

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

OMB No 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**TURNING POINT OF LEHIGH VALLEY, INC**

Number and street (or P O box if mail is not delivered to street address)

444 E. SUSQUEHANNA STREET

Room/suite

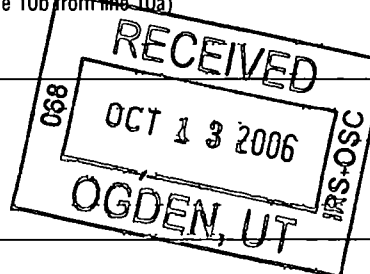
City or town, state or country, and ZIP + 4

ALLENTOWN, PA 18103**D** Employer identification number**23-2100651****E** Telephone number**610-797-0530****F** Accounting method☐ Cash☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.TPLV.ORG****J** Organization type (check only one) ▶ ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,802,970.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	304,889.		
	b	Indirect public support	1b	211,208.		
	c	Government contributions (grants)	1c	1,156,068.		
	d	Total (add lines 1a through 1c) (cash \$ 1,656,507. noncash \$ 15,658.)	1d		1,672,165.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2		
	3	Membership dues and assessments		3		
	4	Interest on savings and temporary cash investments		4	10,011.	
	5	Dividends and interest from securities		5	3,969.	
	6a	Gross rents	6a			
6b	Less: rental expenses	6b				
6c	Net rental income or (loss) (subtract line 6b from line 6a)		6c			
7	Other investment income (describe ▶)		7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	780.	
	b	Less: cost or other basis and sales expenses	8b	950.		
	c	Gain or (loss) (attach schedule)	8c	-170.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	STMT 2	8d	-610.
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	53,562.		
	b	Less: direct expenses other than fundraising expenses	9b	12,769.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 3	9c	40,793.	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c			
11	Other revenue (from Part VII, line 103)		11	17,609.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	1,743,937.		
Expenses	13	Program services (from line 44, column (B))		13	1,511,550.	
	14	Management and general (from line 44, column (C))		14	208,357.	
	15	Fundraising (from line 44, column (D))		15	69,896.	
	16	Payments to affiliates (attach schedule)		16		
	17	Total expenses (add lines 13 and 14, column (A))		17	1,789,803.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	-45,866.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	1,926,903.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4		20	5,217.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	1,886,254.	

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

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 51,442.	12,861.	38,581.	0.
26 Other salaries and wages	26 1,037,425.	957,088.	49,055.	31,282.
27 Pension plan contributions	27			
28 Other employee benefits	28 233,140.	207,678.	18,764.	6,698.
29 Payroll taxes	29 96,979.	86,388.	7,805.	2,786.
30 Professional fundraising fees	30			
31 Accounting fees	31 9,650.	2,895.	6,755.	
32 Legal fees	32			
33 Supplies	33 8,069.	5,069.	2,446.	554.
34 Telephone	34 16,995.	15,071.	1,924.	
35 Postage and shipping	35 16,078.	4,431.	2,236.	9,411.
36 Occupancy	36 86,429.	63,073.	20,447.	2,909.
37 Equipment rental and maintenance	37 9,197.	7,570.	1,627.	
38 Printing and publications	38 22,438.	6,083.	99.	16,256.
39 Travel	39 16,165.	14,942.	1,223.	
40 Conferences, conventions, and meetings	40 6,345.	4,317.	2,028.	
41 Interest	41 14,504.	4,288.	10,216.	
42 Depreciation, depletion, etc. (attach schedule)	42 81,425.	61,069.	20,356.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 5	43g 83,522.	58,727.	24,795.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,789,803.	1,511,550.	208,357.	69,896.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

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** SEE STATEMENT 6

Part III Statement of Program Service Accomplishments (See the instructions)

Form 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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 7</u>		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	<u>PROVIDE SUPPORT AND EMERGENCY ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE</u>	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,511,550.
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,511,550.

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	2,647.	45	5,479.
	46 Savings and temporary cash investments	426,685.	46	435,299.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	112,154.	49	89,169.
	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	
	53 Prepaid expenses and deferred charges	24,226.	53	26,303.
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 8	127,426.	56	136,172.
57 a Land, buildings, and equipment: basis	57a 2,288,596.			
b Less: accumulated depreciation	57b 800,707.	1,529,757.	57c	1,487,889.
58 Other assets (describe ►)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	2,222,895.	59	2,180,311.	
Liabilities	60 Accounts payable and accrued expenses	71,767.	60	77,263.
	61 Grants payable		61	
	62 Deferred revenue	5,800.	62	18,326.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	211,833.	64b	196,702.
	65 Other liabilities (describe ► SEE STATEMENT 9)	6,592.	65	1,766.
66 Total liabilities. Add lines 60 through 65	295,992.	66	294,057.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,846,913.	67	1,817,696.
	68 Temporarily restricted	13,909.	68	0.
	69 Permanently restricted	66,081.	69	68,558.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,926,903.	73	1,886,254.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,222,895.	74	2,180,311.	

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a	Total revenue, gains, and other support per audited financial statements	a	1,773,551.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	5,217.
2	Donated services and use of facilities	b2	24,397.
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	29,614.
c	Subtract line b from line a	c	1,743,937.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12) Add lines c and d	e	1,743,937.

a	Total expenses and losses per audited financial statements		a	1,814,200.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	24,397.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	24,397.
c	Subtract line b from line a		c	1,789,803.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	1,789,803.

[illegible]

	Yes	No
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17

75b

x

75c

X

75d

X

(E) Expense account and other allowances	
--	--

	Yes	No
--	-----	----

76

x

77

x

78a

N/A

78h

79

x

N/A

81a

0

81b

x

For

Part VI Other Information (continued)

		Yes	No
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.)	82b	24,397.
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	X
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?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	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
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
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
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
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	X
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.
90 a	List the states with which a copy of this return is filed PA		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	49
91 a	The books are in care of EXECUTIVE DIRECTOR Telephone no 610-797-0530 Located at ALLENTOWN, PA ZIP + 4 18103		
b	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)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	10,011.	
96 Dividends and interest from securities			14	3,969.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-610.
101 Net income or (loss) from special events					40,793.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	17,609.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		31,589.	40,183.
105 Total (add line 104, columns (B), (D), and (E))					71,772.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	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)
100E	PROVIDES COUNSELING AND EMERGENCY SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Pam Russell Date: 10/4/06 Type or print name and title: Pam Russell Exec. Director

Paid Preparer's Use Only: Preparer's signature: S. Heller Date: 9/25/06 Check if self-employed: ☐ Preparer's SSN or PTIN:

Firm's name (or yours if self-employed), address, and ZIP + 4: CAMPBELL RAPPOLD & YURASITS LLP
1033 S CEDAR CREST BLVD
ALLENTOWN, PA 18103-5443

EIN: Phone no: (610) 435-7489

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 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**

OMB No 1545-0047

2005

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number

23 2100651

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE OVER \$50,000				
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE OVER \$50,000		0.
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

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 public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
Organizations 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 During 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," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment 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 you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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	<input type="checkbox"/>	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input type="checkbox"/>	A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7	<input type="checkbox"/>	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/>	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12	<input type="checkbox"/>	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)
13	<input type="checkbox"/>	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14	<input type="checkbox"/>	An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)
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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,730,494.	1,677,908.	1,772,435.	1,701,176.	6,882,013.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,106.	4,331.	10,632.	12,289.	35,358.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the 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. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	14,450.	9,219.	SEE STATEMENT 11 6,317.	-2,640.	27,346.
23 Total of lines 15 through 22	1,753,050.	1,691,458.	1,789,384.	1,710,825.	6,944,717.
24 Line 23 minus line 17	1,753,050.	1,691,458.	1,789,384.	1,710,825.	6,944,717.
25 Enter 1% of line 23	17,531.	16,915.	17,894.	17,108.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 138,894.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 6,944,717.
d Add: Amounts from column (e) for lines 18 <u>35,358.</u> 19 _____ 22 <u>27,346.</u> 26b _____					26d 62,704.
e Public support (line 26c minus line 26d total)					26e 6,882,013.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.0971%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A	(2004)	(2003)	(2002)	(2001)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A	(2004)	(2003)	(2002)	(2001)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>		
<hr/>		
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32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
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34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b 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	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** ☐ if the organization belongs to an affiliated groupCheck ☐ **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations**36** Total lobbying expenditures to influence public opinion (grassroots lobbying)**36**

N/A

37 Total lobbying expenditures to influence a legislative body (direct lobbying)**37****38** Total lobbying expenditures (add lines 36 and 37)**38****39** Other exempt purpose expenditures**39****40** Total exempt purpose expenditures (add lines 38 and 39)**40****41** Lobbying nontaxable amount Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

41**42** Grassroots nontaxable amount (enter 25% of line 41)**42****43** Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36**43****44** Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38**44****Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.

Exempt Organizations (See page 12 of the instructions)

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF MUTUAL FUNDS	44,874.	45,314.	0.	-440.
TO FORM 990, PART I, LINE 8	44,874.	45,314.	0.	-440.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
LAPTOP DISPOSAL	06/30/05	06/30/06	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	780.	950.	0.	0.	-170.
TO FM 990, PART I, LN 8	780.	950.	0.	0.	-170.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	18,430.		18,430.	7,975.	10,455.
WALK-A-THON	30,233.		30,233.	4,021.	26,212.
ANGEL CAMPAIGN	4,899.		4,899.	773.	4,126.
TO FM 990, PART I, LINE 9	53,562.		53,562.	12,769.	40,793.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	5,217.
TOTAL TO FORM 990, PART I, LINE 20	5,217.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SHELTER EXPENSE	14,969.	14,969.		
OTHER PROFESSIONAL FEES	13,871.	4,161.	9,710.	
ADMINISTRATIVE FEES/DUES	12,841.		12,841.	
DIRECT CLIENT ASSISTANCE	36,076.	36,076.		
PUBLIC RELATIONS	1,437.	1,437.		
MISCELLANEOUS	4,328.	2,084.	2,244.	
TOTAL TO FM 990, LN 43	83,522.	58,727.	24,795.	

FORM 990	OFFICER COMPENSATION ALLOCATION	STATEMENT	6
	PART II, LINE 25		

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
PRISCILLA RUSSELL	51,442.			
A. PROGRAM SERVICES	12,861.			12,861.
B. MANAGEMENT AND GENERAL	38,581.			38,581.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				12,861.
TOTAL MANAGEMENT AND GENERAL				38,581.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON LINE 25				51,442.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	7
	PART III		

EXPLANATION

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	8
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DESCRIPTION	VALUATION METHOD	AMOUNT
MUTUAL FUNDS	MARKET VALUE	136,172.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		136,172.

FORM 990	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		AMOUNT	
TENANT SECURITY DEPOSIT		1,766.	
CAPITAL LEASE OBLIGATION		0.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		1,766.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	10
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT	
CHRIS BASILE 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.
DR. JULIE DOSTAL 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	PRESIDENT 5.00	0.	0.	0.
EILEEN LEWIS 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	TREASURER 5.00	0.	0.	0.
DEBBIE ESHBACH 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.
DONNA GOSS 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.
ROBERT J. GRIM 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.
GINGER HOLKO 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.
ROGER MACLEAN 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.

HOPE PEARSON 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.
REV. SANDY NASH 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.
PEGGY HAYN 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.
DR CAROL SHINER WILSON 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	VICE PRESIDENT 5.00	0.	0.	0.
VALERIE PURINTON 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	SECRETARY 5.00	0.	0.	0.
JANET ULMAN 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.
LIZ REESE 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.
PRISCILLA RUSSELL 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	EXECUTIVE DIRECTOR 40.00	51,442.	0.	0.
ELIZABETH BODIEN 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.
LEAH FINLAYSON 444 E. SUSQUEHANNA STREET ALLENTOWN, PA 18103	DIRECTOR 5.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

51,442.

0.

0.

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	14,112.	3,652.	8,632.	13,131.
REALIZED GAIN-INVESTMENTS	338.	5,567.	-2,315.	-15,771.
TOTAL TO SCHEDULE A, LINE 22	14,450.	9,219.	6,317.	-2,640.

Fixed Asset Summary
June 30, 2006

	A/C #	Description	7/1/2005 Balance	Additions	In-Kind Additions	Disposals	6/30/2006 Balance
Assets							
	1110	Office Equipment	\$222,672 15	\$13,490 82		\$999 99	\$235,162 98
	1111	Vehicles	18,912 00				18,912 00
	1120	Home Furnishings	15,247 34	1,673.00			16,920 34
	1150	Bethlehem Bldg	331,560 24	785 00			332,345 24
	1160	Bethlehem Apt Bldg	179,158 31				179,158 31
	1170	Bethlehem Apt Bldg Imp	27,182 68				27,182 68
	1190	Bldg - Fountain Hill	917,291 54	8,900 00	2,433.57		928,625.11
	1191	Land - Fountain Hill	26,578 25				26,578 25
	1194	Fixed Assets - Fountain Hill	68,355 71		13,223 87		81,579 58
	1140	Susquehanna St Bldg	372,631 50				372,631 50
	1141	Susq St Property (Equip)	19,500 00				19,500 00
	1139	Susquehanna St Land	50,000 00				50,000 00
			<u>\$2,249,089 72</u>	<u>\$24,848 82</u>	<u>\$15,657 44</u>	<u>\$999 99</u>	<u>\$2,288,595 99</u>
				Total additions	<u>\$40,506.26</u>		
Accum. Depr.							
	1115	Office Equipment	\$172,415 34	\$14,505 35		\$50 01	\$186,870 68
	1116	Vehicles	18,912 00	0			18,912 00
	1125	House Furniture	13,104 20	409 25			13,513 45
	1155	Bethlehem Bldg	118,716 29	15906 83			134,623 12
	1165	Beth Apt Bldg	81,741 65	6410 71			88,152 36
	1175	Beth Apt Bldg Improvements	9,314 35	1087 05			10,401 40
	1195	Fountain Hill Bldg	257,059 68	24774 93			281,834 61
	1145	Susq St Bldg	40,176 04	15544 78			55,720 82
	1146	Susq St Prop	7,892 70	2,785 66			10,678 36
			<u>\$719,332 25</u>	<u>\$81,424 56</u>	<u>\$0 00</u>	<u>\$50 01</u>	<u>\$800,706 80</u>