

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

2008

Open to Public Inspection

A For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization TURNING POINT OF LEHIGH VALLEY, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 444 E. SUSQUEHANNA STREET City or town, state or country, and ZIP + 4 ALLENTOWN, PA 18103	D Employer identification number 23-2100651
F Name and address of principal officer: NANCY MCCULLAR SAME AS ABOVE			E Telephone number 610-797-0530
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			G Gross receipts \$ 1,907,219.
J Website: ▶ WWW.TPLV.ORG			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1970 M State of legal domicile: PA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: FOR THIRTY YEARS, TURNING POINT OF LEHIGH VALLEY HAS PROVIDED FREE, COMPREHENSIVE AND CONFIDENTIAL		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	58
6	Total number of volunteers (estimate if necessary)	6	226
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,867,419.	Current Year 1,814,119.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,020.	13,727.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,793.	66,154.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,958,232.	1,894,000.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,548,389.	1,537,357.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 58,838.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	386,102.	381,173.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,934,491.	1,918,530.
19	Revenue less expenses. Subtract line 18 from line 12	23,741.	-24,530.
20	Total assets (Part X, line 16)	Beginning of Year 2,213,965.	End of Year 2,132,193.
21	Total liabilities (Part X, line 26)	280,528.	250,074.
22	Net assets or fund balances. Subtract line 21 from line 20	1,933,437.	1,882,119.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer: <i>Nancy McCullar</i>	Date: 2/8/2010		
	NANCY MCCULLAR, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature: <i>Melissa A. Grube CPA</i>	Date: 01/22/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	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	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE MISSION OF TURNING POINT OF LEHIGH VALLEY IS: TO WORK TOWARD THE
ELIMINATION OF DOMESTIC VIOLENCE; TO EDUCATE THE COMMUNITY ABOUT THE
PROBLEM; AND TO EMPOWER VICTIMS OF DOMESTIC VIOLENCE BY PROVIDING
SHELTER AND SUPPORT SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes", describe these new services on Schedule O.

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

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 863,277. including grants of \$) (Revenue \$)

SHELTER SERVICES: TURNING POINT OPERATES TWO EMERGENCY SHELTERS - ONE
IN NORTHAMPTON COUNTY AND ONE IN LEHIGH COUNTY. PROVISION OF
EMERGENCY SHELTER TO VICTIMS IS COMPRISED OF THREE STRATEGIES:

(1) REMOVAL FROM THE DANGEROUS ENVIRONMENT. REMOVAL INVOLVES 24-HOUR
ACCESSIBILITY FOR VICTIMS, AN INFORMED COMMUNITY THAT UNDERSTANDS THE
SHELTER PROGRAM IN ORDER TO MAKE APPROPRIATE AND TIMELY REFERRALS, AND
A CULTURALLY COMPETENT PROGRAM TO ENSURE THE PROGRAM IS A WELCOMING
OPTION TO ALL. SOME VICTIMS ARE ABLE TO PREPARE FOR THEIR ESCAPE. IN
THESE CASES, TURNING POINT WILL WORK WITH THE VICTIM TO DEVELOP A
SAFETY PLAN FOR OPTIMUM PROTECTION.

4b (Code:) (Expenses \$ 294,725. including grants of \$) (Revenue \$)

COUNSELING SERVICES (INCLUDES HOTLINE/HELPLINE): IN FY 2009, 3,708
INDIVIDUALS CALLED OUR 24-HOUR HELPLINE FOR ASSISTANCE REGARDING
DOMESTIC VIOLENCE. VICTIMS AND THEIR CHILDREN RECEIVED A TOTAL OF
13,391 HOURS OF DIRECT COUNSELING SERVICES TO HELP THEM COPE WITH THE
VIOLENCE IN THEIR LIVES. COUNSELING SESSIONS FOCUS ON HELPING THE
INDIVIDUAL VICTIM TO RECOGNIZE THE DYNAMICS OF DOMESTIC VIOLENCE,
INCREASE HER SELF-AWARENESS AND SELF-CONCEPT, FINE-TUNE PROBLEM-SOLVING
AND DECISION-MAKING SKILLS, AND MOST IMPORTANTLY, AFFIRM THE
INDIVIDUAL'S BASIC RIGHT TO SAFETY, DIGNITY AND RESPECT. THE BARRIERS
INHERENT TO DOMESTIC VIOLENCE VICTIMS INCLUDE LOW-SELF ESTEEM,
ISOLATION FROM FRIENDS AND FAMILY, AND FEAR OF AN UNKNOWN FUTURE. OUR
STAFF USES AN EMPOWERMENT PHILOSOPHY TO ASSIST VICTIMS IN OVERCOMING

4c (Code:) (Expenses \$ 208,309. including grants of \$) (Revenue \$)

OUTREACH SERVICES: FROM JULY 2008 TO JUNE 30, 2009 TURNING POINT OF
LEHIGH VALLEY CONDUCTED 128 COMMUNITY EDUCATION EVENTS THAT REACHED
4,429 PEOPLE. FROM THESE 128 COMMUNITY EDUCATION EVENTS, THE
COORDINATORS OF EACH EVENT COMPLETED A SURVEY REGARDING OUR
PRESENTATIONS. THE RESPONDENTS WERE ASKED SEVERAL QUESTIONS OF
THOSE SURVEYED 95% STRONGLY AGREED/AGREED THAT THEIR KNOWLEDGE OF
DOMESTIC VIOLENCE INCREASED AS A RESULT OF THE TRAINING, WHEN ASKED THE
QUESTION, "TODAY'S PRESENTATION/TRAINING INCREASED MY KNOWLEDGE OF
DOMESTIC VIOLENCE" OF THOSE SURVEYED 81% INDICATED THEY WERE MORE
KNOWLEDGEABLE ABOUT HOW TO OBTAIN HELP FOR AN ABUSIVE RELATIONSHIP WHEN
ASKED THE QUESTION: "I LEARNED WHOM TO CONTACT FOR HELP WITH ABUSIVE
RELATIONSHIPS". LASTLY, 95% OF THE RESPONDENTS INDICATED THE

4d Other program services (Describe in Schedule O)

(Expenses \$ 255,611. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,621,922. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 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? <i>If "Yes," complete Schedule F, Part II</i>		X
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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	14	
b Enter the number of voting members that are independent	14	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **PA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **NANCY MCCULLAR, EXECUTIVE DIRECTOR - 610-797-0530**
444 E SUSQUEHANNA STREET, ALLENTOWN, PA 18103

Part VII 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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK ARNER DIRECTOR	5.00	X						0.	0.	0.
DR. JULIE DOSTAL DIRECTOR	5.00	X						0.	0.	0.
EILEEN LEWIS PRESIDENT	5.00	X		X				0.	0.	0.
LORI BAUER DIRECTOR	5.00	X						0.	0.	0.
DONNA GOSS DIRECTOR	5.00	X						0.	0.	0.
GINGER HOLKO DIRECTOR	5.00	X						0.	0.	0.
ROGER MACLEAN DIRECTOR	5.00	X						0.	0.	0.
HOPE PEARSON SECRETARY	5.00	X		X				0.	0.	0.
REV. SANDY NASH DIRECTOR	5.00	X						0.	0.	0.
PEGGY HAYN DIRECTOR	5.00	X						0.	0.	0.
DR CAROL SHINER WILSON DIRECTOR	5.00	X						0.	0.	0.
CATHERINE BARBELLA TREASURER	5.00	X		X				0.	0.	0.
MALIKA BROWN DIRECTOR	5.00	X						0.	0.	0.
LIZ REESE DIRECTOR	5.00	X						0.	0.	0.
ELIZABETH BODIEN DIRECTOR	5.00	X						0.	0.	0.
LEAH FINLAYSON DIRECTOR	5.00	X						0.	0.	0.
CHENITA THOMPSON-BROOKS DIRECTOR	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN TONER VICE PRESIDENT	5.00	X		X				0.	0.	0.
RENE RAWHOUSER DIRECTOR	5.00	X						0.	0.	0.
PRISCILLA RUSSELL EXEC. DIR. UNTIL 1/2009	40.00			X				57,807.	0.	7,810.
NANCY MCCULLAR EXEC. DIR. START 4/2009	40.00			X				0.	0.	0.
Bob Grimm	5.00			x				0.	0.	0.
Lori Sywensky	5.00			x				0.	0.	0.
1b Total								57,807.	0.	7,810.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	192,886.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	121,450.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	406,726.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		1,814,119.				
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		13,727.			13,727.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	72,348.				
		Less: direct expenses	b	13,219.				
		Net income or (loss) from fundraising events		59,129.	59,129.			
		9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b					
		Net income or (loss) from gaming activities						
		10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b					
		Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS	900099	7,025.	7,025.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		7,025.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,894,000.	66,154.	0.	13,727.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	59,784.	11,957.	47,827.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,147,327.	1,048,333.	64,404.	34,590.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	226,710.	203,527.	16,497.	6,686.
10 Payroll taxes	103,536.	91,257.	9,298.	2,981.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,750.	3,225.	7,525.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	24,746.	10,549.	14,197.	
12 Advertising and promotion	18,663.	11,132.	908.	6,623.
13 Office expenses	52,401.	33,093.	14,686.	4,622.
14 Information technology				
15 Royalties				
16 Occupancy	94,444.	69,696.	22,832.	1,916.
17 Travel	24,884.	22,317.	1,378.	1,189.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,207.	5,262.	714.	231.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	83,341.	62,506.	20,835.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>DIRECT CLIENT ASSISTANCE</u>	32,983.	32,983.	0.	0.
b <u>SHELTER EXPENSE</u>	14,227.	14,227.	0.	0.
c <u>ADMINISTRATIVE FEES/DUES</u>	13,225.	0.	13,225.	0.
d <u>MISCELLANEOUS</u>	5,302.	1,858.	3,444.	0.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,918,530.	1,621,922.	237,770.	58,838.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,609.	1	3,133.
	2 Savings and temporary cash investments	602,894.	2	510,628.
	3 Pledges and grants receivable, net	66,319.	3	160,783.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,494.	9	17,895.
	10a Land, buildings, and equipment, cost basis	10a 2,345,111.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,026,288.	1,376,590.	10c 1,318,823.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	144,059.	12	120,931.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,213,965.	16	2,132,193.	
Liabilities	17 Accounts payable and accrued expenses	98,471.	17	71,717.
	18 Grants payable		18	
	19 Deferred revenue	3,400.	19	7,405.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	177,935.	23	168,604.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	722.	25	2,348.
	26 Total liabilities. Add lines 17 through 25	280,528.	26	250,074.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,823,937.	27	1,752,619.
	28 Temporarily restricted net assets	3,500.	28	23,500.
	29 Permanently restricted net assets	106,000.	29	106,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,933,437.	33	1,882,119.
	34 Total liabilities and net assets/fund balances	2,213,965.	34	2,132,193.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number

23-2100651

Part I	Reason for Public Charity Status (All organizations must complete this part) (see instructions)
---------------	---

The organization is not a private foundation because it is: (Please check only **one** organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the organizations the organization supports

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1720873.	1672165.	1785481.	1867419.	1814119.	8860057.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	1720873.	1672165.	1785481.	1867419.	1814119.	8860057.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						138,791.
6 Public Support. Subtract line 5 from line 4						8721266.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1720873.	1672165.	1785481.	1867419.	1814119.	8860057.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,106.	13,980.	30,279.	30,020.	13,727.	96,112.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	72,461.	71,171.	67,001.	64,267.	79,373.	354,273.
11 Total support. Add lines 7 through 10						9310442.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	93.67 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.91 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. 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 ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. 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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 33 1/3% support tests - 2007. 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 ▶ <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>			

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

SPECIAL EVENTS

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization TURNING POINT OF LEHIGH VALLEY, INC	Employer identification number 23-2100651
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 444 E. SUSQUEHANNA STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ALLENTOWN, PA 18103	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

EXECUTIVE DIRECTOR

- The books are in the care of ► **444 E SUSQUEHANNA STREET - ALLENTOWN, PA 18103**
Telephone No. ► **610-797-0530** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number

23-2100651

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	63,575.				
b Contributions					
c Investment earnings or losses	-11,822.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	51,753.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► 100.00 %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		76,578.		76,578.
b Buildings		1,914,808.	772,819.	1,141,989.
c Leasehold improvements				
d Equipment		353,725.	253,469.	100,256.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				1,318,823.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
MUTUAL FUNDS	120,931.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	120,931.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
TENANT SECURITY DEPOSIT	2,348.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	2,348.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,894,000.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,918,530.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-24,530.
4	Net unrealized gains (losses) on investments	4	-26,788.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-26,788.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-51,318.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,867,212.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-26,788.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-26,788.
3	Subtract line 2e from line 1	3	1,894,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,894,000.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,918,530.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,918,530.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,918,530.

Part XIV 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, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: TO SUPPORT PROGRAMS AND SERVICES OF THE ORGANIZATION.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open To Public Inspection

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number

23-2100651

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
---------------	---

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		STEP OUT WALK (event type)	ANNIVERSARY (event type)	NONE (total number)	
Revenue	1 Gross receipts	49,975.	22,373.		72,348.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	49,975.	22,373.		72,348.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	6,822.	6,397.		13,219.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(13,219.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				59,129.

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

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

- 9 Enter the state(s) in which the organization operates gaming activities _____
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," Explain _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," Explain: _____
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility

13a %

b An outside facility

13b %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public
Inspection

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number

23-2100651

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total					▶ \$					

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HOPE PEARSON	HOPE PEARSON IS THE	0.	HOPE PEARSON		X

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number

23-2100651

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

SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN. OUR MISSION IS TO EDUCATE THE COMMUNITY ABOUT DOMESTIC VIOLENCE AND EMPOWER VICTIMS OF DOMESTIC VIOLENCE BY PROVIDING SHELTER AND SUPPORT SERVICES. VICTIMS AND THEIR SUPPORT CIRCLE ARE EMPOWERED THROUGH THE PROVISION OF A 24-HOUR HELPLINE, TWO EMERGENCY SHELTERS FOR VICTIMS AND THEIR CHILDREN, SUPPORT COUNSELING, COURT ADVOCACY TO PROVIDE ASSISTANCE THROUGH THE CRIMINAL JUSTICE SYSTEM, TRANSITIONAL HOUSING/LIVING FOR LONGER-TERM SUPPORT, AND A SATELLITE OFFICE LOCATED IN THE SLATE BELT FOCUSED ON ELIMINATING BARRIERS FOR RURAL BATTERED WOMEN. ALL TURNING POINT SERVICES ARE CONFIDENTIAL, OFFERED IN ENGLISH AND SPANISH AND ARE PROVIDED FREE OF CHARGE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

(2) PROVISION OF BASIC PHYSICAL AND EMOTIONAL NEEDS. RESIDENTS RECEIVE TANGIBLE GOODS SUCH AS FOOD, CLOTHING INCLUDING PAJAMAS, SLIPPERS, SWEAT SUITS, UNDERWEAR AND SOCKS, BED LINENS, DIAPERS AND WIPES, TOILETRIES, OVER-THE-COUNTER MEDICATIONS, TRANSPORTATION ASSISTANCE, TOYS AND STUFFED ANIMALS, STROLLERS, VOUCHERS FOR ADDITIONAL CLOTHING, AND LIMITED PRESCRIPTION ASSISTANCE. RESIDENTS HAVE 24-HOUR ACCESS TO STAFF, THE OPPORTUNITY TO PARTICIPATE IN ONE-ON-ONE AND GROUP COUNSELING, AND INTERACTION WITH OTHER RESIDENTS. STAFF MEET FORMALLY AND INFORMALLY WITH RESIDENTS TO PROMOTE AND BUILD RELATIONSHIPS.

(3) PREPARATION FOR MOVING BEYOND THE EMERGENCY SHELTER. TURNING POINT USES THE EMPOWERMENT MODEL, MEANING THAT VICTIMS ARE ENCOURAGED TO MAKE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number

23-2100651

THEIR OWN DECISIONS ABOUT THE DIRECTION THEY WANT TO TAKE AFTER LEAVING THE SHELTER. VICTIMS RECEIVE HELP FROM RESIDENT EDUCATORS WITH GOAL PLANNING, SAFETY PLANNING AND ARE GIVEN RESOURCES AND REFERRALS CONSISTENT WITH THEIR GOALS. ADDITIONAL HELP IS PROVIDED IN THE AREAS OF BUDGETING, PARENTING SKILLS, JOB SEEKING AND INTERVIEWING SKILLS.

TURNING POINT'S TWO EMERGENCY SHELTERS HAVE A CAPACITY OF 15 FAMILIES ON ANY GIVEN NIGHT WITH SEVEN BEDROOMS IN THE NORTHAMPTON COUNTY SHELTER AND EIGHT BEDROOMS IN THE LEHIGH COUNTY SHELTER. EACH FAMILY IS TOGETHER IN THEIR OWN BEDROOM, WHILE WOMEN WITHOUT CHILDREN SHARE ROOMS. BOTH SHELTERS HAVE COMMUNAL KITCHENS, LOUNGE AREAS, GROUP COUNSELING ROOMS, CHILDREN'S PLAYROOMS AND OUTSIDE PLAY YARDS. ON AVERAGE, ABUSE VICTIMS REMAIN IN THE EMERGENCY SHELTER FOR 16 DAYS (BASED UPON TURNING POINT'S 2008-09 AVERAGE LENGTH OF STAY STATISTICS). SHELTER IS AVAILABLE FOR 30 DAYS WITH EXTENSIONS POSSIBLE CONTINGENT ON VACANCY RATES AND VICTIM'S PROGRESS. ONE-HOUR NIGHTLY HOUSE MEETINGS ARE CONDUCTED BY THE STAFF TO ALLEVIATE THE DIFFICULTIES OF SHELTER LIVING AND TO CONDUCT LIFE SKILLS GROUPS. TO PROMOTE THE FEELING OF BEING PART OF THE SHELTER EACH RESIDENT ASSISTS WITH CHORES WHICH ARE CHOSEN AT HOUSE MEETINGS.

IN ORDER TO PROVIDE THE QUALITY COMPREHENSIVE SERVICES WE DO, COMPETENT AND CAPABLE STAFFING COMMITTED TO OUR MISSION IS A NECESSITY. OUR STAFF UPGRADES OR CREATES PROGRAMS IN RESPONSE TO IDENTIFIED CLIENT NEEDS WHICH CONTINUOUSLY IMPROVES SERVICES FOR VICTIMS AND THEIR CHILDREN. FOR EXAMPLE, LIFE SKILLS GROUPS ARE AMENDED CONTINGENT UPON

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number
23-2100651

WHAT'S MOST APPROPRIATE FOR THE CURRENT GROUP.

FROM JULY 1, 2008 THROUGH JUNE 30 2009, TURNING POINT SERVED 3,738

VICTIMS OF DOMESTIC VIOLENCE AND PROVIDED SHELTER TO 337 ADULTS AND 237

CHILDREN. UPON EXITING FROM THE EMERGENCY SHELTER AND/OR COUNSELING

SERVICES, OUR SERVICE RECIPIENTS ARE ASKED TO COMPLETE A CUSTOMER

SATISFACTION QUESTIONNAIRE. SHELTER RESIDENTS ARE ASKED THE QUESTION:

"AS A RESULT OF MY STAY IN THE SHELTER I AM BETTER ABLE TO PLAN FOR MY

SAFETY." OF THE 80 RESPONDENTS, 76 INDICATED THEY STRONGLY

AGREED/AGREED WITH THIS STATEMENT. OUR SURVEY INDICATES THAT 95% OF

THOSE SURVEYED WERE BETTER ABLE TO MANAGE THEIR SAFETY THAN BEFORE THEY

CAME TO THE SHELTER. KNOWING THAT 95% OF OUR RESPONDENTS FELT SAFER

AND BETTER ABLE TO MANAGE THEIR SAFETY IS A POSITIVE OUTCOME THAT MEETS

OR EXCEEDS OUR GOALS. RESIDENTS WERE ALSO ASKED THE QUESTION: "I KNOW

MORE ABOUT RESOURCES AVAILABLE TO ME THAN BEFORE I CAME TO THE

SHELTER". OF THE 80 RESPONDENTS, 70 INDICATED THEY STRONGLY

AGREED/AGREED WITH THIS STATEMENT. THIS TRANSLATES TO 87.5% OF THE

RESPONDENTS INDICATING THEIR SHELTER STAY WAS HELPFUL TO THEM.

IN JUNE, TURNING POINT RECEIVED THE FOLLOWING LETTER FROM A WOMAN WHO

HAD RESIDED IN OUR SHELTER, ALONG WITH HER THREE CHILDREN, FOR ABOUT 50

DAYS THIS PAST YEAR:

"MY NAME IS MARIA. I WOULD LIKE TO START BY SAYING HOW APPRECIATIVE I

AM OF THE TIME I WAS ALLOWED TO RESIDE HERE AT TURNING POINT ALONG WITH

MY 3 EQUALLY GRATEFUL CHILDREN. I FEEL VERY FORTUNATE TO HAVE SUCH

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number

23-2100651

CARING, WONDERFUL, CONCERNED INDIVIDUALS HELP ME THROUGH THE HARDEST TIME IN MY LIFE. THIS WAS ACTUALLY MY SECOND TIME AT TURNING POINT, BUT FROM THE MOMENT I ARRIVED AT YOUR DOOR STEP, BRUISED AND WOUNDED, I INSTANTLY KNEW THAT THIS TIME WAS DIFFERENT. MAYBE IT WAS SIMPLY BECAUSE I HAD ENOUGH OR BECAUSE I FELT MORE MATURE AND MENTALLY PREPARED OR MAYBE MY KIDS WERE THE BIGGEST FACTOR. EITHER WAY I COULD NOT HAVE BEEN MORE PREPARED FOR THE FIRST DAY OF THE REST OF MY LIFE IF IT WASN'T FOR YOU. ...THANK YOU FOR ALLOWING ME TO STAY AT TURNING POINT FOR AS LONG AS I DID. YOU EXTENDED MY STAY SEVERAL TIMES AND FOR THIS I'M SO GRATEFUL. PLEASE NEVER GIVE UP ON WOMEN LIKE ME BECAUSE THERE IS ALWAYS THAT ONE WHO DOES SURVIVE AND GETS OUT. I'M SURE; KNOWING THAT I AM SAFE AND HAPPY IS WHAT HELPS ALL OF YOU CONTINUE TO DO WHAT YOU DO. I PROMISE TO MAKE ALL YOU LADIES PROUD. FOR THE LAST TIME I WILL SAY, I AM NOW 11 WEEKS ABUSE FREE AND I OWE IT ALL TO YOU!"

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS
THESE BARRIERS AS WELL AS IN ACHIEVING PERSONAL GROWTH AND THE
CONFIDENCE TO SUCCEED INDEPENDENTLY.

SERVICES PROVIDED THROUGH THE COUNSELING PROGRAM INCLUDE:

- 1.HOTLINE/CRISIS COUNSELING SERVICES: 24 HOURS, 365 DAYS PER YEAR
- 2.INDIVIDUAL COUNSELING: UTILIZING AN EMPOWERMENT PHILOSOPHY THAT EDUCATES SO THAT WOMEN CAN MAKE INFORMED CHOICES ABOUT THEIR LIVES,
- 3.GROUP COUNSELING: GROUPS ARE AVAILABLE MONDAY THROUGH FRIDAY AT FOUR LOCATIONS. THESE SERVICES ARE OFFERED TO INDIVIDUALS WHO HAVE BEEN DIRECTLY VICTIMIZED.

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008
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THIS PROCESS IS DESIGNED TO BREAK THE CYCLE OF DOMESTIC VIOLENCE AND, AS A RESULT, CREATE A SAFER AND MORE STABLE INDIVIDUAL, FAMILY, COMMUNITY, AND ULTIMATELY SOCIETY. WHEN INDIVIDUALS ARE ABLE TO RECOGNIZE POSITIVE CHARACTERISTICS OF SELF AND HEALTHY RELATIONSHIPS, THEY CAN BUILD ON THESE SKILLS TO ENSURE A SAFE AND STABLE ENVIRONMENT BY REDUCING THE EFFECTS OF VICTIMIZATION FOR SELF AND FAMILY. COUNSELORS INCREASED THE ABILITY TO RECOGNIZE POSITIVE CHARACTERISTICS OF SELF AND OF A POSITIVE INTERPERSONAL RELATIONSHIP FOR 60% OF INDIVIDUAL ADULTS SERVED AS MEASURED BY THE CLIENT'S ABILITY TO LIST AN AVERAGE OF SIX POSITIVE CHARACTERISTICS OF SELF AND CHARACTERISTICS OF HEALTHY RELATIONSHIPS BETWEEN FIRST AND THIRD SESSIONS. IT SHOULD BE NOTED THAT ONLY 10% WERE UNABLE TO LIST POSITIVE CHARACTERISTICS OF SELF ON PRE-TEST.

CLIENT COMMENTS

"I HAD BEEN MARRIED TO AN ABUSIVE MAN WHO WAS DRUNK MOST OF THE TIME. MY SON WAS NINE WHEN I LEFT MY HUSBAND AND WAS RELIEVED. THE STRESS OF LIVING WITH SOMEONE YOU ARE TERRIFIED OF IS BEYOND BELIEF. IF NOT FOR TURNING POINT I DON'T KNOW IF I WOULD BE ALIVE AT THIS TIME. TURNING POINT GAVE ME SOMEWHERE TO GO AND TALK ABOUT MY LIFE AND HOW MY SON AND I WERE AFFECTED BY IT. COUNSELING HELPED ME REALIZE I DESERVED BETTER, AND SO DID MY SON. TURNING POINT GAVE ME THE STRENGTH TO TAKE MY SON AND MYSELF OUT OF AN ABUSIVE SITUATION AND GIVE US A CHANCE TO LIVE A PEACEFUL AND FULFILLING LIFE. NOW THAT I HAVE LEFT MY HUSBAND I CONTINUE COUNSELING AT TURNING POINT FOR SUPPORT. MY SELF ESTEEM IS

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MUCH HIGHER AND MY HEALTH IS ON THE REBOUND. MY SON UNDERSTANDS WHY I
TOOK US OUT OF OUR HOME. HE ALSO HAS BEEN COUNSELED AND NOW HE DOESN'T
SEEM AS NERVOUS AS HE USED TO BE. HE IS MORE RELAXED. MY DIVORCE IS
NOT FINAL AT THIS POINT AND I STILL HAVE A LONG WAY TO GO TO GET MYSELF
AND MY SON FINANCIALLY AND EMOTIONALLY SECURE. I WILL CONTINUE TO LEAN
ON TURNING POINT FOR AS LONG AS I NEED THEIR SUPPORT." SINCERELY J.S.

"IF YOU THINK THERE IS NOWHERE TO RUN AND NOWHERE TO HIDE, THINK AGAIN.
TURNING POINT HAS HELPED ME AND MY KIDS TREMENDOUSLY. I DON'T KNOW
WHAT I WOULD HAVE DONE WITHOUT THEIR HELP AND COUNSELING FOR ME AND MY
CHILDREN. WHEN I FINALLY HAD ENOUGH GUTS TO LEAVE MY VIOLENT, ABUSIVE
HUSBAND I DECIDED TO NEVER LOOK OR GO BACK. BEING ABLE TO TALK TO
OTHERS WHO SHARE THE SAME TYPE OF SITUATIONS SIMILAR TO MINE, HAS MADE
THE PAIN SLOWLY DISAPPEAR. I KNOW THAT ME AND MY CHILDREN STILL HAVE A
WAY TO GO YET, BUT WE ALWAYS KNOW THAT IF TIMES GET ROUGH AND TOUGH,
TURNING POINT CAN HELP US. I OWE THE MEMBERS OF TURNING POINT SO, SO
MUCH FOR BEING THERE TO SUPPORT US AND I HOPE THAT SOMEDAY, SOMEHOW,
THERE WILL BE A WAY FOR WHICH I CAN REPAY THEM FOR ALL OF THE WONDERFUL
GIFTS AND SUPPORT FOR WHICH THEY HAVE PROVIDED US WITH." SINCERELY,
LAURA

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS
PRESENTATIONS WERE HELPFUL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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RURAL SERVICES: DOMESTIC VIOLENCE VICTIMS RESIDING IN RURAL AREAS FACE OBSTACLES NOT NECESSARILY ENCOUNTERED IN URBAN SETTINGS. TO ADDRESS THE DUAL CHALLENGES OF ACCESS TO SERVICES AND INCREASING COMMUNITY SUPPORT FOR VICTIMS OF DOMESTIC VIOLENCE IN THE SLATE BELT AREA, TURNING POINT OF LEHIGH VALLEY OPERATES A RURAL SERVICES OUTREACH PROGRAM.

THE RURAL SERVICES PROGRAM IS GEARED TO PROVIDE DIRECT RESOURCES TO VICTIMS OF DOMESTIC VIOLENCE IN THE SLATE BELT AREA BY PROVIDING ENHANCED ACCESS TO TURNING POINT'S SERVICES VIA AN "800" NUMBER, TRANSPORTATION ASSISTANCE AND A LOCAL PRESENCE (RURAL SERVICES DIRECTOR) WHO IS A VISIBLE AND TRUSTED MEMBER OF THE COMMUNITY. COUNSELING IS BASED ON AN EMPOWERMENT MODEL OFFERING OPTIONS, SUPPORT AND UNDERSTANDING AS THE VICTIM MAKES HER OWN CHOICES ABOUT HER RELATIONSHIP. ALL SERVICES ARE FREE AND COMPLETELY CONFIDENTIAL.

IN THE PAST TWELVE MONTHS THE RURAL OUTREACH PROGRAM HAS COUNSELED 38 VICTIMS OF ABUSE, HELD EIGHT SESSIONS OF ITS SUPPORT GROUP AND ACCOMPANIED TWELVE WOMEN TO COURT. THE PROGRAM VOLUME HAS REACHED A LEVEL WHERE WE ADDED A PART-TIME CLERK TO ASSIST IN THE BACK OFFICE SO THE RURAL SERVICES DIRECTOR COULD MEET WITH ADDITIONAL CLIENTS. IN THE PAST 12 MONTHS THE RURAL OUTREACH DIRECTOR HAS CONDUCTED 33 PRESENTATIONS IN THE COMMUNITY ON FAMILY VIOLENCE, HEALTHY RELATIONSHIPS, AND DATING VIOLENCE REACHING OVER 500 PEOPLE. TO INCREASE COMMUNITY SUPPORT, THE DIRECTOR OF RURAL OUTREACH IS ACTIVE IN THE COMMUNITY, CONSISTENTLY EDUCATING ABOUT DOMESTIC VIOLENCE WHILE

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ENSURING THAT COMMUNITY MEMBERS ARE AWARE THAT SHE IS A RESOURCE FOR VICTIMS.

THE SUCCESS OF THE PROGRAM IS BEST CAPTURED BY A WOMAN WHO ACCESSED TURNING POINT THROUGH THE RURAL OUTREACH PROGRAM: "FRIENDS ENCOURAGED ME TO CALL TURNING POINT. THEY TOLD ME A COUNSELOR WAS BEING PLACED IN PEN ARGYL AND GAVE ME HER PHONE NUMBER. LITTLE DID I KNOW THAT SHE AND THE LOCATION OF THE OFFICE WOULD BE A GOD SEND. I HONESTLY DON'T KNOW IF I COULD HAVE COME FOR COUNSELING IN THE CITY. EVERYTHING AND EVERYBODY MADE ME AFRAID. PEN ARGYL IS JUST UP THE ROAD AND LOCATED IN A "PEACEFUL SETTING". I THANK GOD EVERYDAY FOR THE SUPPORT AND CARING BY LORNA AS I CONTINUE TO DEAL WITH MY PFA, CRIMINAL ACTION, DIVORCE AND AN UNCERTAIN FUTURE. LORNA AND THE PEN ARGYL LOCATION IS AN ASSET TO YOUR ORGANIZATION!"

EXPENSES \$ 51450. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COURT SERVICES: TURNING POINT'S SERVICES ARE DESIGNED TO PROVIDE ALL VICTIMS WITH THE NECESSARY TOOLS TO BREAK THE CYCLE OF VIOLENCE. FOR EXAMPLE, OUR COURT ADVOCATES OFFER INFORMATION TO VICTIMS SEEKING A PROTECTION FROM ABUSE (PFA) ORDER AND ARE ASSISTING EACH PERSON TO WALK AWAY FROM THE VIOLENCE. THE PFA IS A VITAL COMPONENT OF PROVIDING SAFETY TO VICTIMS OF DOMESTIC VIOLENCE AS THEY WORK TO REGAIN THEIR PHYSICAL, SOCIAL AND ECONOMIC DIGNITY (WWW.PCADV.ORG). IT WON'T STOP A BULLET OR KNIFE, BUT IT CAN SIGNIFICANTLY ENHANCE A VICTIM'S SAFETY BY DETERRING FURTHER INCIDENTS OF PHYSICAL OR SEXUAL ABUSE, HOLDING THE BATTERER ACCOUNTABLE FOR HIS/HER ACTIONS, AND DEMONSTRATING THAT THE VICTIM HAS THE SUPPORT OF THE LEGAL SYSTEM WHILE LEGITIMIZING HER RIGHT

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TO LIVE FREE FROM VIOLENCE. IT IS ALSO EMPOWERING TO GO THROUGH THE PFA PROCESS. TO THE VICTIM, COMPLETING THE PROCESS SIGNIFIES THAT THEY HAVE TAKEN STEPS TO REGAIN CONTROL OF THEIR LIFE. THEY HAVE ACCESSED THE JUDICIAL SYSTEM, BEEN HEARD AND GARNERED PROTECTION.

TURNING POINT'S LEHIGH COUNTY COURT ADVOCATES MEET WITH VICTIMS TO EXPLAIN THE OPTION OF OBTAINING A PROTECTION FROM ABUSE (PFA) ORDER. THEY ALSO PROVIDE COURT ACCOMPANIMENT TO VICTIMS DURING PFA HEARINGS, AND ORIENTATIONS TO THE CRIMINAL JUSTICE SYSTEM. OUR ADVOCATES INTERACT WITH LEGAL SERVICES, COURT PERSONNEL, POLICE AND PROBATION ON BEHALF OF OUR CLIENTS. OUR ADVOCATES ESTABLISH PROFESSIONAL RELATIONSHIPS WITH VARIOUS DISTRICT JUSTICES, JUDGES AND ATTORNEYS AND VISIT LOCAL POLICE DEPARTMENTS AND MAGISTRATES TO DISCUSS PROTECTION FROM ABUSE PROCEDURES AND IMPROVEMENTS IN DELIVERY, INFORMATION OR REFERRAL SYSTEMS.

TURNING POINT COURT ADVOCATES STAFF THE LEHIGH COUNTY COURTHOUSE FIVE DAYS A WEEK. ADVOCATES PROVIDE VICTIMS WITH INFORMATION ABOUT THE PFA PROCESS, PREPARE VICTIMS FOR HEARINGS AND OFFER COURT ACCOMPANIMENT. AS THE PFA IS JUST ONE OF SEVERAL POTENTIAL SAFETY MEASURES, ADVOCATES PROVIDE VICTIMS WITH REFERRALS TO APPROPRIATE TURNING POINT AND OTHER SOCIAL SERVICES. THEY ASSIST WITH THE COMPLETION OF CRIME VICTIM'S COMPENSATION APPLICATIONS AND TAKE INSTANT PHOTOS TO DOCUMENT INJURIES, WHICH MAY DISAPPEAR PRIOR TO THE FINAL HEARING. ALL COURT ADVOCACY SERVICES ARE FREE, CONFIDENTIAL AND AVAILABLE IN ENGLISH AND SPANISH.

IN THE PROGRAM YEAR 2008-2009; TURNING POINT COURT ADVOCATES

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ACCOMPANIED 1,321 PEOPLE IN THE PFA PROCESS.

• OF THOSE 499 WERE GRANTED A FORMAL PFA AND ANOTHER 678 WERE GRANTED A TEMPORARY PFA. THUS, 89% OF THE VICTIMS THE COURT ADVOCATES ACCOMPANIED WERE AWARDED PFA'S.

• WHILE SOME OF THE VICTIMS FILING FOR PFA'S ALREADY HAD A RELATIONSHIP WITH TURNING POINT, MANY FIRST HEARD OF TURNING POINT THROUGH THE COURT ADVOCATES. OF THE 1321 PEOPLE SERVED BY THE COURT ADVOCATES, THERE WERE 260 NEW FEMALES AND 125 NEW MALE VICTIMS WHO LEARNED OF TURNING POINT AND OUR COUNSELING AND SHELTER PROGRAMS, WHICH COULD FURTHER ASSIST THEM.

• AMONG THE VICTIMS CONTACTING US THROUGH THE COURT, 1034 AVAILABLE THEMSELVES OF OUR CRISIS COUNSELING IN ADDITION TO OUR PFA ACCOMPANIMENT.

• ILLUSTRATING THAT THE PFA PROCESS INVOLVES ABUSERS WHO DO NOT RESPECT THEIR INTIMATE PARTNERS OR THE COURT SYSTEM, 128 OF THE ABUSERS WERE BROUGHT BACK TO CRIMINAL COURT FOR CONTEMPT OF PFA HEARINGS.

WE ARE OFTEN ABLE TO OFFER ADDITIONAL ASSISTANCE TO VICTIMS THROUGH THE VARIOUS FUNDS THAT WE MANAGE. ONE WOMAN, WHO HAS TWO DAUGHTERS, AGES 12 AND 9, WORKED WITH OUR COURT ADVOCATES THESE PAST FEW MONTHS TO FILE HER PFA. DUE TO THE VIOLENT NATURE OF HER ABUSER SHE DECIDED THE BEST OUTCOME FOR HER AND HER DAUGHTERS WERE TO RELOCATE TO RELATIVES IN FLORIDA. TURNING POINT USED OTHER FUNDS TO PAY FOR HER RELOCATION TO FLORIDA. AT THE FINAL COURT HEARING SHE SAID TO THE COURT ADVOCATE:

"AFTER FOUR LONG YEARS I FEEL LIKE THIS BIG HEAVY WEIGHT HAS BEEN LIFTED FROM ME. THANK YOU FOR HELPING ME START A NEW LIFE WITH MY

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DAUGHTERS."

EXPENSES \$ 204161. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD IS GIVEN A COPY OF THE 990 PRIOR TO ITS BOARD MEETING WITH INSTRUCTIONS TO CAREFULLY REVIEW THE COMPLETED 990. AT THE BOARD MEETING, BOARD MEMBERS ARE GIVEN A CHANCE TO ASK QUESTIONS TO FURTHER THEIR UNDERSTANDING OF THE DOCUMENT. THE REVIEW OF THE 990 BY THE BOARD OF DIRECTORS IS RECORDED IN THE MINUTES OF THE MEETING. THIS REVIEW OCCURS PRIOR TO FILING OF THE 990.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST STATEMENT IS SIGNED BY EACH PERSON UPON ELECTION TO THE BOARD OF DIRECTORS. ANNUALLY, THE BOARD MEMBERS COMPLETE A NEW CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS A SALARY SURVEY EACH YEAR TO BENCHMARK TPLV SALARY STRUCTURE AGAINST SIMILAR NONPROFITS IN PENNSYLVANIA. TYPICALLY THE HR COMMITTEE UTILIZES THE SALARY SURVEYS PREPARED BY THE PENNSYLVANIA ASSOCIATION OF NONPROFITS (PANO) AND OTHER STUDIES BY SIMILAR ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

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(A) NAME OF PERSON: HOPE PEARSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

HOPE PEARSON IS THE SECRETARY OF THE BOARD OF DIRECTORS OF THE ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: HOPE PEARSON IS A VICE PRESIDENT AT

SOVEREIGN BANK WHERE THE ORGANIZATION HAS A CHECKING ACCOUNT. SHE

REMOVES HERSELF FROM THE BOARD MEETING WHEN/IF THE ORGANIZATION'S BANKING

RELATIONSHIP IS UNDER DISCUSSION OR UP FOR A VOTE.