SCANNED NOV 18 2005

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 **2004** Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2004 calendar year, or tax year beginning JUL 2004 and ending JUN 30. 2005 D Employer identification number C Name of organization use IRS label of TURNING POINT OF LEHIGH VALLEY, INC 23-2100651 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number]| nitial |i etum 610-797-0530 444 E. SUSQUEHANNA STREET Specific] i inal Cash X Accrual City or town, state or country, and ZIP + 4 F Accounting method: Other (specify) ı ətum ALLENTOWN, PA 18103]/ pplicatic Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and I are not applicable to section 527 organizations. must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes X No G Website: ►WWW.TPLV.ORG H(b) If "Yes," enter number of affiliates ▶ Or anization type (check only one) \triangleright \mathbf{X} 501(c) (3 |) \triangleleft (insert no) 4947(a)(1) or [Are all affiliates included? N/A Yes (If "No." attach a list) \square if the organization's gross receipts are normally not more than \$25,000. The Is this a separate return filed by an ororganization need not file a return with the IRS, but if the organization received a Form 990 Package Yes X No ganization covered by a group ruling? in the mail, it should file a return without financial data. Some states require a complete return. Group Exemption Number ▶ Check ► _____ if the organization is not required to attach 1,801,440. Grass receipts. Add lines 6b, 8b, 9b, and 10b to line 12 Sch B (Form 990, 990-EZ, or 990-PF) Part Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received 360,889 Direct public support 1a 218,613. Indirect public support 1b 1,141,371. Government contributions (grants) 10 1,720,023. noncash\$ 850.) 1,720,873. Total (add lines 1a through 1c) (cash \$ 10 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 RECEIVED 3 Membership dues and assessments 3 5,855. Interest on savings and temporary cash investments 4 2,251 Dividends and interest from securities 5 2005 NOV 0 3 ба Less, rental expenses 6b b Net rental income or (loss) (subtract line 6b from line@GDEN, UT 6c Other investment income (describe Revenue 8 a Gross amount from sales of assets other (B) Other (A) Securities than inventory 8a Less cost or other basis and sales expenses 8b Gain or (loss) (attach schedule) 8c Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d Special events and activities (attach schedule). If any amount is from gaming, check here. 0 • of contributions Gross revenue (not including \$ 58,349. reported on line 1a) 9a 16,228. Less direct expenses other than fundraising expenses 9b STATEMENT 1 Net income or (loss) from special events (subtract line 9b from line 9a) SEE 42,121. 9c Gross sales of inventory, less returns and allowances 10a Less cost of goods sold 10b Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c 14,112. Other revenue (from Part VII, line 103) 11 11 1,785,212. Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 12 1,326,309. 13 Program services (from line 44, column (B)) 13 303,932. 14 Management and general (from line 44, column (C)) 14 57,425. 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) 16 1,687,666. 17 Total expenses (add lines 16 and 44, column (A)) 17 18 Excess or (deficit) for the year (subtract line 17 from line 12) 97,546. 18 829,019. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 20 SEE STATEMENT 2 338. Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 926,903. 21

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

Functional Expenses	Part II Statement of Functional Expenses	All organiza	tions must complete column	(A) Columns (B), (C), and	(D) are required for section	1501(c)(3) Page 2
2	runctional Expenses					
22 23 Section assistance to individuals (attach schedule) 24 22 23 24 24 24 24 24	6b, 8b, 9b, 10b, or 16 of Part I.	·	(A) lotal	services	and general	(v) Fundraising
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Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If Yes 'enter (I) the aggregate amount of these joint costs \$ (II) the amount allocated to Program services \$ (III)	¥ ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1700				
If "Yes " enter (I) the aggregate amount of these joint costs \$	To tal functional expenses (add lines 22 through Or janizations completing columns (B)-(D), carry these totals	43) s to lines 13-15 44				57,425.
(Grants and allocations \$) Part Statement of Program Service Accomplishments	To tal functional expenses (add lines 22 through Or janizations completing columns (B)-(D), carry these totals	43) s to lines 13-15 44			303,932.	
What is the organization's primary exempt purpose? ► SEE STATEMENT 4 All organization's primary exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achieve ments that are not measurable. (Section 501(s)(3) and (4) organizations and 4947(s)(1) nonexempt charitable trusts must also enter the amount of grants and allocation to toticers) a FROVIDE SUPPORT AND EMERGENCY ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE (Grants and allocations \$) 1,326,309. b (Grants and allocations \$) b (Grants and allocations \$)	44 To tai functional expenses (add lines 22 through or janizations completing columns (8)-(0), carry these totals Joint Liosts. Check In judy our are follow	43) s to lines 13-15 44 ving SOP 98-2	1,687,666.	1,326,309.	303,932.	
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Part IV Balance Sheets Note: Where required, attached schedules and amounts within the description column (A) Beginning of year (B) End of year should be for end-of-year amounts only 7,826. 45 Cash - non-interest-bearing 2,647. 45 264,821 426,685. 46 Savings and temporary cash investments 46 47 a Accounts receivable 47a b Less allowance for doubtful accounts 47b 47c 48 a Piedges receivable 48a b Less allowance for doubtful accounts 48b 48c 212,035. 112,154. **4**0 Grants receivable 49 50 Receivables from officers, directors, trustees, and key employees 50 51 a Other notes and loans receivable 51a b Less allowance for doubtful accounts 51b 51c 52 Inventories for sale or use 52 20,000. 24,226. Prepaid expenses and deferred charges 53 Cost FMV Investments - securities 54 55 a Investments - land, buildings, and 55a equipment basis b Less accumulated depreciation 55b SEE STATEMENT 5 124,838. 127,426. 56 Investments - other 56 2,249,089 57 a Land, buildings, and equipment basis 57a 719,332. 1,516,595 1,529,757. b Less accumulated depreciation 57c Other assets (describe 58 58 2,146,115. 77,167. 2,222,895. 71,767. Total assets (add lines 45 through 58) (must equal line 74) 59 60 Accounts payable and accrued expenses 60 Grants payable 61 7,400. 5,800. 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees 63 64 a Tax-exempt bond liabilities 64a 231,512. **b** Mortgages and other notes payable 211,833. 64b SEE STATEMENT 6 1,017. 6,592. Other liabilities (describe 317,096. 295,992. Total liabilities (add lines 60 through 65) Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 Vet Assets or Fund Balances 1,846,913. 13,909. Unrestricted 1,763,276. 67 Temporarily restricted 68 Permanently restricted 65,743. 66,081. 69 Organizations that do not follow SFAS 117, check here and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, 1,829,019. 1,926,903. column (A) must equal line 19, column (B) must equal line 21) 73 2,146,115. Total liabilities and net assets / fund balances (add lines 66 and 73) 2,222,895. 74

For m 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

			INT OF LEHI					1006	
Pa	Reconciliation of Revenu Financial Statements wit Return			Par	t IV-B Recond Financi Return	iliation of Exp al Statements	enses with	s per A Expen	udited ses per
<u>a</u>	otal revenue, gains, and other support	ļ.	1 002 620	а	Total expenses and lo				
h	rer audited financial statements //mounts included on line a but not on	<u>a</u>	1,802,638.	b	audited financial state Amounts included on			a 1,	704,754.
/41	I ne 12, Form 990			(1)	line 17, Form 990 Donated services	. 17 0	00		
(1)	Tlet unrealized gains an investments \$ 338.			(2)	and use of facilities	· — — —	00.		
(2)	Donated services			(2)	Prior year adjustment reported on line 20,	S			
(-)	and use of facilities \$ 17,088.	Ė			Form 990	2			
(3)	Recoveries of prior	-		(3)	Losses reported on	Y			
	year grants \$	ŀ			line 20, Form 990	\$			
(4)	()ther (specify)			(4)	Other (specify)	\$			
	Add amounts on lines (1) through (4)	b	17,426.		Add amounts on lines	(1) through (4)	▶	ь	17,088.
C	I ine a minus line b	,C	1,785,212.	C	Line a minus line b	()	▶	c 1,	17,088. 687,666.
d	Amounts included on line 12, Form § 90 but not on line a:			d	Amounts included on 990 but not on line a	line 17, Form			
(1)	Investment expenses			(1)	Investment expenses				
٠.	r ot included on			``	not included on				
	I ne 6b, Form 990 \$				line 6b, Form 990	\$			
(2)	Other (specify)			(2)	Other (specify)				
	\$			_		\$			_
	/idd amounts on lines (1) and (2)	,d	0.		Add amounts on lines		•	d	0.
e	1 otal revenue per line 12, Form 990 (line c plus line d)	e	1,785,212.	e	Total expenses per lin (line c plus line d)	e 17, Form 990		_ 1	607 666
Pa	List of Officers, Directors,			Emplo		e even if not comper		e 1,	687,666.
<u>L.DT.</u>	(A) Name and address	 		(B) Tr	tle and average hours r week devoted to	(C) Compensation (If not paid, enter		ibutions to ee benefit deferred	(E) Expense account and
		-		-	position	-U)	comp	ensation	other allowances
SE	E STATEMENT 7					50,000.		_ 0.	0.
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75	Did any officer, director, trustee, or key employee re	Cer	ve andredate compensati	on of m	nore than \$100 000 fro	m vour organization	and all #	lated	<u> </u>
	organizations, of which more than \$10,000 was pro						X No	natdu	
	1 01-13-05								Form 990 (2004)

Form	190 (2004) TURNING POINT OF LEHIGH VALLEY, INC 23-2100			Page 5
Pa	Qther Information		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		_X_
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	l	X
Ò	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0			
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			
	fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II (See instructions in Part III)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	x	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A	7		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	7		
ſ	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	'	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders 87a N/A	7		ĺ
	Gross income from other sources. (Do not net amounts due or paid to other sources	7		
	against amounts due or received from them) 876 N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	7		
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?	Ì		
	If "Yes," complete Part IX	88		Х
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶ 0 • , section 4912 ▶ 0 • , section 4955 ▶ 0 •			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b	,	Х
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
•	sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		-	0.
	List the states with which a copy of this return is filed PENNSYLVANIA			
	Number of employees employed in the pay period that includes March 12, 2004			48
91	The books are in care of ► EXECUTIVE DIRECTOR Telephone no ► 610-79	97-0	530	
	100000000000000000000000000000000000000			
	Located at ► ALLENTOWN, PA ZIP+4 ►	1810	3	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		▶ [\Box
_	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	A	
42304 01-13	1			(2004)
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Page 6

Identification of the programment agencies Identification of the programment Identification of the Identification of the Identification Identification of the Identification of the Identification Identification of the Identification Identification of the Identification Identificati		II Allaysis of Illoome-							T
Program service revenue Business Amount Stock Amount Matata or exempt function norms Matata or exempt function norms Matata or exempt function norms fun		~	wise ¦						(E)
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Internation of the property	b		I						
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gl less and contracts from government agencies	f Madu	cara/Madicaid payments							
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interest on sawings and temporary cash investments 14 5,855 Investment or (loss) from rate estate 14 2,251 Itel tental income or (loss) from personal property Itel tental income or (loss) from sales of assets Itel tental income or (loss) from sales of assets Itel more or (lo			jencies i		· -				
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Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). DE PROVIDES COUNSELING AND EMERGENCY SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) (A) Name, address, and EIN of corporation, percentage of ownership, or disregarded entity ownership interest N/A (B) Percentage of ownership interest (C) Nature of activities (C) Total income End-of-year assets N/A (B) Percentage of ownership interest (C) Total income End-of-year assets N/A (B) Percentage of ownership interest (C) Total income End-of-year assets N/A (B) Percentage of ownership interest (C) Total income End-of-year assets N/A (B) Percentage of ownership interest (C) Total income End-of-year assets N/A (B) Percentage of ownership interest (C) Total income End-of-year assets N/A (B) Percentage of ownership interest (C) Total income End-of-year assets End-of-year assets (B) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (C) Total income End-of-year assets End-of-year assets (B) Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (D) Percentage of ownership interest as any knowledge (D) Percentage of ownership interest as any knowledge End-of-year assets Executive Cyclestic Check if preparer's SSN or PTIN are as any knowledge End-of-year assets (C) (C) (D) (E) Total income End-of-year assets End-of-year assets (E) (D) (E) (D) (E) Total income End-of-year assets End-of-ye								(0	
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Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Am Russel Executive Urcent Type or print name and title Date 9 30 05 Self-employed Preparer's SSN or PTIN			1			ocheni contra	, L '		Yes X No
TAM RUSSEL EXECUTIVE DIVECTOR Atte Type or print name and title Date Date Preparer's SSN or PTIN Preparer's SSN o						adulae and state	mente -	nd to the heat of my line ideal	an and hallof it is be-
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SCHEDULE A

(Forn: 990 or, 990-EZ)

Departr rent of the Treasury Internal Revenue Service Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2004

Name of the organization				Employer identif	ication number
TURNING POINT	OF LEHIGH V	ALLEY, INC		23 21006	551
Part 1 Compensation of the Five H	ghest Paid Employ	ees Other Than Off	icers, Directo	rs, and Trus	tees
(See page 1 of the instructions List each o		None ")	 ···	(d) Contributions to	(-) (-)
(a) Name and address of each employee more than \$50,000	paid !	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE OVER CEO OOO	I				
NONE OVER \$50,000	<u></u>				
	1				
	1				
	1			<u> </u>	-
	1				
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	1				
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Total rumber of other employees paid	·	0			
over \$ 50,000 Par 11 Compensation of the Five Hi	ighest Paid Indepe		or Profession	al Sarvicas	
(See page 2 of the instructions List each o	ne (whether individuals or fi	rms). If there are none, enter '	"None ")	ai Oci vices	
(a) Name and address of each independ	I		(b) Type of s	Senvice	(c) Compensation
NONE_OVER \$50,000	I				
NONE OVER 330,000	;				
	1				
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	I I				
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					·
Total number of others receiving over \$50,000 for professional services		0			

Sched ale A (Form 990 or 990-EZ) 2004 TURNING POINT OF LEHIGH VALLEY, INC 23-21	<u>0065</u>	1 1	Page 2
Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
pt blic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			1
lo obying activities 🕨 \$ (Must equal amounts on line 38, Part VI-A,			
or line i of Part VI-B)	1	ļ	X
O ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking			
"Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2 Diring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such			
person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
altach a detailed statement explaining the transactions.)			1
a Stile, exchange, or leasing of property?	2a		X
			1
b Landing of money or other extension of credit?	2b		Х
I.			
c Fi mishing of goods, services, or facilities?	2c		X
	1		
d P ₁ yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how		1	.,
y: u determine that recipients qualify to receive payments)	3a		X
b Do you have a section 403(b) annuity plan for your employees?	<u>3b</u>	X	
4 a DID you maintain any separate account for participating donors where donors have the right to provide advice or the use or distribution of funds?	40		Х
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4a 4b		X
	1 40	L	
Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The organization is not a private foundation because it is. (Please check only ONE applicable box)			
5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III). Enter the hospital's name, city, and state			
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv	,\		
(Also complete the Support Schedule in Part IV-A)	' '		
11a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)			
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described by the controlled by any disqualified persons (other than foundation managers) and supports organizations described by the controlled by any disqualified persons (other than foundation managers) and supports organizations described by the controlled by	cribed in		
(1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))			
Provide the following information about the supported organizations. (See page 5 of the instructions.)			
(a) Name(s) of supported organization(s)		ie num om abo	
	ĺ		
An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)	<u> </u>		
423111 12-03-C4 Schedule A (Form	n 990 or 1	99N-F7	2004
- 2 55 C.			, _304

Sche	dule A (Form 990 or 990-EZ) 2004 T	URNING POIN	T OF LEHIGH	VALLEY, IN	С	23-	2100651 Page 3
Pa	Support Schedule (C. Note: You may use the	omplete only if you che	ecked a box on line 10	, 11, or 12.) Use cash	method of ac	counting	ng.
Cale	1 lar year (or fiscal year	e worksneet in the mst	detions for converting		e casn metriou	or accc	ounang.
	ning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual	1 677 000	1 772 425	1 701 176	1 (45 (6 707 262
40	grants See line 28)	1,6//,908.	1,//2,435.	1,701,176.	1,645,8	143.	6,797,362.
16 17	Membership fees received Gross receipts from admissions,		<u> </u>				
17	merchandise sold or services	1					
	performed, or furnishing of	1					
	facilities in any activity that is	1					
	related to the organization's charitable, etc., purpose	1					
18	Gross income from interest.						
	dividends, amounts received from	i.					
	payments on securities loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income	'					
	(less section 511 taxes) from businesses acquired by the	I.					
	organization after June 30, 1975	4,331.	10,632.	12,289.	25,6	24.	52,876.
19	Net income from unrelated business	ı					
	activities not included in line 18 Tax revenues levied for the				•		
20	organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities		_ =				-
	furnished to the organization by a						
	governmental unit without charge	1					
	Do not include the value of services or facilities generally furnished to						
	the public without charge	1					
22	Other income Attach a schedule			SEE STATEME	NT 8		
	Do not include gain or (loss) from sale of capital assets	9,219.	6,317.		-21,0		-8,176.
23	Total of lines 15 through 22		1,789,384.		1,650,3		6,842,062.
24	Line 23 minus line 17	1,691,458.		1,710,825.	1,650,3		6,842,062.
25	Enter 1% of line 23	16,915.	17,894.	17,108.	16,5		126 041
26	Organizations described on lines 10	1	, ,.			26a	136,841.
B	Prepare a list for your records to sho unit or publicly supported organization			•			
	Do not file this list with your return.	•	•	aea the amount shown m	iiile 20a.	26b	0.
	Total support for section 509(a)(1) to					26c	6,842,062.
	Add Amounts from column (e) for li	nes 18	52.876. 19		. •	200	0/012/002.
•	And Amounts from column (b) for in	22	$\frac{52,876}{-8,176}$. 19			26d	44,700.
e	Public support (line 26c minus line 2				<u> </u>	26e	6,797,362.
	Public support percentage (line 26)		line 26c (denominator))	•	261	99.3467%
27	Organizations described on line 12				lisqualified perso	n," prepa	are a list for your
	records to show the name of, and to	tal amounts received in ea	ach year from, each "disq	ualified person * Do not fi	le this list with y	our retur	rn. Enter the sum of
	such amounts for each year	N/A					
	(2003)	(2002)	(2	001)	(20	00)	
þ	For any amount included in line 17 th		•		•		
	and amount received for each year, t						-
	described in lines 5 through 11, as w					en the a	amount received and
	the larger amount described in (1) o						
_	(2003)	(2002)	•	001)	(20	JO)	
ľ	Add Amounts from column (e) for li	nes 15 20		16 21		27c	N/A
d	Add Line 27a total		d line 27b total	. 21	{	27d	N/A
e	Public support (line 27c total minus		a 27 2 (O(a)	•		27e	N/A
1	Total support for section 509(a)(2) to	i	23, column (e)	▶ 27f	N/A		······································
g	Public support percentage (lin		• •		•	27g	N/A %
	Investment income percentage					27h	N/A %
28 !	Jnusual Grants: For an organization	described in line 10, 11,	or 12 that received any u	inusual grants during 200	0 through 2003,	prepare	a list for your records
1	c show, for each year, the name of the m <mark>ur return</mark> . Do not include these gran	ts in line 15	_	u a unei description of the	anature of the gra	יוור אס ע	iot me this list with
42312	1 12-03-04	N	ONE_			Schedu	ule A (Form 990 or 990-EZ) 2004

Schedule A (Form 990 or 990-EZ) 2004

34b

Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50,

- Schedi	le A (Form 990 or 990-EZ) 2004	TURNING POINT	OF LEHIGH VAI	JEY, INC 23-21	100651	Page 6
	VII Information Reg		nd Transactions and	Relationships With Nonchari		
51	Did the reporting organization dir		of the following with any other	r organization described in section		
а	Transfers from the reporting orga		- ·	miliour organizations.	Y	es No
-	(i) Cash		pg		51a(i)	Х
	(ii) Other assets	1			a(ii)	Х
b	Other transactions	1				
	(i) Sales or exchanges of assets	s with a noncharitable exempt org	janization		b(i)	X
	(ii) Purchases of assets from a	noncharitable exe ^l mpt organizatioi	n		b(ii)	X
	(iii) Rental of facilities, equipmen	•			b(iii)	X
	(iv) Reimbursement arrangemen	nts ı			b(iv)	X
	(v) Loans or loan guarantees				b(v)	X
	(vi) Performance of services or r				b(vi)	X
	Sharing of facilities, equipment, r	- ·		through the few models have been that	C	<u> </u>
u				always show the fair market value of the I less than fair market value in any		
		ent, show in column (d) the value			N/	/ a
(a)		(c)	01 1110 g0000, 011101 033010, 0	(d)		
Line n		Name of noncharitable e	exempt organization	Description of transfers, transactions, and	sharing arran	gements
		İ				
		1				
		<u> </u>				
		I				
	+	<u> </u>				
		i				
	+		 ,			
		1				
			····			
					-	
	Is the organization directly or ind Code (other than section 501(c)(If "Yes," complete the following so	3)) or in section 527?		anizations described in section 501(c) of the	Yes	X No
	(a) Name of orga	anızatıon	(b) Type of organization	(c) Description of relations	hip	
			 			
		1,55,55,55				
		-12.11				
		I I	<u> </u>			

423151 11-24-(4

Schedule A (Form 990 or 990-EZ) 2004

FORM 930	SPECIAL EVE	NTS AND ACTIV	/ITIES	S	TATEMENT	1
DESCRI?TION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSE		E
GOLF TOURNAMENT WALK-A-THON ANGEL CAMPAIGN	20,994. 27,009. 10,346.		20,994. 27,009. 10,346.	9,793 6,005 430	21,0	04.
TO FM 990, PART I, LINE	9 58,349.		58,349.	16,228	42,1	21.
FORM 990 OTHER CH	ANGES IN NET	ASSETS OR FU	JND BALANC	ES S	TATEMENT	2
DESCRIPTION	 				AMOUNT	
	i				ર	38.
UNREALIZED LOSS ON INVES	STMENTS				5	30.
UNREALIZED LOSS ON INVESTOTAL TO FORM 990, PART	1					38.
	I, LINE 20	ER EXPENSES				
TOTAL TO FORM 990, PART	I, LINE 20	ER EXPENSES (B) PROGRAM SERVICES	(C) MANAGE AND GE	MENT	3	38.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION SHELTER EXPENSE	OTH	(B) PROGRAM	MANAGE AND GE	MENT	3 STATEMENT (D)	38.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION SHELTER EXPENSE OTHER PROFESSIONAL FEES	I, LINE 20 OTH	(B) PROGRAM SERVICES	MANAGE AND GE	MENT	3 STATEMENT (D)	38.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION SHELTER EXPENSE OTHER PROFESSIONAL FEES ADMINISTATIVE FEES/DUES	OTH (A) TOTAL	(B) PROGRAM SERVICES 14,174	MANAGE AND GE	MENT NERAL	3 STATEMENT (D)	38.
TOTAL TO FORM 990, PART FORM 990 DESCRIPTION SHELTER EXPENSE OTHER PROFESSIONAL FEES ADMINISTATIVE	OTHI (A) TOTAL 14,174. 8,982.	(B) PROGRAM SERVICES 14,174	MANAGE AND GE	MENT NERAL 6,287.	3 STATEMENT (D)	38.

TURN ING	POINT	OF	LEHIGH	VALLEY,	INC

23-2100651

FORM 930	STATEMENT OF	ORGANIZATION	'S PRIMARY	EXEMPT PURPOSE	STATEMENT	4
•		PART	III			

EXPLAN ATION

TURNING POINT IS A NOT FOR PROFIT CORPORATION ORGANIZED TO PROVIDE SUPPORT AND EMERGENCY SERVICES TO VICTIMS OF DOMESTIC VIOLENCE

FORM 990	OTHER	INVESTMENTS		STATEMENT	5
DESCRIPTION			VALUATION METHOD	AMOUNT	
MUTUAL FUNDS	ı		MARKET VALUE	127,4	26.
TOTAL TO FORM 990, PART IV,	LINE 56	, COLUMN B		127,4	26.
FORM 990	OTHER I	LIABILITIES		STATEMENT	6
DESCRIPTION	1 1			AMOUNT	
TENANT SECURITY DEPOSIT CAPITAL LEASE OBLIGATION	1			2,1 4,4	79. 13.
TOTAL TO FORM 990, PART IV,	LINE 65	. COLUMN B		6,5	92.

	IST OF OFFICERS, DIRECEES AND KEY EMPLOYEES	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHRIS 3ASILE 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	PRESIDENT 5	0.	0.	0.
DR. JULIE DOSTAL 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	VICE PRESIDENT 5	0.	0.	0.
EILEEN LEWIS 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	TREASURER 5	0.	0.	0.
DEBBIE ESHBACH 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5	0.	0.	0.
DONNA GOSS 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5	0.	0.	0.
ROBERT J. GRIM 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5	0.	0.	0.
GINGER HOLKO 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5	0.	0.	0.
PAULA SUE MARINKOVITS 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5	0.	0.	0.
BOB NAGLE 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5	0.	0.	0.
REV. SANDY NASH 444 E. SUSQUEHANNA STREET ALLENIOWN, PA 18103	DIRECTOR 5	0.	0.	0.
PEGGY HAYN 444 E. SUSQUEHANNA STREET ALLENIOWN, PA 18103	DIRECTOR 5	0.	0.	0.

TURNING POINT OF LEHIGH VALI	LEY, INC			23-21	00651
DR. CAROL SHINER WILSON 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5		0.	0.	0.
VALERIE PURINTON 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5		0.	0.	0.
JANET JLMAN 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5		0.	0.	0.
LINDA TRETIAK 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5	O. 0.		0.	0.
PRISCILLA RUSSELL 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	EXECUTIVI 40	E DIRECTOR 50	,000.	0.	0.
TOTALS INCLUDED ON FORM 990,	PART V	50	,000.	0.	0.
SCHEDULE A	OTHER INC	OME		STATEMEN	8 TI
DESCRIPTION	2003 AMOUNT	2002 AMOUNT			00 JNT
MISCELLANEOUS REALIZED GAIN-INVESTMENTS	3,652. 5,567.		•	13,131. 4,2 -15,77125,3	
TOTAL TO SCHEDULE A, LINE 22	9,219.	6,317.	-2,640	-21	,072.

Fixec Asset Summary

_	A/C #	Description	7/1/2004 Balance	Additions	Disposals	6/30/2005 Balance	_
Assets		ffice Equipment ¦	\$183,928 60 T 18.912 00 T	\$38,743 55 r		\$222,672 15 18,912 00	
	1120 H	ome Furnishings	12,997 04 T	2,250 30 ť		15,247 34	
	1150 B	ethlehem Bldg	294,905 76 T	36,654 48 ٢		331,560 24	
	1160 B	ethlehem Apt Bldg	179,158 31 T			179,158 31	GL, √
	1170 B	ethlehem Apt Bldg Imp	27,182 68 T			27,182 68	GL, √
		ldg,- Fountain Hill	911,741 54 T	5,550 00 ť		917,291 54	
		and - Fountain Hill	26,578 25 T			26,578 25	
		ixed Assets - Fountain Hill	68,355 71 T			68,355 71	
		usquehanna St Bldg	362,943 50 T	9,688 00 ť		372,631 50	
		usq St Property (Equip)	19,500 00 T			19,500 00	
	1139 S	usquehanna St Land	50,000 00 T			50,000 00	GL, √
		1					
		1 1	\$2,156,203 39 T	\$92,886 33	\$0 00	\$2,249,089 72	-
		1					•
		1					
Accurn Depr	1115 O	ffice Equipment	\$158,077.92 T	\$14,337 42		\$172,415.34	GL, √
		echicles	18,912 00 T	0		18,912.00	GL, √
	1125 H	ouse Furniture	12,997 04 T	107 16		13,104 20	GL, √
	1155 B	ethlehem Bldg	103,276 62 T	15439 67		118,716 29	GL, √
	1165 B	eth Apt Bldg	75,330 94 T	6410 71		81,741 65	GL, √
	1175 B	eth Apt Bldg Improvements	7,962 21 T	1352 14		9,314 35	GL, √
	1195 F	ountain Hill Bldg 🕟	233,019 50 T	24040 18		257,059 68	
		usq St Bldg	24,924 83 T	15251 21		40,176 04	GL, √
	1146 S	usq St Prop	5,107 04 T	2,785 66		7,892.70	GL, √
		1					_
		1 1	\$639,608 10 T	\$79,724 15 GL, √	\$0 00	\$719, <u>332</u> 25	=
				GL, Y			