Form **990**

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)

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

2012

Open to Public Inspection

		pplicable	C Name of organization Turning Point for God	g 07-01-2012 , 2012, and ending 0	10-30-2	.013	D Employ	er ide	ntification number
☐ Ad	dress ch	nange	Doing Business As				33-00	9580	5
∏ Na	me cha	nge	Turning Point w Dr David Jeremiah						
	tial retu rminate		Turning Point Ministries Number and street (or P O box if r 10007 Riverford Rd	nail is not delivered to street address) Room	n/suite		E Telephoi		
┌ Am	nended	return	City or town, state or country, and	ZIP + 4			(619)	258-3	8600
Гар	plication	n pendin	Lakeside, CA 92040				G Gross re	ceipts s	\$ 40,005,622
			F Name and address of pri	ncıpal officer	I	H(a) Ist	hıs a group	return	for
			David P Jeremiah 10007 Riverford Rd			affil	ıates?		┌ Yes 🗸 No
			Lakeside, CA 92040		,	Н(b) А ге	all affiliates	ınclu	ded?
			<u> </u>		_				(see instructions)
		npt statu		insert no) 4947(a)(1) or 527	┦,	H(c) Gro	oup exempti	on nur	mber ►
J W	ebsite	e:⊫ w	ww turningpointonline org						
			on 🔽 Corporation Trust Association	on ○ Other ►		L Year of	formation 198	4 M	State of legal domicile CA
Pa	rt I		mmary						
			describe the organization's missi ead the Gospel of Jesus Christ	on or most significant activities					
9	:	•	•						
Ē	.								
Activities & Governance	2	Check	this box 🛏 if the organization di	scontinued its operations or dispos	ed of m	nore than	25% of its	net as	sets
<u> </u>			,				,		
2 5	1			ing body (Part VI, line 1a)				3	11
<u>lles</u>	1			of the governing body (Part VI, line				4	8
Ę	1			calendar year 2012 (Part V, line 2a				5	149
å.				necessary)				6	8
				art VIII, column (C), line 12 rom Form 990-T, line 34				7a 7b	0
	 	ivec un	related business taxable income	10m 10m 250 1, me 34			ior Year	-1	Current Year
	8	Cont	ributions and grants (Part VIII, li	ne 1h)	_	• • • • • • • • • • • • • • • • • • • •	38,559,8	84	37,897,493
9	9			ne 2g)	:		696,5	-	122,850
Reven	10					3,827			23,528
æ	11						1,512,7	-	1,302,720
	12						40,772,988		
	12								39,346,591
	13 14			IX, column (A), lines 1-3)	- F		490,3	571,404	
	15			ee benefits (Part IX, column (A), line			0		
\$	13	5-1		ce benefits (Fare IX, column (A), mix		6,306,305 7,007			
Expenses	16a	Profe	essional fundraising fees (Part IX	column (A), line 11e)	• •		322,377		
ਡੋ	b	Total	fundraısıng expenses (Part IX, column (D), line 25) • 4,121,527	_				
	17			lines 11a-11d, 11f-24e)			28,859,0	96	32,407,740
	18			st equal Part IX, column (A), line 25	· -		36,067,1		40,308,592
	19	Reve	enue less expenses. Subtract line	18 from line 12		Poginni	4,705,8 ng of Curren		-962,001
19 ti						begiiiii	Year	`	End of Year
Not Assets or Fund Balances	20	Tota	lassets (Part X, line 16)		. [23,612,0	26	23,989,370
정말	21	Tota	l liabilities (Part X, line 26) .		[10,747,4	57	12,079,033
	22			line 21 from line 20			12,864,5	69	11,910,337
	rt II		nature Block						
Unde my k	er pena nowled	alties o dge and	f perjury, I declare that I have ex	amined this return, including accom nplete Declaration of preparer (othe					
		IB	****				2014-04-15		
	Sign		nature of officer				Date		
Her	е		chael Guzık CFO De or print name and title						
			Print/Type preparer's name	Preparer's signature	Date		heck If	PTIN	
Paid	d		David C Moja			S€	lf-employed	P00747	
	pare	r	Firm's name F Capin Crouse LLP			Fi	m's EIN ► 36	-39908	92
	On		Firm's address ► 2435 Research Parkwa	y STE 200		PI	none no (719)	528-6	225
•		•	Colorado Springs, CO	80920					

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
. 0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part x^{*}	11e		No
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	Yes	
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
. 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
.8	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		No
L 9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2012)

	Check if Schedule O contains a response to any question in this Part V	•	Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 67		1 65	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
٠	gaming (gambling) winnings to prize winners?	1 c	Yes	
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	1		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	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	Yes	
b	If "Yes," enter the name of the foreign country ▶CA			
	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		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		_
	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		N
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).			
а	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
_	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		\vdash
0	Section 501(c)(7) organizations. Enter	90		\vdash
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	This which the organization is needsed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		lΝ

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

Se	ection A. Governing Body and Management	-		1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			1
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No_
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			1
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
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		
Se	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

- - Own website Another's website V Upon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization Michael Guzik CFO 10007 Riverford Rd Lakeside, CA (619) 258-3600

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

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, or 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

COO/Director Cook												
(1) David P Jeremah	(A) Name and Title	A verage hours per week (list any hours for related organizations	more pers and	than on is a dir	(do one bot ecto	not box h ar or/tr	c, unle offic ustee	ess er e)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization	
President/Director			dual trustee ector	utional Trustee	-	mplojee	st compensated),ee	er				
CO) Director		40 00	x		x				107,350	0	0	
X		40.00	-									
X		10 00	Х		Х				155,682	0	140,038	
A Sealy Yates 100	• •	40 00	х		х				63,641	0	16,832	
Nector/Chairman	·	1.00										
Color Colo	· , ,	1 00	x		х				0	0	0	
Column C	(5) Bill Crawford	1 00	х						0	0	0	
Director												
Columbia		1 00	x						0	0	0	
Sill Geppert		1 00	х						0	0	0	
Director State S		1.00										
100 X		100	×						0	0	0	
Director Company Com		1 00										
Color Colo	Director		X						0	0	0	
Director Company Com		1 00										
Comparison	Director		X						0	0	0	
Director VX 175,033 0 20,324 CFO XX 175,033 0 20,324 CFO 40 00 XX 198,559 0 15,582 Dir Creative Svcs 40 00 XX 169,389 0 18,845 Development Representative 40 00 XX 142,058 0 13,251 Programmer XX 132,614 0 19,298 Dir Info Technology XX 132,614 0 19,298 Dir Info Technology XX 132,614 0 19,298 Dir Info Technology XX 132,614 0 19,298 Dir Programming XX 128,513 0 13,055		1 00										
CFO	Director		X						0	0	0	
CFO 40 00 X 198,559 0 15,582 Dir Creative Svcs 40 00 X 198,559 0 15,582 (14) Greg Webster 40 00 X 169,389 0 18,845 Development Representative X 142,058 0 13,251 Programmer X 142,058 0 13,251 Oir Info Technology X 132,614 0 19,298 Oir Info Technology X 128,513 0 13,055 Dir Programming X 128,513 0 13,055		40 00			v				175.022	0	20.224	
X 198,559 0 15,582	CFO				^				175,055	9	20,324	
(14) Greg Webster 40 00 X 169,389 0 18,845 Development Representative 40 00 X 142,058 0 13,251 Programmer (16) Tom Grothause 40 00 X 132,614 0 19,298 Dir Info Technology X 128,513 0 13,055 Dir Programming X 128,513 0 13,055	(13) Paul Joiner	40 00				х			198,559	0	15,582	
X 169,389 0 18,845			ļ									
Development Representative	(14) Greg Webster	40 00					x		169,389	0	18,845	
Programmer X 142,058 0 13,251 (16) Tom Grothause 40 00 X 132,614 0 19,298 Dir Info Technology X 128,513 0 13,055 Dir Programming X 128,513 0 13,055		40.00										
(16) Tom Grothause 40 00 X 132,614 0 19,298 Dir Info Technology 40 00 X 128,513 0 13,055 Dir Programming X 128,513 0 13,055		40 00					x		142,058	0	13,251	
Dir Info Technology X 132,614 0 19,298 (17) Eric Seaberg 40 00 X 128,513 0 13,055 Dir Programming X 128,513 0 13,055		40.00				_		\vdash				
(17) Eric Seaberg 40 00 X 128,513 0 13,055 Dir Programming		40 00					x		132,614	0	19,298	
Dir Programming X 128,513 0 13,055		40.00						-				
	` ,	40 00					x		128,513	0	13,055	
	Dir Programming										Form 990 (2012)	

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

	(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	am co	(F) Estima nount of ompens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ianizatio relate rganiza	:d
1b	Sub-Total							<u> </u>					
C	Total from continuation sheets	· · · · · s to Part VII, S	ection A	٠.				Þ					
d	Total (add lines 1b and 1c) .							•	1,272,839	C			257,225
2	Total number of individuals (ind \$100,000 of reportable compe						d abov	e) wl	ho received more th	an			
												Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									4	Yes		
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your fiv compensation from the organiz	e highest comp										ıx year	

(A) Name and business address	(B) Description of services	(C) Compensation			
In Service America 129 Vista Centre Dr Forest VA 24551	Call Center	697,204			
Majestic Productions Inc 305 N Main St Summitville IN 46070	Event Production	399,943			
Berkey Brendel Sheline 130 Springside Dr Akron OH 44333	Direct Mail Consultants	234,955			
Southwest Show Tech 11870 Community Rd Poway CA 92064	Event Production	170,217			
PBD Worldwide Fullfillment Services 1650 Bluegrass Lakes Pkwy Alpharetta GA 30004	Shipping Fulfillment	107,484			
2. Total number of independent contractors (including but not limited to those listed above) who recoved more than					

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 ►5

		Check if Schedule O contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
10 LE	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events 1c				
ξ. Έ	d	Related organizations 1d				
آ <u>ت</u> ق	e	Government grants (contributions) 1e				
Sis	f	All other contributions, gifts, grants, and 1f 37,897,493				
her h		sımılar amounts not ıncluded above				
<u> </u>	g	Noncash contributions included in lines 119,443 1a-1f \$				
ᇙ	h	Total. Add lines 1a-1f	37,897,493			
<u>a</u>		Business Code				
Program Serwce Revenue	2a	Ministry Conference 900099	122,850	122,850		
<u>율</u>	b					
958	С					
38	d					
Ē	e	All other program converses and				
Ş	f	All other program service revenue				
_	g	Total. Add lines 2a-2f	122,850			
	3	Investment income (including dividends, interest, and other similar amounts)	26,675			26,67
	4	Income from investment of tax-exempt bond proceeds \dots				
	5	Royalties				
	6a	(i) Real (ii) Personal Gross rents	-			
	b	Less rental	-			
	С	expenses Rental income	-			
	d	or (loss) Net rental income or (loss)	-			
	•	(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other 109,109				
	b	than inventory Less cost or other basis and sales expenses 110,026 2,230	-			
	c	Gain or (loss) -917 -2,230	4			
	d	Net gain or (loss)	-3,147			-3,14
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
<u>.</u>	h	a lace direct expenses				
5	b c	Net income or (loss) from fundraising events	1			
	9a	Gross income from gaming activities See Part IV, line 19				
	h	Less direct expenses b	1			
	c	Net income or (loss) from gaming activities	1			
	10a	Gross sales of inventory, less returns and allowances . a 1,849,495				
	ь	Less cost of goods sold b 546,775	-			
		Net income or (loss) from sales of inventory	1,302,720	1,302,720		
		Miscellaneous Revenue Business Code]			
ſ	11a					
	b					
	c					
	d e	All other revenue				
	12	Total revenue. See Instructions	39,346,591	1,425,570	C	23,528

	990 (2012)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa	rt IX			· · · · · · · · · · ·
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	414,000	414,000		
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	157,404	157,404		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	887,664	500,007	353,234	34,423
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	66,616	66,616		
7	Other salaries and wages	4,624,684	2,945,908	699,571	979,205
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	219,466	144,983	30,040	44,443
9	Other employee benefits	788,339	521,747	138,595	127,997
10	Payroll taxes	420,302	276,248	69,064	74,990
11	Fees for services (non-employees)	,		,	
а	Management				_
b	Legal	15,881		15,881	_
c	Accounting	41,187		41,187	
d	Lobbying	41,107		41,107	
		222 277			222 277
e	Professional fundraising services See Part IV, line 17	322,377			322,377
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	117,176	117,176		_
13	Office expenses	1,125,641	1,001,844	120,840	2,957
14	Information technology	271,971	231,225	27,200	13,546
15	Royalties			,	
16	Occupancy	252,661	222,340	25,267	5,054
17	Travel	419,342	244,136	156	175,050
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	.1276.12	211,7200	200	27.57555
19	Conferences, conventions, and meetings	2,271,771	2,271,771		
20	Interest	277,340	263,473	13,867	
21	Payments to affiliates		· · · · · ·	<u> </u>	
22	Depreciation, depletion, and amortization	1,233,963	1,178,920	41,786	13,257
23	Insurance	249,495	84,574	164,921	
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	Broadcasting costs	18,273,085	18,273,085		
b	Product fullfillment	5,695,810	3,915,978	237,492	1,542,340
С	Biblical resource devel	1,488,735	1,376,529		112,206
d	Donor development	673,682			673,682
е	All other expenses				•
25	Total functional expenses. Add lines 1 through 24e	40,308,592	34,207,964	1,979,101	4,121,527
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)		,=,,50	-,,	-,,,

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
		, ,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,431,053	1	2,072,491
	2	Savings and temporary cash investments	4,288,039	2	3,526,267
	3	Pledges and grants receivable, net	2,279,434	3	4,531,804
	4	Accounts receivable, net	463,761	4	571,943
	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	
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use	1,441,790	-	1.911.891
	9	Prepaid expenses and deferred charges	524,644	9	520,347
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 17,495,648	·		320,011
	Ь	Less accumulated depreciation 10b 7,572,004	10,571,288	10c	9,923,644
	11	Investments—publicly traded securities		11	127,167
	12	Investments—other securities See Part IV, line 11	85,000	12	85,000
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	527,017	15	718,816
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,612,026		23,989,370
	17	Accounts payable and accrued expenses	5,727,603		6,651,297
	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	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
эþ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	5,019,854	23	5,427,736
	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	10,747,457	26	12,079,033
es	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	16,111,161	20	12,010,000
Juc	27	Unrestricted net assets	6,486,287	27	8,712,749
) Selic	28	Temporarily restricted net assets	6,378,282	28	3,197,588
ê E	29	Permanently restricted net assets		29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
455	32	Retained earnings, endowment, accumulated income, or other funds		32	
-			40.004.500		11 010 227
Net	33	Total net assets or fund balances	12,864,569	33	11,910,337

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				<u></u> ৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		39,3	346,591
2	Total expenses (must equal Part IX, column (A), line 25)	2		40,3	308,592
3	Revenue less expenses Subtract line 2 from line 1	3			062,001
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			364,569
5	Net unrealized gains (losses) on investments	5		12,0	701,303
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			7,769
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,9	910,337
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separassis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	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?	è	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493105010054

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Name of the organization Turning Point for God

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. **Employer identification number**

33-0095805 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

					105	1.13	1.03	110	1.03	110	
s) Nam uppor ganiza	ted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is organizat col (i) lis your gove docume	ion in ted in rning	(v) Did you the organi in col (i) suppo	zation of your	(vi) Is organization organizati	tion in ganized	(vii) A mount of monetary support
h				ng information about			T		1		T
		(iii) A 3	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)					(iii)
			•	er of a person descri		-					(ii)
				rectly or indirectly og governing body of th	,		5	persons a	escribed in (ii		Yes No
g		followin	g persons?	2006, has the organi	·				,	`	Was No
e f	ı	other th section If the o	nan foundatı 509(a)(2)	ox, I certify that the on managers and other received a written de	ner than one	or more pul	olicly support	ed organiza	ations describ	oed in sectio	n 509(a)(1) or
	' _	one or i the box	more public that descri Type I	y supported organize bes the type of supp b Type II c	ations descr orting organ Type II	ibed in sect ization and I - Functior	ion 509(a)(1 complete line nally integrate	or section s 11e thro ed d	n 509(a)(2) S ugh 11h Type III - N	on-function	509(a)(3). Check
.0 .1	<u> </u>	_		ganized and operated ganized and operated							the nurneses of
	_	-	-	janization after June	-			· ·	-		
				oss investment inco				•		tax) from b	usinesses
		receipt	s from actıv	ities related to its ex	cempt functi	ons—subjec	t to certain e	xceptions,	and (2) no m	ore than 331	./3% of
9	\sqcap	An orga	anızatıon tha	at normally receives	(1) more th	ian 331/3% (of its support	from contr	ibutions, men	nbership fees	s, and gross
7 8	□	describ	ed in sectio	nt normally receives n 170(b)(1)(A)(vi). described in section	(Complete F	Part II)		_	ientai unit ori	rrom tne gen	erai public
6				local government or							
	_			A)(iv). (Complete P	•						
5	Γ			ty, and state erated for the benefit	t of a college	or universi	ty owned or o	perated by	a governmer	ntal unit des	cribed in
4				n organization operat	ed in conjun	iction with a	hospital des	cribed in se	ection 170(b)	(1)(A)(iii).	Enter the
3		•		perative hospital se	-						
2	Г	A scho	ol described	I in section 170(b)(1)(A)(ii). (At	tach Sched	ule E)				
1	Γ	A churc	h, conventi	on of churches, or as	sociation of	f churches c	lescribed in s	ection 170	(b)(1)(A)(i).		
ne o	rganız			e foundation becaus							

instructions

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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 28,322,599 32,660,585 33,025,821 38,559,884 37,897,493 170,466,382 not include any "unusual grants ") 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 28,322,599 32,660,585 33,025,821 38,559,884 37,897,493 170,466,382 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 694,362 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 169,772,020 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (f) Total beginning in) 🟲 28,322,599 38,559,884 Amounts from line 4 32,660,585 33,025,821 37,897,493 170,466,382 Gross income from interest, dividends, payments received on 30,012 115,268 securities loans, rents, royalties 14,763 14,706 29,112 26,675 and income from similar sources 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 200,262 200,262 capital assets (Explain in Part IV) 11 Total support (Add lines 7 170,781,912 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 99 410 % Public support percentage for 2011 Schedule A, Part II, line 14 15 98 940 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. 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 17a 10%-facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493105010054

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

► 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.

Supplemental Financial Statements

Open to Public Inspection

Turning Point for God 33-00958 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accordanization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds (b) Funds (b) Funds (c) Fund	ccounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Fu	•
1 Total number at end of year	unds and other accounts
2 Aggregate contributions to (during year)	
A ggregate grants from (during year)	
4 Aggregate value at end of year	
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
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 purp conferring impermissible private benefit?	oose Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990), Part IV, line 7.
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 natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a certified history.	oric structure
easement on the last day of the tax year	
	eld at the End of the Year
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)	
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 orga	anızatıon durıng
the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violat enforcement of the conservation easements it holds?	tions, and Yes No
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during •	the year
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	vear
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y * \$	•
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4 and section 170(h)(4)(B)(ii)?	(4)(B)(I)
In Part XIII, describe how the organization reports conservation easements in its revenue and expense stableance sheet, and include, if applicable, the text of the footnote to the organization's financial statements.	•
the organization's accounting for conservation easements	Cimilar Assets
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statemen works of art, historical treasures, or other similar assets held for public exhibition, education, or research is service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	in furtherance of public
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement an works of art, historical treasures, or other similar assets held for public exhibition, education, or research is service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	- \$
(ii) Assets included in Form 990, Part X	- \$
If the organization received or held works of art, historical treasures, or other similar assets for financial ga following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	'
	- \$

b Assets included in Form 990, Part X

	Organizations Maintaining Co											<u>ntinued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	as, cr	еск	•		_		_	ise or	ITS	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and expla	ın hov	w the	y furthe	rthe o	organızatıon	's ex	empt purpos	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	_	Yes	□ No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete ıf	the	organı	zatioi			es" to Form			, 110
	Part IV, line 9, or reported an an						or other see	o to				
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian of other interme	eurary	101 C	ontribu	tions (or other ass	ets	ilot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		-					
									,	Amou	ınt	
С.	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Г	Yes	Г No
ь	If "Yes," explain the arrangement in Part XII											<u> </u>
Pa	rt V Endowment Funds. Complete										\	
1a	Beginning of year balance	(a)Current year	(D _.)Prior	year	b (c)	wo years back	(a)	Three years bad	к (е)Four ye	ears back
b	Contributions							1		+		
c	Net investment earnings, gains, and losses											
	Net investment earnings, gams, and losses							_				
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses							_		_		
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end baland	ce (lın	e 1g	, colum	n (a))	held as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are held	dand a	dministered	d for	the			
	organization by (i) unrelated organizations								Га	Ba(i)	Yes	No
	(ii) related organizations			•	•	•		•		Ba(ii)		
b	If "Yes" to 3a(II), are the related organization							٠.	`. `. `. <u> </u>	3b	 	
4	Describe in Part XIII the intended uses of th	e organization's en	dowm	ent f	unds				_			
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa									
	Description of property) Cost or is (invest		(b) Cost or o basıs (othe		(c) Accumula depreciatio		(d) Bo	ok value
1a	Land						1,273	,651				1,273,651
b	Buildings						7,320	,107	2,468	,378		4,851,729
c	Leasehold improvements						309	,509	201	,327		108,182
d	Equipment						7,710	,631	4,106	,149		3,604,482
								,750	796	,150		85,600
Tota	I. Add lines 1a through 1e (Column (d) must e	aual Form 990, Part	X, colu	ımn (R) line	10(c)			▶			9,923,644

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
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Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	39,901,135
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	7	
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	554,544
3	Subtract line 2e from line 1	3	39,346,591
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	7	
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	39,346,591
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	40,855,367
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)	5	
e	Add lines 2a through 2d	2e	546,775
3	Subtract line 2e from line 1	3	40,308,592
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)		
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	40,308,592

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statements of activities. As of June 30, 2013, Turning Point had no uncertain tax positions that qualify for recognition or disclosure in the financial statements.
Part XI, Line 2d - Other Adjustments		Cost of goods sold reported on Part VIII, Line 10b 546,775 Change in Annuities 7,769
Part XII, Line 2d - Other Adjustments		Cost of goods sold reported on Part VIII, Line 10b 546,775

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493105010054

OMB No 1545-0047

No

2012

Inspection

QUIZOpen to Public

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Turning Point for God

Employer identification number

33-0095805

Part I	General Information on Activities Outside the United States. Complete if the organization answered
	"Yes" to Form 990, Part IV, line 14b.

- **2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	Europe - Great Britain	0		Grants to support ministry operations to Turning Point of the UK, a registered UK charity		157,404
3a	Sub-total	0	0			157,404
	Total from continuation sheets to Part I	0	0			0
C	Totals (add lines 3a and 3b)	0	0			157,404

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Iceland & Greenland)	Support Christian broadcast and study materials distribution	157,404	Wire or check			
2			ent organizations list or which the grantee				ountry, recognized a	ns 	1

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) A mount of (e) Manner of cash (a) Type of grant or (b) Region (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement non-cash of non-cash valuation assistance (book, FMV, assistance appraisal, other)

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u> </u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Also co	omplete this part to provide any a	idditional information (see instructions).
I dentifier	ReturnReference	Explanation
Procedure for Monitoring Grants O utside the U S		Schedule F, Part I, Line 2 Grants are typically given for ministry projects in other like-minded organizations. Grant funds are selected and monitored at management's discretion
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 Foreign expenditures are accounted for according to the accrual basis of accounting
		Schedule F (Form 990) 2012

DLN: 93493105010054

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

arming rome for God				33-0095805	
Part I Fundraising A	ctivities. Complete	e if the organizat	ion answered "Yes" to	o Form 990, Part IV,	line 17.
1 Indicate whether the org	anızatıon raısed funds	through any of the	following activities Che	ck all that apply	
a Mail solicitations			Solicitation of non-		
b Internet and email s	olicitations	f	Solicitation of gove		
c Phone solicitations		q	Special fundraising		
d In-person solicitatio	ns	_	_		
2a Did the organization have or key employees listed	e a written or oral agre				⊽ Yes Γ N
		•	•	_	, 105 , 10
b If "Yes," list the ten high to be compensated at lea			rs) pursuant to agreeme	nts under which the fund	araiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Dıd fundraıser have custody or	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by) organization
or entity (idiluralser)		control of contributions?		col (i)	organización
		Yes No			
Berkey Bredel Sheline 130 Springside Dr Ste 200	Direct mail consulting	No	10,727,025	212,394	10,514,631
Akron, OH 44333					
AKIOII, OTI 44333	Fundraising				
Pursuant Group 5151 Belt Line Rd	consulting	No	1,432,200	109,984	1,322,216
Dallas, TX 75254					
-					
-					
-					
		+ +			
		▶	12,159,225	322,378	11,836,847
3 List all states in which th licensing				en notified it is exempt f	from registration or
K, AZ, CO, CT, FL, GA, KY, N	1E, MI, MN, MO, MS, N	IH, TN, VA, WA, W	I, WV		

Pa	rt II	more than \$15,000 of fundra	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, In more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, line events with gross receipts greater than \$5,000.						
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))			
als.			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts							
ξeV6	2	Less Contributions							
<u></u>	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
ın.	5	Noncash prizes							
agus Be	6	Rent/facility costs							
Expenses	7	Food and beverages .							
Direct	8	Entertainment							
ā	9	Other direct expenses .							
	10	Direct expense summary Add line	es 4 through 9 ın colum	nn (d)		()			
	11	Net income summary Combine lir							
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		d "Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
<u>₩</u>	1	Gross revenue							
ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
	4	Rent/facility costs							
Drea	5	Other direct expenses							
	6	Volunteerlabor	│ Yes │ No	☐ Yes	☐ Yes	_			
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)	🛌				
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌				
9 a b	Is	ter the state(s) in which the organiza the organization licensed to operate 'No," explain	gaming activities in ea	ch of these states?					
10a b		re any of the organization's gaming l	icenses revoked, susp	ended or terminated during	the tax year?				

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

(Form 990)

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

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

OMB No 1545-0047

DLN: 93493105010054

Open to Public

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Employer identification number Name of the organization Turning Point for God 33-0095805 General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. (a) Name and address of (b) EIN (c) IRC Code section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable arant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) (1) Christian Unified School 95-2406918 501(c)(3) 75,000 General Support District 2100 Greenfield Dr El Cajon, CA 92019 (2) Shadow Mountain 95-1642389 501(c)(3) 339,000 General Support Community Church 2100 Greenfield Dr El Cajon, CA 92019

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

1	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, I	line 22
	Part III can be duplicated if additional space is needed.	·	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	•	Schedule I, Part I, Line 2 Grants are typically given for ministry projects in other like-minded organizations Grant funds are selected and monitored at management's discretion

Schedule I (Form 990) 2012

DLN: 93493105010054

OMB No 1545-0047

Inspection

Open to Public

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization Turning Point for God

Employer identification number

33-0095805

Pa	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directors			_		
	directors, trustees, and the CLO/Executive Director	or, regard	and the items thetred in line 1a.	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	hat apply				
	Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	it?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-	oased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,	paid or a	occured pursuant to a contract that was			
	subject to the initial contract exception described i					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		

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 in 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)(1)-(111) 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	FW-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)David M Jeremiah COO/Director	(i) (ii)	148,959 0	1,500 0	5,223 0	8,032 0	132,006 0	295,720 0	0
(2)Michael Guzik CFO	(i) (ii)	173,533 0	1,500 0	0	8,531 0	11,793 0	195,357 0	0 0
(3)Paul Joiner Dir Creative Svcs	(i) (ii)	197,059 0	1,500 0	0 0	9,510 0	6,072 0	214,141 0	o 0
(4)Greg Webster Development Representative	(i) (ii)	167,889 0	1,500 0	0 0	8,359 0	10,486 0	188,234 0	o 0
(5) Roger Locke Programmer	(i) (ii)	141,558 0	500 0	0 0	6,820 0	6,431 0	155,309 0	0
(6)Tom Grothause Dir Info Technology	(i) (ii)	131,114 0	1,500 0	0 0	6,933 0	12,365 0	151,912 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
		Charter travel is periodically provided for the CEO and is used exclusively for exempt business purposes. Since this is a ministry expense with business purpose, it is not treated as compensation. A minister's housing
		allowances is provided to the COO This is treated as a nontaxable benefit included in other compensation

Schedule J (Form 990) 2012

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

As Filed Data -

DLN: 93493105010054

Employer identification number

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

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Turning Point for Go	d							33	3-009	5805			
							501(c)(4) or	ganıza	ations	only).			
							5a or 25b, or						
1 (a) Name	or aisquaii	fied pers			between dis id organizatio		(c) Descri	ption o	rtrans	saction		(d) Corre	
				person ar	ia organizaci	-						Yes	No
											-		
2 Ent			d b., a				ana duma - 45 -		ام د	t· - ·			
2 Enter the an	nount of ta	x incurre	d by organiza	ation man	agers or disc	qualified perso	ons during the	yearı	ınder:	section			
3 Enter the an	ount of ta	v ıfanv	on line 2 ah	ove reim	hursed by the	e organization		•	•	▶ \$			
5 Enter the un	iounic or cu	, ii uiiy,	on mic 2, ab	010, 101111	burseu by the	e organization		•	•	٠ ٠			
			rom Inter										
							ine 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	r ıf the	
orga (a) Name of			n amount on				(6) Dalama	1	\ T		`	(=X)M/m	
interested		(b) Relationship (ewith organization				(e)Original principal		(g) In default?		(h) Approved		(i)Written agreement?	
person				organiza		amount				by boa			
						_				commi	ttee?		
				То	From			Yes	No	Yes	No	Yes	No
											<u> </u>	_	
											<u> </u>	_	
										-	1	_	
				1			-			-	<u> </u>	_	
										-	-	_	
				<u> </u>						<u> </u>		_	
Total				▶ \$									
			ce Benefit				+ TV long 27						
							t IV, line 27.					•	
(a) Name of int person	erested		ationship be ted person a		c) A mount o	rassistance	(d) Type o	rassis	stance	(e)	Purpos	e of assi	istance
person			organization										
							•						
							-						
							_						
							-						

Complete if the organiza			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	on (e) Sharing of organization revenues?	
				Yes	No
(1) Camı Jeremiah	See Part V below Family Member of David M Jeremiah, COO	13,680	Employee compensation		No
(2) Daniel Jeremiah	See Part V below Family Member of David P Jeremiah, President	18,000	Employee compensation		No
(3) David Guzik	See Part V below Family Member of Michael Guzik, CFO	33,158	Employee compensation		No
	i	l			1

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493105010054

OMB No 1545-0047

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SCHEDULE M (Form 990)

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.

Noncash Contributions

Name of the organization Turning Point for God

Employer identification number

					33-0095805			
Pal	t I Types of Property	T		T	Т			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash cont			ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	27	119,443	FMV-Stock Marke	et Price		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ▶()							
	O ther ▶()							
	O ther ▶ ()							
	Number of Forms 8283 received for which the organization comple				29			
							Yes	N
a	During the year, did the organiza							
	must hold for at least three year for exempt purposes for the enti				d to be used	30a		N
Ь	If "Yes," describe the arrangem							
	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell	noncash • • •	32a		N
ь	If "Yes," describe in Part II							
	If the organization did not report	t an amount	: in column (c) for a type of	property for which column (a) is checked.			
	describe in Part II		. (-, , p o o .	. , ,				

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

I dentifier	Return Reference	Explanation	
Method for Determining Number of Contributions Part I, Column (b)		The number of contributions reported in column b is the numbe of contributions received, not the number of items contributed	

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493105010054

SCHEDULE 0 (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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Emple	oye
Turning Point for God		-
	22 0	00

er identification number 33-0095805

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	
	Form 990, Part VI, Section B, line 11	The Form 990 is prepared by an independent CPA firm and reviewed by the organization's top management prior to filing with the IRS
	Form 990, Part VI, Section B, line 12c	In addition to board members signing a conflict of interest questionnaire, the finance and executive teams are monitoring all transactions for potential conflicts of interest. If a conflict of interest is identified, the person with a conflict excuses his/her self from the discussion-making process and the board votes to determine whether the transaction is in the best interest of the organization.
	Form 990, Part VI, Section B, line 15	Board members who do not have a conflict of interest with regard to determining compensation, receive compensation comparability studies of like-sized exempt organizations. The compensation and benefits of the President, COO, and other officers are then determined annua. Ily, voted upon and approved by independent board members, and the deliberations and approval processes are documented in the corporate minutes. This process was last completed during 2013.
	Form 990, Part VI, Section C, line 19	The governing documents, conflict of interest policy, and financial statements are available upon request
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Change in annuities 7,769