

# 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

**2009**

Open to Public Inspection

**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C</b> Name of organization <b>TURNING POINT OF LEHIGH VALLEY, INC</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>444 E. SUSQUEHANNA STREET</b> City or town, state or country, and ZIP + 4 <b>ALLENTOWN, PA 18103</b> <b>F</b> Name and address of principal officer <b>ELLEN K. MOONEY</b> <b>SAME AS ABOVE</b>	<b>D</b> Employer identification number <b>23-2100651</b> <b>E</b> Telephone number <b>610-797-0530</b> <b>G</b> Gross receipts \$ <b>1,773,258.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>WWW.TPLV.ORG</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1970</b> <b>M</b> State of legal domicile: <b>PA</b>	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>FOR OVER THIRTY YEARS, TURNING POINT OF LEHIGH VALLEY HAS PROVIDED FREE, COMPREHENSIVE AND</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>58</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>200</b>
<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>1,814,119.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>1,705,973.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>13,727.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>6,126.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>53,756.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>1,894,000.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>1,765,855.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>1,537,357.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>1,493,118.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>55,995.</b>	<b>b</b>	<b>55,995.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>17</b>	<b>381,173.</b>
<b>18</b>	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>478,259.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>1,918,530.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>1,971,377.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>250,074.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>-205,522.</b>
<b>23</b>		<b>23</b>	<b>2,132,193.</b>
<b>24</b>		<b>24</b>	<b>2,074,757.</b>
<b>25</b>		<b>25</b>	<b>261,627.</b>
<b>26</b>		<b>26</b>	<b>1,882,119.</b>
<b>27</b>		<b>27</b>	<b>1,813,130.</b>

**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.			
<b>Sign Here</b>	Signature of officer <i>Ellen K. Mooney</i>	Date <b>11/12/2010</b>	
	<b>ELLEN K. MOONEY, INTERIM EXECUTIVE DIRECTOR</b> Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Melissa A. Grube CPA</i> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>CAMPBELL RAPPOLD &amp; YURASITS LLP</b> <b>1033 S CEDAR CREST BLVD</b> <b>ALLENTOWN, PA 18103-5443</b>	Date <b>11/11/10</b> Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <b>EIN ▶</b> Phone no. ▶ <b>(610) 435-7489</b>

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

**Part III Statement of Program Service Accomplishments**

- 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 \$ 860,233. 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 \$ 321,548. including grants of \$ ) (Revenue \$ )

**COUNSELING SERVICES (INCLUDES HOTLINE/HELPLINE): IN FY 2009-2010, 3,289 CALLS WERE RECEIVED BY OUR 24-HOUR HELPLINE FOR ASSISTANCE REGARDING DOMESTIC VIOLENCE. VICTIMS AND THEIR CHILDREN RECEIVED A TOTAL OF 12,600 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/HIS 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**

- 4c (Code: ) (Expenses \$ 139,485. including grants of \$ ) (Revenue \$ )

**OUTREACH SERVICES: FROM JULY 2009 TO JUNE 30, 2010 TURNING POINT OF LEHIGH VALLEY CONDUCTED 48 COMMUNITY EDUCATION EVENTS THAT REACHED 1,779 PEOPLE.**

- 4d Other program services. (Describe in Schedule O)

(Expenses \$ 223,853. including grants of \$ ) (Revenue \$ )

- 4e Total program service expenses \$ 1,545,119.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
<b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	<b>X</b>	
<b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>Yes</b> <b>X</b>	<b>No</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
<b>15</b> 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>		<b>X</b>
<b>16</b> 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>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>

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**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> 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>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> 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>		<b>X</b>
<b>35</b> 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>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
<b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	13	
<b>b</b> Enter the number of voting members that are independent	13	
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> 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>b</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. **▶**

**ELLEN K MOONEY - 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

(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			
EILEEN LEWIS PRESIDENT	5.00	X		X				0.	0.	0.
HOPE PEARSON SECRETARY/VICE PRES.	5.00	X		X				0.	0.	0.
CATHERINE BARBELLA TREASURER	5.00	X		X				0.	0.	0.
RENE RAWHOUSER SECRETARY	5.00	X		X				0.	0.	0.
LORI BAUER DIRECTOR	5.00	X						0.	0.	0.
LAURIE BREY DIRECTOR	5.00	X						0.	0.	0.
SYLVIA DOYLE DIRECTOR	5.00	X						0.	0.	0.
STEPHEN FELDMAN DIRECTOR	5.00	X						0.	0.	0.
LEAH FINLAYSON DIRECTOR	5.00	X						0.	0.	0.
COREY GOFF DIRECTOR	5.00	X						0.	0.	0.
PEGGY HAYN DIRECTOR	5.00	X						0.	0.	0.
ROGER MACLEAN DIRECTOR	5.00	X						0.	0.	0.
MARGARET MCCONNELL DIRECTOR	5.00	X						0.	0.	0.
LIZ REESE DIRECTOR	5.00	X						0.	0.	0.
CHENITA THOMPSON-BROOKS DIRECTOR	5.00	X						0.	0.	0.
MARK ARNER DIRECTOR	5.00	X						0.	0.	0.
MALIKA BROWN 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			
DANIELLE GRUPPO DIRECTOR	5.00	X						0.	0.	0.
JOHN TONER VICE PRESIDENT	5.00	X		X				0.	0.	0.
NANCY MCCULLAR EXECUTIVE DIRECTOR	40.00			X				41,285.	0.	3,697.
<b>1b Total</b>								<b>41,285.</b>	<b>0.</b>	<b>3,697.</b>

**2** Total number of individuals (including but not limited to those listed above) 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
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**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 but not limited to those listed above) 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	187,135.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,180,892.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	337,946.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f	▶ 1,705,973.					
	Program Service Revenue	2 a _____		Business Code			
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)	▶		6,126.		
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d 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	56,557.	49,154.			49,154.
	b Less: direct expenses	b	7,403.				
	c Net income or (loss) from fundraising events	▶					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c 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						
c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS		900099	4,602.	4,602.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d	▶		4,602.				
12 Total revenue. See instructions.	▶		1,765,855.	4,602.	0.	55,280.	

**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
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	68,794.	34,398.	34,396.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,115,370.	949,821.	139,907.	25,642.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits	210,265.	177,221.	28,330.	4,714.
<b>10</b> Payroll taxes	98,689.	83,806.	12,630.	2,253.
<b>11</b> Fees for services (non-employees).				
<b>a</b> Management				
<b>b</b> Legal	99.	27.	72.	
<b>c</b> Accounting	11,150.	3,010.	8,140.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	43,830.	11,904.	31,926.	
<b>12</b> Advertising and promotion	26,646.	8,620.	3,726.	14,300.
<b>13</b> Office expenses	68,091.	32,612.	30,157.	5,322.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	124,339.	99,273.	22,288.	2,778.
<b>17</b> Travel	21,090.	17,560.	2,793.	737.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,070.	2,353.	3,468.	249.
<b>20</b> Interest	12,054.	3,014.	9,040.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	80,976.	60,732.	20,244.	
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> <u>DIRECT CLIENT ASSISTANCE</u>	43,196.	43,196.		
<b>b</b> <u>SHELTER EXPENSE</u>	16,081.	16,081.		
<b>c</b> <u>ADMINISTRATIVE FEES/DUES</u>	13,212.		13,212.	
<b>d</b> <u>MISCELLANEOUS</u>	11,425.	1,491.	9,934.	
<b>e</b> _____				
<b>f</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24f	1,971,377.	1,545,119.	370,263.	55,995.
<b>26</b> 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
<b>Assets</b>	1 Cash - non-interest-bearing	3,133.	1	34,563.
	2 Savings and temporary cash investments	510,628.	2	355,530.
	3 Pledges and grants receivable, net	160,783.	3	133,827.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	17,895.	9	18,860.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 2,379,517.		
	b Less: accumulated depreciation	10b 1,107,264.	10c 1,318,823.	1,272,253.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	120,931.	12	259,724.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,132,193.	16	2,074,757.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	71,717.	17	94,230.
	18 Grants payable		18	
	19 Deferred revenue	7,405.	19	8,400.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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	168,604.	23	158,616.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,348.	25	381.
	26 <b>Total liabilities.</b> Add lines 17 through 25	250,074.	26	261,627.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,752,619.	27	1,581,034.
	28 Temporarily restricted net assets	23,500.	28	0.
	29 Permanently restricted net assets	106,000.	29	232,096.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	1,882,119.	33	1,813,130.
	34 <b>Total liabilities and net assets/fund balances</b>	2,132,193.	34	2,074,757.

Form 990 (2009)

**Part XI** Financial Statements and Reporting1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

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 line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes No

2a X

2b X

2c X

3a X

3b X

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

# 2009

**Open to Public Inspection**

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number

23-2100651

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) See instructions
---------------	---

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 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).**

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 Part III )

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

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 supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1672165.	1785481.	1867419.	1814119.	1705973.	8845157.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1672165.	1785481.	1867419.	1814119.	1705973.	8845157.
<b>5</b> 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)						39,355.
<b>6 Public support.</b> Subtract line 5 from line 4						8805802.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	1672165.	1785481.	1867419.	1814119.	1705973.	8845157.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,980.	30,279.	30,020.	13,727.	6,126.	94,132.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	71,171.	67,001.	64,267.	79,373.	61,159.	342,971.
<b>11 Total support.</b> Add lines 7 through 10						9282260.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	94.87 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	93.67 %
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ..						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests - 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- ▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

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 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 the 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	51,753.	63,575.			
b Contributions					
c Net investment earnings, gains, and losses	4,466.	-11,822.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	56,219.	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) Accumulated depreciation	(d) Book value
1a Land	76,578.			76,578.
b Buildings	1,924,482.		947,784.	976,698.
c Leasehold improvements				
d Equipment	378,457.		159,480.	218,977.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,272,253.

Schedule D (Form 990) 2009

**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		
Closely-held equity interests		
Other		
<b>MUTUAL FUNDS</b>	<b>133,628.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>OUTSIDE PERPETUAL TRUSTS</b>	<b>126,096.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)</b>	<b>259,724.</b>	

**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
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)</b>		

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

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

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

(a) Description of liability	(b) Amount
1 Federal income taxes	
<b>TENANT SECURITY DEPOSIT</b>	<b>381.</b>
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)</b>	<b>381.</b>

2. FIN 48 Footnote. 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.



Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

### Open To Public Inspection

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. Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations  
b ☐ Internet and 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 entries (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

- 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 NONE	(d) Total events (add col. (a) through col. (c))
		STEP-OUT (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	56,457.			56,457.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	56,457.			56,457.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,403.			7,403.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 7,403 )
	11 Net income summary. Combine line 3, column (d), and line 10				49,054.

**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				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 1, column (d), and line 7					

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** Enter 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 of the third party

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**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)

Complete if the organization 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.**

Complete if the organization 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
<b>Total</b>				▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

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

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 VIC	0.	HOPE PEARSO		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

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:

CONFIDENTIAL 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 SUCH AS PAJAMAS, SLIPPERS, SWEAT  
SUITS, UNDERWEAR AND SOCKS, BED LINENS, DIAPERS AND WIPES, TOILETRIES,  
OVER-THE-COUNTER MEDICATIONS, TRANSPORTATION ASSISTANCE, TOYS,  
STROLLERS, VOUCHERS FOR ADDITIONAL CLOTHING, AND LIMITED PRESCRIPTION  
ASSISTANCE. RESIDENTS HAVE 24-HOUR ACCESS TO STAFF, THE OPPORTUNITY TO  
PARTICIPATE IN INDIVIDUAL 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. RESIDENTS ARE ENCOURAGED TO MAKE THEIR OWN



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number  
23-2100651

DECISIONS ABOUT THE DIRECTION THEY WANT TO TAKE AFTER LEAVING THE  
SHELTER. THEY RECEIVE HELP FROM SHELTER STAFF WITH GOAL PLANNING,  
SAFETY PLANNING AND ARE GIVEN RESOURCES AND REFERRALS CONSISTENT WITH  
THEIR GOALS. ADDITIONAL HELP IS PROVIDED WITH LIFE-SKILLS INCLUDING:  
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 30 DAYS  
(BASED UPON TURNING POINT'S 2009-10 AVERAGE LENGTH OF STAY STATISTICS).  
SHELTER IS AVAILABLE FOR 30 DAYS WITH EXTENSIONS POSSIBLE CONTINGENT ON  
VACANCY RATES AND RESIDENT'S PROGRESS. NIGHTLY 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.

IN ORDER TO PROVIDE THE QUALITY COMPREHENSIVE SERVICES WE DO, COMPETENT  
AND CAPABLE STAFF 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 WHAT'S MOST  
APPROPRIATE FOR THE CURRENT GROUP.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

TURNING POINT OF LEHIGH VALLEY, INC

Employer identification number

23-2100651

FROM JULY 1, 2009 THROUGH JUNE 30 2010, TURNING POINT SERVED 3,693

VICTIMS OF DOMESTIC VIOLENCE AND PROVIDED SHELTER TO 187 ADULTS AND 169

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 47 RESPONDENTS, 43 INDICATED THEY STRONGLY

AGREED/AGREED WITH THIS STATEMENT. OUR SURVEY INDICATES THAT 91% OF

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

CAME TO THE SHELTER. KNOWING THAT 91% 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 47 RESPONDENTS, 41 INDICATED THEY STRONGLY

AGREED/AGREED WITH THIS STATEMENT. THIS TRANSLATES TO 87% OF THE

RESPONDENTS INDICATING THEIR SHELTER STAY WAS HELPFUL TO THEM.

THE FOLLOWING IS ONE WOMAN'S STORY FROM OUR SHELTER THIS PAST SPRING:

A YOUNG WOMAN HAD ESCAPED FROM HER DRUNK AND HORRIBLY VIOLENT HUSBAND.

FOR 20 YEARS, A.N. HAD BEEN ABUSED, TERRIFIED AND HUMILIATED IN EVERY

IMAGINABLE WAY, INCLUDING BEING IMPRISONED- HANDCUFFED TO HER HUSBAND

AT HOME AND IN THE COMMUNITY. ONE NIGHT HE DRANK TO EXCESS, BECAME

CARELESS, AND FORGOT TO HANDCUFF HER BEFORE PASSING OUT. A.N. TOOK HER

BIG CHANCE TO ESCAPE. CLUTCHING A SMALL PACKED BAG, A LITTLE BIT OF

MONEY, AND AN UNTRACEABLE THROW AWAY CELL PHONE, SHE TIPTOED OUT OF THE

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

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APARTMENT AND RAN TO A PLACE WHERE SHE WAS ABLE TO CALL TURNING POINT'S  
HELPLINE.

ALL A.N. WANTED AT THIS POINT WAS TO START A NEW LIFE IN A NEW PLACE  
WHERE HER ABUSER WOULD NOT BE ABLE TO FIND HER. TURNING POINT WORKED  
WITH A.N., CONTACTING OTHER DOMESTIC VIOLENCE PROGRAMS, TO FIND A SAFE  
PLACE FOR HER. WE FOUND A SHELTER THAT WAS DELIGHTED TO ACCEPT HER. WE  
PROVIDED BOTH COUNSELING AND CASEWORK TO ASSIST IN HER RELOCATION AND  
RESTARTING HER LIFE, SAFE AND SOUND.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OVERCOMING THESE BARRIERS AS WELL AS IN ACHIEVING PERSONAL GROWTH AND  
THE CONFIDENCE TO SUCCEED INDEPENDENTLY.

SERVICES PROVIDED THROUGH THE COUNSELING PROGRAM INCLUDE:

1.HELPLINE/CRISIS COUNSELING SERVICES: 24 HOURS, 365 DAYS PER YEAR

2.INDIVIDUAL COUNSELING: UTILIZING AN EMPOWERMENT PHILOSOPHY THAT  
OFFERS OPTIONS, SUPPORT AND EDUCATION SO THAT PROGRAM PARTICIPANTS 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.

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. ONE

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HUNDRED PERCENT OF GROUP COUNSELING CLIENTS REPORTED THAT THE

ASSISTANCE THEY RECEIVED WAS HELPFUL OR VERY HELPFUL.

**CLIENT COMMENTS**

"I HAVE FOUND THAT FROM MY VERY FIRST VISIT TO GROUP, I FELT WELCOMED.

THE WOMEN WHO ARE IN THIS GROUP ARE SO LOVING AND NURTURING, DESPITE

EVERYONE'S LIFE SITUATION. THERE'S A TRUE SENSE OF COMPASSION AND

KINSHIP WITH THE MEMBERS OF THE GROUP. I'M A VERY OPEN AND HONEST

PERSON AND IT WAS ONLY THE LAST YEAR AND A-HALF THAT I ACTUALLY FEEL I

HAVE A VOICE. IT'S BEEN RATHER LIBERATING FOR ME TO FINALLY STAND UP

FOR MYSELF. IT'S RATHER AMAZING TO WITNESS EVERY WOMAN'S STRENGTH AND

COURAGE.

THERE'S AN IMMEDIATE CONNECTION FELT UPON SPEAKING TO THE COUNSELOR.

SHE HAS A WONDERFUL WAY ABOUT HER. SHE'S GOT A COMPASSIONATE AND

CARING HEART. HER WORDS ARE SOFTLY SPOKEN WITH A DELIVERY OF IMMENSE

CONCERN FOR WHOM SHE'S SPEAKING TO. NOT ONLY IS SHE KIND AND A GOOD

LISTENER, SHE'S DRIVEN TO GET THE ANSWERS FOR THE QUESTIONS PRESENTED

TO HER.

I FEEL SO VERY FORTUNATE AND BLESSED TO BE A MEMBER OF THE GROUP.

SINCERELY, AH

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

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

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**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 COUNSELOR  
ADVOCATE) 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  
VICTIMS OF ABUSE, HELD SESSIONS OF ITS SUPPORT GROUP AND ACCOMPANIED  
WOMEN TO COURT. IN THE PAST 12 MONTHS THE RURAL OUTREACH COUNSELOR HAS  
CONDUCTED 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  
ENSURING THAT COMMUNITY MEMBERS ARE AWARE THAT SHE IS A RESOURCE FOR  
VICTIMS.

EXPENSES \$ 61206. 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

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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

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, AS WELL AS ACCOMPANIMENT 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,

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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 2009-2010; TURNING POINT COURT ADVOCATES

ACCOMPANIED PEOPLE TO 2,185 COURT HEARINGS IN THE PFA PROCESS INCLUDING

885 TEMPORARY PFA HEARINGS, 1,299 FINAL HEARINGS AND ONE EMERGENCY

HEARING.

OF THE PEOPLE SERVED BY THE COURT ADVOCATES, THERE WERE 1,578 ADULT

VICTIMS WHO LEARNED OF TURNING POINT AND OUR COUNSELING AND SHELTER

PROGRAMS, WHICH COULD FURTHER ASSIST THEM. IN ADDITION, COURT

ADVOCATES PROVIDED ACCOMPANIMENT AT 316 INDIRECT CRIMINAL CONTEMPT,

PRELIMINARY HEARINGS AND ADDITIONAL CRIMINAL HEARINGS.

EXPENSES \$ 162647. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: 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

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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:

(A) NAME OF PERSON: HOPE PEARSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

HOPE PEARSON IS VICE PRESIDENT OF THE ORGANIZATION BOARD OF DIRECTORS

(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.