		<b>•</b>				
		·	Miscellaneous Reven		Business Code	`			
	11	a	MERCARIT ANDRES		531120	29.	. 29.		
	''	b							
		c							
		d							
		e			<b></b>	29.			1
	12		Total revenue. See instructions		<b>.</b>	633,632		67,506	0.
2320 12-1	009 0-12	_			- *				Form <b>990</b> (2012)

Part IX	Statement of	<b>Functional</b>	Expenses
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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 respon		is Part IX	1 (0)	(D)		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and						
	organizations in the United States See Part IV, line 21		,		······································		
2	Grants and other assistance to individuals in						
	the United States See Part IV, line 22						
3	Grants and other assistance to governments,						
	organizations, and individuals outside the						
	United States. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees			<del> </del>			
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	<del></del>					
	Other salaries and wages						
8	Pension plan accruals and contributions (include						
_	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees):						
	Management	8,626.					
	Legal .	0,020.					
	Accounting .						
d	Lobbying Professional fundraising services. See Part IV, line 17						
e f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25,						
9	column (A) amount, list line 11g expenses on Sch 0)						
12	Advertising and promotion						
13	Office expenses	481.					
14	Information technology						
15	Royalties						
16	Occupancy	116,955.					
17	Travel						
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials				, <u>-</u>		
19	Conferences, conventions, and meetings						
20	Interest	14,828.					
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	4,362.					
23	Insurance						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)						
	amount, list line 24e expenses on Schedule O)						
а	REPAIRS AND MAINT	3,896.					
b	CLOSING COSTS	3,733.					
С	UTILITIES	3,266.					
d	OTHER EXPENSES	1,572.			<del></del>		
е	All other expenses	17.					
25	Total functional expenses. Add lines 1 through 24e	157,736.					
26	Joint costs Complete this line only if the organization			1			
	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 to any question in this Part X (B) (A) End of year Beginning of year 33,783. 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 17,772. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 665,605. 4,362. 10a basis. Complete Part VI of Schedule D 661,243. 10c 10b b Less: accumulated depreciation 11 11 Investments - publicly traded securities Investments · other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 1,609,377. 2,322,175. 0. 15 15 Other assets. See Part IV, line 11 Ō. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 1,846,279. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 1,846,279. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund 31 475,896. 0. 32 32 Retained earnings, endowment, accumulated income, or other funds 475,896. 0. 33 33 Total net assets or fund balances 2,322,175. 0. 34 Total liabilities and net assets/fund balances 34

<u>Form</u>	990 (2012) CROSSPOINTE CHURCH HOLDING CO, LLC	46-109	5810	Pa	ge <b>12</b>			
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,6 7,7				
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.			
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	47	5 <b>,</b> 8	<u>96.</u>			
Par	t XIII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				ᆜ			
			F	Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			-				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a_		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		:				
	separate basis, consolidated basis, or both.							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		1				
	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 Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle 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 requi	red audıt						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_		<u> </u>			

232012 12-10-12

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Inspection

Name of the organization

CROSSPOINTE CHURCH HOLDING CO, LLC

Employer identification number 46-1095810

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" to Form 990, Part IV, line	e 6.							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate 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?	Yes No						
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	enferring						
	impermissible private benefit?		Yes No						
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Par	t IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).							
	Preservation of land for public use (e.g., recreation or e	education) — Preservation of an histo	rically important land area						
	Protection of natural habitat	Preservation of a certifie	ed historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quality	fied 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						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements	2b							
С	Number of conservation easements on a certified historic str	ructure 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 ea	sement is located							
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements i		└ Yes └ No						
6	Staff and volunteer hours devoted to monitoring, inspecting,								
7	Amount of expenses incurred in monitoring, inspecting, and								
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)							
_	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIII, describe how the organization reports conservat	•							
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for						
Da	conservation easements  t III   Organizations Maintaining Collections o	f Art Historical Transume or Oth	or Similar Assats						
Fai	Complete if the organization answered "Yes" to Form		er ommar Assets.						
	If the organization elected, as permitted under SFAS 116 (AS		at and balance about works of ort						
ıa	• • •	•							
	historical treasures, or other similar assets held for public ex	·	e of public service, provide, in Part Air,						
	the text of the footnote to its financial statements that described as accepted upday SEAS 116 (A)		ad balance about works of art. biotorical						
a	If the organization elected, as permitted under SFAS 116 (AS								
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c service, provide the following amounts						
	relating to these items:		<b>&gt;</b> ¢						
	(i) Revenues included in 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 tre		дант, ргочисе						
	the following amounts required to be reported under SFAS 1	To (ASC 956) relating to these items	<b>•</b> •						
a	Revenues included in Form 990, Part VIII, line 1		<b>S</b>						
b	Assets included in Form 990, Part X		<b>&gt;</b> \$						

Schedule D (Form 990) 2012

232051 12-10-12

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

Schedule D (Form 990) 2012

SCHEDULE N		
SCH	IEDULE N	990 or
SCH		66
S	王	Ε
	S	Ē

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

2	
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2	

OMB No 1545-0047

Open to Public Inspection Employer identification number

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36 Part I can be duplicated if additional recipient(s) (if tax-exempt) or type (g) IRC section of of entity 46-1095810 (f) Name and address of recipient (e) EIN of recipient (d) Method of determining FMV for asset(s) distributed or transaction expenses CHURCH HOLDING CO, LLC (c) Fair market value of asset(s) distributed or amount of transaction expenses (b) Date of distribution CROSSPOINTE (a) Description of asset(s) distributed or transaction expenses paid space is needed. Name of the organization Part I

Did or will any officer, director, trustee, or key employee of the organization:

a Become a director or trustee of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization? ٩

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990 or 990-EZ) (2012)

2c

29

2a **2**p

Yes No

Part I Liquidation, Termination, or Dissolution (continued)	ntion (continued)				Control of the state of the sta	No.
Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Lotal assets), and line 26 (Lotal liabilities), should equal 10:	ts assets during the	tax year, then Form 990,	Part X, column (B), line 1	i (Total assets), and	line 26 (Total liabilities), should equal -0:-	2
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	accordance with its	s governing instrument(s)	i? If "No," describe in Part	=		
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	ttorney general or ot	her appropriate state offi	cial of its intent to dissolv	e, liquidate, or termi	nate?	49
b If "Yes," did the organization provide such notice?	notice?					40
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?	fits liabilities in acco	ordance with state laws?				ıs,
6a Did the organization have any tax-exempt bonds outstanding during the year?	bonds outstanding	during the year?			,	вg
b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	all of its tax-exempt	bond liabilities during the	e tax year in accordance v	/ith the Internal Rev	enue Code and state laws?	q9
c If "Yes," to line 6b, describe in Part III how the organization defeased or	the organization de	feased or otherwise settl	otherwise settled these liabilities. If "No," explain in Part III	explain in Part III		
Part II Sale, Exchange, Disposition, or Othe	er Transfer of More	Than 25% of the Organ	nization's Assets.Comple	te this part if the org	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or	Part IV, line 32, or
	iplicated if additiona	I space is needed.	•			
(a) Description of asset(s)     distributed or transaction     expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
DO 944 OF 2331 FILL TIME TIME TO THE PERSON OF THE PERSON			ACTUAL COST BASIS		CROSSPOINTE CHURCH INC.	
LAND AND BOILDING - 70.74 OF			PRO RATA SHARE		2301 AIRPORT THRUWAY	
TE CHIRCH	12/31/12	1 609 377.	609 377 BASED ON SOUARE	06-1764502	COLUMBUS, GA 31904	501(C)(3)
					HARMONY PLACE SHOPS, LLC	
			BOOK VALUE -		2301 AIRPORT THRUWAY	
SALE OF PARCEL B	11/15/12	1,250,000.	250,000.ACTUAL COST		COLUMBUS, GA 31904	LLC
						Yes No

- 2 Did or will any officer, director, trustee, or key employee of the organization' a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
  - c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
  - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

Schedule N (Form 990 or 990-EZ) (2012)

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

## 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.

2012
Open to Public Inspection

Name of the organization

CROSSPOINTE CHURCH HOLDING CO, LLC

Employer identification number 46-1095810

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF HOLDING TITLE TO PROPERTY, COLLECTING INCOME THEREFROM, AND TURNING
THE INCOME OVER TO CROSSPOINTE CHURCH, INC., WHICH IS A GEORGIA
NON-PROFIT CORPORATION EXEMPT FROM TAX UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXEMPT FROM TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A SINGLE-MEMBER
LIMITED LIABILITY COMPANY.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 IS
PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT EXPERIENCED IN THE AREA OF
NON-PROFIT TAXATION. THE BOARD MAKES A CURSORY REVIEW OF THE RETURN TO MAKE
SURE NO MATERIAL OMISSIONS OR MISSTATEMENTS ARE MADE ON THE RETURN BEFORE
IT IS FILED. ONCE APPROVED, THE RETURN IS SIGNED BY AN AUTHORIZED AGENT AND
FILED.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▶ See separate instructions. LLC ► Attach to Form 990. CO CO HOLDING CHURCH Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

OMB No 1545-0047

2012 Open to Public Inspection

Employer identification number 46-1095810Direct controlling entity End-of-year assets (e) Total income Ē Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity CROSSPOINTE Name, address, and EIN (if applicable) of disregarded entity Part II Part

Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

חופשווים מחווים מוחוים מולים							
(a)	(q)	(2)	(Q	(9)	<b>(£)</b>	(9)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	Section 312(t	() I
of related organization		foreign country)	section	status (if section	entity	entity?	
		•		501(c)(3))		Yes	No
CROSSPOINTE CHURCH, INC - 06-1764502							
2301 AIRPORT THRUWAY							,
COLUMBUS, GA 31904	RELIGIOUS ORGANIZATION	GEORGIA	501(C)(3)	снивсн	N/A	_	×
						-	
						_	

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

Schedule R (Form 990) 2012

46-1095810

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Schedule R (Form 990) 2012 CROSSPOINTE CHURCH HOLDING CO, LLC

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

rant iii organizations treated as a partnership during the tax year.)	rtnership during the t	ax year.)									
(e)	(q)	0	(p)	(e)	(1)	æ	(b)	<u>E</u>	<b>e</b>	9	( <del>K</del>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or forelgn country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ŀ	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner?
						-					
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable	as a Corporing the tax y	pration or Trust (C	omplete if the	e organization a	nswered "Yes"	to Form 990, I	Part IV, line 34	because it had c	one or more	related
(a)			(q)	(0)	(q)	(e)		(J)	(6)	(h)	(j)
Name, address, and EIN of related organization	NI:	Prim	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp., S corp., or trust)		Share of total income	Share of Pe end-of-year ov assets	Percentage ownership	Section 512(b)(13) controlled entity?

Schedule R (Form 990) 2012

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232162 12-10-12

Page 3

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more re	elated organizations listed	ın Parts II·IV?			
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity			•	1a	_	×
b Gift, grant, or capital contribution to related organization(s)				1 p		×
c Gift. grant, or capital contribution from related organization(s)				10	×	
				19		×
e Loans or loan guarantees by related organization(s)				16		×
f Dividends from related organization(s)				Ŧ		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ť		X
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				;=	×	
k Tease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related org	related organization(s)			E		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ttion(s)			1n		×
o Sharing of paid employees with related organization(s)				ဍ		×
						>
				٦		<b>{</b>  :
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				٢		×
r Other transfer of cash or property to related organization(s)				1.	×	
s Other transfer of cash or property from related organization(s)				18	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(3)					ı	
(3)						
(4)						
. (5)						
(9)						
232163 12-10-12	26		Schedule R (Form 990) 2012	R (Forn	) 990)	2012

Page 4

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Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a retated organization over instructions regarding excussor to contain inspection. Fractioner	ori actions regarding excita							:	
(e)	(q)		(e) (b)			Ē	<b>3</b>	∋.	¥
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec (related, unrelated, 501(c)(3)	Share of	Share of	Dispropor- tionate	Code V-UBI amount in box 20	General or managing	Percentage
of entity		(state or foreign country)	excluded from tax orgs? under section 512-514) Yes No	_		Yes No	yes No (Form 1065) Yes No	Yes No	
								_	
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Schedule R	(Form 990) 2012	CROSSPOINTE	CHURCH	HOLDING CO	), LL <u>C</u>	46-1095810 Page
Part VII	(Form 990) 2012 Supplemental Infor	mation				
	Complete this part to pro-	ude additional informati	on for responses	s to questions on So	hedule R (see instru	ctions)
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2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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990

Carryon	Current Year Deduction		0		3,530.	832.	4,362,	4,362.	
Description   Description	Current Sec 179		0				o		
Description   Date   Method   Life   No.   Date   Life   No.   Date   Date	Accumulated Depreciation		0					0	
Date	Basis For Depreciation	9,841	9,841		,923	,841	,764		
Date   Date	* Reduction In Basis		0				0	0	
Date   Date   Date   Date   Long   Cost Of Basis	Bus % Excl		-						
2LAND 2LAND 7 990 PAGE 10 TOTAL PROGRAM SERVICES 1BUILDING 100212SL 15. PROGRAM SERVICES * 990 PAGE 10 TOTAL PROGRAM SERVICES * GRAND TOTAL 990 PAGE 10 DEPR PAGE 10 DEPR	Unadjusted Cost Or Basis	9,841	,841		,923	9,841	,764	665,605.	
2LAND 2LAND 7 990 PAGE 10 TOTAL PROGRAM SERVICES 1BUILDING 100212SL 15. PROGRAM SERVICES * 990 PAGE 10 TOTAL PROGRAM SERVICES * GRAND TOTAL 990 PAGE 10 DEPR PAGE 10 DEPR	No			. —	019H	19年			
Description   Date   Method	Life				•	•			
Description  2LAND  * 990 PAGE 10 TOTAL OTHER  PROGRAM SERVICES  BUILDING  3LAND IMPROVEMENTS  * 990 PAGE 10 TOTAL PROGRAM SERVICES  * GRAND TOTAL 990 PAGE 10 DEPR	Method								
2LAND  * 990 PAGE 10 TOTAI OTHER PROGRAM SERVICES  * 990 PAGE 10 TOTAI PROGRAM SERVICES  * GRAND TOTAL 990 PAGE 10 DEPR		100212			1002128	1002128			
88.5 88.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	Description	LAND	PAGE 10	PROGRAM SERVICES	BUILDING	LAND IMPROVEMENTS	PROGRAM SERVICES	PAGE 10 DEPR	
	Asset	2			<del></del>	m			

(D) - Asset disposed

28.1

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## Form **8868**

(Rev January 2013)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revo	enue Service	► File a sepa	rate appl	lication for each return.			
• If you a	are filing for an Aut	omatic 3-Month Extension, complet	e only Pa	art I and check this box	_		<b>▶</b> X
		ditional (Not Automatic) 3-Month Ex			this form)		- (==)
-	-	aless you have already been granted a	•		•	rm 8868	
		ou can electronically file Form 8868 if y		•	•		ornoration
		or an additional (not automatic) 3-mor ns listed in Part I or Part II with the exc					
		which must be sent to the IRS in pap					
		lick on e-file for Charities & Nonprofits		(See Instructions) For more details	on the elec	stronic ming or tr	iis ioiiii,
Part I		c 3-Month Extension of Time		submit original (no copies ne	eded)		
		e Form 990-T and requesting an auton					
Part I onl	•	e roint 550 r and requesting air auton	natio o me	onth extension oncok this box and	complete		
	•	ding 1120-C filers), partnerships, REM	iCs and t	auste must use Form 7004 to reques	et an ovton	rion of timo	
	ome tax returns.	uning 1120-0 iliers), partiterships, NEW		rusts must use romm room to reques	an exten		
Type or print	Name of exemp	t organization or other filer, see instruc	ctions		Employer	dentification nu	ımber (EIN) or
-	CROSSPOI	NTE CHURCH HOLDING	CO, 1	LLC		46-1095	810
File by the due date for filing your	Number, street,	and room or suite no. If a P.O. box, so $1233$	e instruc	tions	Social se	curity number (S	SN)
return See instructions	City, town or po	ost office, state, and ZIP code. For a for GA 31808	reign add	ress, see instructions			
	5						[0]]
Enter the	Heturn code for th	e return that this application is for (file	a separa	te application for each return)			0 1
Applicat	ion		Return	Application			Return
ls For			Code	Is For			Code
Form 990	or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990	D-BL		02	Form 1041-A			08
Form 472	20 (individual)		03	Form 4720			09
Form 990	D-PF		04	Form 5227		·	10
Form 990	0-T (sec. 401(a) or 4	108(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than		06	Form 8870			12
		BECCA FINCHER					
		e of ► 2301 AIRPORT TH	IRUWA!	Y - COLUMBUS , GA	<u> 31904</u>	·	
Telep	hone No. ► 706	5-653-2075		FAX No. ►			
		not have an office or place of business					
<ul><li>If this</li></ul>	is for a Group Retu	ırn, enter the organization's four digit (	Group Exe	emption Number (GEN) I	If this is fo	r the whole grou	p, check this
box 🕨	If it is for par	t of the group, check this box 🕨 🔙	and atta	ich a list with the names and EINs o	f all memb	ers the extensio	n is for.
1   re	•	c 3-month (6 months for a corporation	•	•			
	AUGUST 15	<del></del>	t organiza	tion return for the organization name	ed above.	The extension	
IS 1	for the organization						
	calendar year	or		01 0010			
<b>&gt;</b>	X tax year begin	nning SEP 28, 2012	, an	d ending DEC 31, 2012	<del></del>	<u> </u>	
2 lf t	the tay year entered	d in line 1 is for less than 12 months, c	hook roon	on: X Initial return	Final retur	n	
2 "\			neck reas	on. A initial lettini	rillai letui	+1	
L	Change in acco	bunting period					
3a If t	this application is fo	or Form 990-BL, 990-PF, 990-T, 4720, 6	or 6069, e	enter the tentative tax, less any			
ūο	nrefundable credit	s. See instructions.			3a	\$	0.
b If t	this application is fo	or Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
es	timated tax payme	nts made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.
c Ba	alance due. Subtra	ct line 3b from line 3a. Include your pa	yment wit	th this form, if required,			^
		tronic Federal Tax Payment System).			3c	\$	0.
Caution	. If you are going to	make an electronic fund withdrawal v			orm 8879-	· · · · · · · · · · · · · · · · · · ·	
	Car Daire are Ash	of Danamusel, Daduction Ast Matica		untions		Earm 0000	(Pay 1.2012)