# \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

<u> </u>	OF LIN	and ending	JUN 30, ZUZI	
B	Check if pplicabl	C Name of organization  TURNING POINT WOMEN'S COUNSELING AND	D Employer identification number	
_	Addre	SS 3 DIZOGA GIZ GERYEED TAZG		
$\vdash$	Name chang	THE PARTY OF THE COUNTY OF THE CARDON	45-4043191	
	Initial return		te E Telephone number	
Т	Final	15 WYNDER BROOKE BRIVE	(717) 755-8876	
	termin			404.
	Amen-		H(a) Is this a group return	
	Application	F Name and address of principal officer: ANDER WAGNAN		ΧNο
	pendir	SAME AS C ABOVE	H(b) Are all subordinates included? Yes	
1 7	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or 5	27 If "No," attach a list, See instruction	
		te: > WWW.TURNINGPOINTYORK.ORG	H(c) Group exemption number ▶	
		organization: X Corporation	ar of formation: 2011 M State of legal dom	iicile: PA
Pε	art I	Summary		
a)	1	Briefly describe the organization's mission or most significant activities: TO PROVID		<u>R</u>
Activities & Governance		SUPPORT SERVICES TO WOMEN SURVIVORS OF CHILD !		
Ë	2	Check this box   if the organization discontinued its operations or disposed of mo	re than 25% of its net assets.	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		10
প্র	4	Number of independent voting members of the governing body (Part VI, line 1b)		10
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		12
₹	6	Total number of volunteers (estimate if necessary)	6	40
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
Revenue	١,		Prior Year Current Ye	
	8	Contributions and grants (Part VIII, line 1h)		844.
	9	Program service revenue (Part VIII, line 2g)		905.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	121
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		880.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,524.	0.
		Development of the control of the co	0.	0.
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		262.
Expenses	16a	Professional fundralsing fees (Part IX, column (A), line 11e)	0.	0.
e E	b	Total fundraising expenses (Part IX, column (D), line 25) ► 464.		
찣	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	109,410. 85,	609.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		871.
		Revenue less expenses, Subtract line 18 from line 12		009.
50,			Beginning of Current Year End of Ye	
Net Assets or Find Balances	20	Total assets (Part X, line 16)		324.
ASS	21	Total liabilities (Part X, line 26)		360.
<u>=</u> =	22	Net assets or fund balances. Subtract line 21 from line 20	389,955. 455,	964.
Pa	art II	Signature Block		
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my knowledge and bel	ief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepared	er has any knowledge. 🕠	
		May Gooding-Kine	3/17/22	Sign
Sigi	n	Signature of officer	Dat∉ /	
Her	е	DEBRA GOODLING-KIME, FINANCE DIRECTOR		
		Type or print name and title		
_	_	Print/Type preparer's name Preparer's signature	Date   Check   PTIN	
Paid			03/14/22 self-employed P012695	
	arer	Firm's name RKL LLP	Firm's EIN ► 23-210817	3
Use	Only	Firm's address 3501 CONCORD ROAD, STE 250	545 040 000	
		YORK, PA 17402	Phone no. 717 – 843 – 380	
May	/ the II	RS discuss this return with the preparer shown above? See instructions	X Yes	└── No

Form	TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.	45-4043191 Page 2
_	art III Statement of Program Service Accomplishments	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III	X
1		
•	PROVIDE COUNSELING AND OTHER SUPPORT SERVICES TO WOMEN	SURVIVORS OF
	CHILD SEXUAL ABUSE, TO PROVIDE EDUCATION TO THE YORK, P.	
	ABOUT CHILD SEXUAL ABUSE, AND TO PROVIDE SUBSIDIZED COU	
	SERVICES TO CLIENTS WHO ARE IN NEED OF SERVICES BUT ARE	
2		101 11522 10
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
_	·	? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	? res 🔼 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported.	000 405
4a		enue \$ 280,405.
	PROVIDED INDIVIDUAL, GROUP AND ART THERAPY SERVICES TO	
	DURING THIS FISCAL YEAR. THE THERAPY SERVICES WERE SEV	
	STYLES - RANGING FROM INDIVIDUAL SESSIONS, ART SESSIONS	
		URNING POINT HAD
	A TOTAL OF 1,389 DIFFERENT SESSIONS PROVIDED.	
4b	O (Code:) (Expenses \$ including grants of \$) (Rev	enue \$
	•	
	·	
4c	C (Code:) (Expenses \$ including grants of \$) (Rev	enue \$

4d Other program services (Describe on Schedule O.)

including grants of \$233,026 . ) (Revenue \$ Total program service expenses 4e

Page 3

### TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.

Form 990 (2020)

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)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

### TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.

Form 990 (2020) ADVOCACY CENTER INC.

Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (P.) line 27 if "Yes," complete Schedule (P. Part I and IV.)  23 Did the organization awave "Yes" to Part IVI, Section A, line 8, 4, or 8 about compensation of the organization current and former of lines, directors, structures, key employees, and highest compensated employees? If "Yes," complete Schedule K if "No." go to rive 25e.  24 Did the organization have at ax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines \$140 through 24d and complete Schedule K if "No." go to rive 25e.  25 Did the organization invest any procoeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization invest any procoeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization invest any procoeds of tax-exempt bonds beyond a temporary period exception?  26 Section 50(16), 500(16)49, and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25e.  27 Section 50(16), 500(16)49, and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction wave that the page of an excess benefit transaction wave that the page of an excess benefit transaction wave that the page of any excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that the page of an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that the page of an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that the page of an excess benefit transaction with a disqualified person in a prior year, and that the transaction wave that the page of any exception of a prior transaction wave that the page of a				Yes	No
23 Dit the organization answer "Yes" to Part VII, Seation A, Jims 3, 4, or 5 about compensation of the organization's current and former officers, directors, trusteoses, key employees, and highest compensated employees?   24 Bit 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?   25 Part VIII (1965) of Jims 25 and 1965 of Jims 25 and 1965 of Jims 26 and 2009;   26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization maintain an escrive account other than a refunding scrivou at any time during the year?   26 Did the organization maintain an escrive account other than a refunding scrivou at any time during the year?   27 Did the organization and as an "on behalf of issuer for bonds outstanding at any time during the year?   28 Section 501(63), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?   28 Section 501(63), 501(6)(4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization spriver forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I   256 X   X   256 X   256 X   257 X   257 X   257 X   257 X   257 X   258	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II and the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25s.  24s.  24b.  Did the organization mixet any proceeds of faxexempt bonds beyond a temporary period exception?  24c.  Did the organization mixet any proceeds of faxexempt bonds beyond a temporary period exception?  24d.  25a. Section \$01(c)(3), \$01(c)(4), and \$01(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified preson during the year?  24d.  b is the organization area an "on behalf of" issuer for bonds outstanding at any time during the year?  24d.  b is the organization area an an 'on behalf of" issuer for bonds outstanding at any time during the year?  24d.  b is the organization expend any anomal of any of the organization with a disqualified preson in a prior year, and that the transaction with a disqualified preson in a prior year, and that the transaction has not been reported on any of the organization with a disqualified preson in a prior year, and that the transaction has not been reported on any of the organization with an outside the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			22		X
Schedule J. Who, "go to line 25a.  29	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," sanswer lines 24th through 24th and complete Schedule K. If "No." go to line 25e.  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization invest any account other than a refunding secror vs at any time during the year to defease any tax-exempt bonds?  24d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Sa Section 501(x)3, 501(x)4), and 501(x)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a In the organization avare that It organged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I  25b Did the organization provide a grant or other assistant a contributor, or 35% or to so 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  25c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of country member of any of these persons? If "Yes," complete Schedule L, Part IV  26c Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  27c In structors, for applicable fling thresholds, conditions, and exceptions);  28d A 35% controlled entity of one or more individuals and ordificians, and exceptions;  28d A 35% controlled entity of one or more individuals and ordificians, and exceptions;  28d Did the organization receive more than 352,000 in non cash contributors? If "Yes, comple		•			<sub>v</sub>
standard or of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." got in line 25a  b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c) Did the organization maritaria an escrow account other than a refunding ascrow at any time during the year?  d) Did the organization analysis and 501(x)29 and 5	04-		23		
Schedule K. If 'No.' go to line 25a	24a				
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?  246  258 Section 501(03), 501(04), 401 (04), and 501(0)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I  259			04-		v
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?  24d   25a Section 501(c)3), 801(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part 1					Α.
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   24d   25a   Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a   X   5ab   St the organization waver that it engaged in an excess benefit and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   25a   X   25b   St the organization waver that it engaged in an excess benefit and its disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   25b   X   27b   2		• • • • • • • • • • • • • • • • • • • •	240		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 50(16)(8), 50(16)(4), and 50(16)(29) organizations. Did the organization negage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I    25a X  25b Is the organization waver that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not not any of the organization is prior forms 900 or 990 E27 If "Yes," complete Schedule I, Part I    25b Z Schedule I, Part I    25c Ordinary of these persons? If "Yes," complete Schedule I, Part I    25c Ordinary of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity finching an employee thereof, a grant selection committee member, or to a 35% controlled entity finching an employee thereof, a grant selection committee member, or to a 35% controlled entity finching an employee thereof, a grant selection committee member, or to a 35% controlled entity finching an employee thereof, a grant selection committee member, or to a 35% controlled entity finching an employee thereof, a grant selection committee member, or to a 35% controlled entity finching an employee thereof, a grant selection committee member, or to a 35% controlled entity finching thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part II    25c A 35% controlled entity of one or more individuals and/or organization described in lines 28a or 28b7 If "Yes," complete Schedule I, Part IV    25d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV    25d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II	C		240		
25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?   If "Yes," complete Schedule L, Part I   25a   X   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 from that it has a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ?   If "Yes," complete Schedule L, Part I   25b   X   25b   27b	٨				
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be 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 sprior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV and Amount of the parties of t			24u		
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee three of) or fitness persons? If "Yes," complete Schedule L, Part II I Part II P	h		200		
Schedule L, Part I	-				
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 X  29 A soft promember of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  20 A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X  20 Did the organization receive corret than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive corret than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 31 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  35 Did the organization have a c			25b		X
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 A 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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV a National Part IV, Iline 1 A National Part IV a National Pa	26	·			
controlled entity or family member of any of these persons?      "Yes," complete Schedule L, Part					
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof), a grant selection committee member, or to a 35% cohedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IIV instructions, for applicable filing thresholds, conditions, and exceptions):  29 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Wes, "complete Schedule L, Part IV 28 A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 rd 301.7701-28 rf. "Yes," complete Schedule R, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 rd 301.7701-37 rf. "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 32 Did the organization own 100% of the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? rf. "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? rf. "Yes," complete Schedule R, Part V, line 2 35 Did the organization organization receive any pay			26		Х
antity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X  31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 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? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a, did the organizations on the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 35b  37 Did the organization conduct more than 5% of its activities through an entity that is not a relate	27	, , ,			
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):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  B A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  C A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.  28b X  28b X  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30.1.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I.  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  35 Did the organization onduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization conduct more than 5% of its		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  b If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization mean 5% of its activities through an entity that is not a related organization?  The part V Statements Regarding Other IRS		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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contributions? If "Yes," complete Schedule M  Jid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Jid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Jid the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Jid Tyes," complete Schedule R, Part V, Iine 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  Jid the organization conduct more than 59% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Jid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 fillers are required to complete Schedule O  Ja Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Check if Schedule O contains a response or note to any line in this Part V  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?	29	,	29		X
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  36 X  X  37 X  X			334		├ <del></del>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Tentre the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  36 X  X  X  X  A  A  A  A  A  A  A  A  A  A	-		35b		
If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  11 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  11 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	36				
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  The Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 X			36		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X			37		Х
Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	38				
Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X		Note: All Form 990 filers are required to complete Schedule O	38	X	
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  Yes No  To X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable     1a     7       b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X		Check if Schedule O contains a response or note to any line in this Part V			X
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	1a				
(gambling) winnings to prize winners?	b	Effect the number of Forms wild an infinite rate Effect of information	-		
	С				
		(gambling) winnings to prize winners?	1c		<u></u>

O20) ADVOCACY CENTER INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
<b>2</b> a	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		37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		Х				
<b>h</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes." enter the name of the foreign country	4a		Λ				
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X				
were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).	6b						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/					
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year? N/A	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a  Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b							
b 14	, , , , , , , , , , , , , , , , , , , ,							
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders N/A 11a							
h	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.			77				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
-	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	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 on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b								
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	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?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
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?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$							
18	18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) av							
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	DEBRA GOODLING-KIME - (717) 755-8876							
	15 WYNTRE BROOKE DRIVE, YORK, PA 17403							

# TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.

Form 990 (2020) ADVOCACY CENTER INC. 45-4

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

Check if Schedule O contains a response or note to any line in this Part VII

45-4043191

Page 7

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

• 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.

See instructions for the order in which to list the persons above.

(A)	(B)	organization compensate (C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	l than d	one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is to officer and a director/t			s both	an	compensation	compensation	amount of
	week (list any		55, 41,				,	from the	from related organizations	other compensation
	hours for	director				_		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization
	organizations	trust	nal tru		oyee	om pe		,		and related
	below	Individual trustee or	Institutional trustee	Jec	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(1) AMBER WAGMAN	39.75									
EXECUTIVE DIRECTOR	0.25			Х				53,692.	0.	0.
(2) DEBRA STOCK (UNTIL 5/2020)	39.75									
EXECUTIVE DIRECTOR	0.25			Х				4,765.	0.	488.
(3) CAROLYN SCHAEFER	3.00									_
BOARD CHAIR	0.25	Х		Х				0.	0.	0.
(4) JODY KELLER	1.00									
VICE CHAIR	0.25	Х		Х				0.	0.	0.
(5) JANE H. SCHUSSLER	3.00									
SECRETARY	0.25	Х		Х				0.	0.	0.
(6) NATE STERNER	1.00									_
BOARD MEMBER	0.25	Х						0.	0.	0.
(7) ALICE MULDROW	1.00									_
BOARD MEMBER	0.25	Х						0.	0.	0.
(8) MICHAEL KING	1.00									_
BOARD MEMBER	0.25	Х						0.	0.	0.
(9) NANCY PENDERGAST-HERBST	1.00									
BOARD MEMBER	0.25	Х						0.	0.	0.
(10) ALYCE SOFFER(START 7/1/20)	1.00									
BOARD MEMBER	0.25	Х						0.	0.	0.
(11) SUSAN CRAWFORD-CHARTERS	1.00									_
BOARD MEMBER - START 7/1/2020	0.25	Х						0.	0.	0.
(12) VICKIE CHRONISHER(START 7/1/20)	1.00									
BOARD MEMBER	0.25	Х						0.	0.	0.
_					_					
					<u> </u>					
		l								
										<b>5 990</b> (222)

032007 12-23-20 Form **990** (2020)

45-4043191

Par	t VII Section A. Officers, Directors, Trus	1	oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)	(C) Position			(D)	(E)			(F)				
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	· ·		l	stimate nount	
		week					is botl or/trus		from	from related		اما	other	Oi
		(list any	ector						the	organizations		l .	pensa	
		hours for related	or dir	99			sated		organization	(W-2/1099-MISC	;)	l .	om th	
		organizations	trustee	al trust		yee	mpen		(W-2/1099-MISC)			ı ~	anizat d relat	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizati	ons
		line)	ib	lust	Officer	Key	E E	Бл						
											$\dashv$			
							-							
											$\neg$			
			•											
							$\vdash$				$\dashv$			
			•											
1b	Subtotal	l				<u> </u>		<b></b>	58,457.		0.		4	88.
	Total from continuation sheets to Part VI							•	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	58,457.		0.	488		88.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable				,
	compensation from the organization										—		Yes	No
3	Did the organization list any <b>former</b> officer,	director trust	ا مد	(AV 6	mnl	love	e or	hia	thest compensated emp	lovee on	1		162	NO
3	line 1a? If "Yes," complete Schedule J for s	-		•	•	•		_		•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
5	Did any person listed on line 1a receive or a	•				•			ed organization or individ	dual for services				
Soc	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J f	or su	ıch ı	oers	on					5		X
1	Complete this table for your five highest co	mnensated inc	lene	nder	nt co	ntr	acto	re th	nat received more than \$	100 000 of compe	nea	tion fr		
•	the organization. Report compensation for										Hoai	tion in	5111	
	(A)	,							(B)			((	C)	
	Name and business	address	N	ONE	3				Description of s	ervices		compe	nsatio	n
								_						
	Total number of independent contractors (	noludina but =	o+ !!-	nito-	4 +c -	tha	20 110	+0~	abovo) who received	oro than				
2	Total number of independent contractors (ii		אנ וור	ııııeC	ו נט	tnos	_	ieu	above) who received mo	וומוו				

Form 990 (2020)
Part VIII ADVOCACY CENTER INC. Statement of Revenue

		Check if Schedule O contains a response or note to any	line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
(0, (0	4 .	Federated campaigns 1a 1,050	)			
Contributions, Gifts, Grants and Other Similar Amounts			<del>'</del>			
Gra Jou		Membership dues	<del>,                                    </del>			
S, (	•	Fundraising events 1c 65,15	<u>'-</u>			
ar E	(	Related organizations 1d				
s, ( mi	•	e Government grants (contributions) 1e 14,100	) •			
Sign	1	All other contributions, gifts, grants, and				
he		similar amounts not included above 1f 58,53	7.			
ĕ₹		Noncash contributions included in lines 1a-1f				
S P		Total. Add lines 1a-1f	138,844.			
<u> </u>		Business Co				
	•	TATE TATE OF THE T		263,905.		
<u>ic</u>	2 8	· · · · · · · · · · · · · · · · · · ·	203,903.	203,903.		
er.	ı	)				
S c	•	·				
an Sev	(	d				
Program Service Revenue	•	)				
P	1	All other program service revenue				
	9	Total. Add lines 2a-2f	<b>≥</b> 263,905.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	•			
	4	Income from investment of tax-exempt bond proceeds				
	5	• •				
	3	Royalties (ii) Real (ii) Persona				
	_	16 500	11			
	6 8	Gross rents 6a 16,500.				
		Less: rental expenses 6b 0 .				
	•	Rental income or (loss) 6c 16,500.	11 - 11	1		
	•	Net rental income or (loss)	<u>▶ 16,500.</u>	16,500.		
	7 8	a Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory   7a				
	-	Less: cost or other basis				
ē		and sales expenses <b>7b</b>				
enr		Gain or (loss) 7c				
ě		Net gain or (loss)				
Other Revenue		Gross income from fundraising events (not				
뀵	0 (	including \$65,157.				
0						
		contributions reported on line 1c). See				
		Part IV, line 18 8a 11,155				
		Less: direct expenses 8b 15,524				4 252
	•	Net income or (loss) from fundraising events	<u>-4,369.</u>			-4,369.
	9 a	Gross income from gaming activities. See				
		Part IV, line 199a				
	1	Less: direct expenses9b				
		Net income or (loss) from gaming activities	•			
		Gross sales of inventory, less returns				
		and allowances 10a				
		Less: cost of goods sold 10b				
-	(	Net income or (loss) from sales of inventory  Business Co	de			
2			ue			
eor Ie	11 8	·		-		
an en	ı	·				
cell ev	(					
Miscellaneous Revenue	(	All other revenue				
	•	Total. Add lines 11a-11d	<b>&gt;</b>			
	12	Total revenue. See instructions	<u>▶ 414,880.</u>	280,405.	0.	-4,369.

# TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.

Form 990 (2020)

Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon	se or note to any line in								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	44,619.	35,454.	9,165.						
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	197,812.	165,180.	32,632.						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	20,831.	16,384.	4,447.						
11	Fees for services (nonemployees):									
а	Management									
b	Legal	360.		360.						
С	Accounting	11,715.		11,715.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	1 050	1 050							
	column (A) amount, list line 11g expenses on Sch O.)	1,250.	1,250. 525.		020					
12	Advertising and promotion	757.		4 510	232.					
13	Office expenses	10,851. 6,192.	6,100.	4,519. 3,250.	232.					
14	Information technology	0,192.	2,942.	3,250.						
15	Royalties	17,423.	1,991.	15,432.						
16	Occupancy	17,443.	1,331.	13,434.						
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
10	Conferences, conventions, and meetings	178.	168.	10.						
19 20		5,620.	100.	5,620.						
21	Payments to affiliates	5,020		3,020.						
22	Depreciation, depletion, and amortization	23,157.		23,157.						
23	Insurance	7,665.	2,799.	4,866.						
24	Other expenses. Itemize expenses not covered	, , , , , ,	,	,						
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	TRAINING AND EDUCATION	441.	233.	208.						
b										
С										
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	348,871.	233,026.	115,381.	464.					
26	<b>Joint costs.</b> Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (2000)					

Form 990 (2020)
Part X Balance Sheet

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to any	/ line in this Part X		<u> </u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			29,490.	1	61,166
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			83,483.	3	56,537
	4	Accounts receivable, net		6,575.	4	13,595	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9				1,682.	9	3,594
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	527,663.			
	b	Less: accumulated depreciation		25,231.	510,698.	10c	502,432
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	631,928.	16	637,324
	17	Accounts payable and accrued expenses			62,983.	17	13,310
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer offic	er, director,			
≝		trustee, key employee, creator or founder, sub	ostantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese perso	ons		22	
	23	Secured mortgages and notes payable to unr	elated thir	d parties	164,890.	23	168,050
	24	Unsecured notes and loans payable to unrela-			14,100.	24	0
	25	Other liabilities (including federal income tax,	payables t	to related third			
		parties, and other liabilities not included on lin	nes 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			241,973.	26	181,360
"		Organizations that follow FASB ASC 958, c	heck here	• <b>▶</b> X			
če		and complete lines 27, 28, 32, and 33.			204 455		422.254
ᄪ	27				324,457.		430,964
<u>8</u>	28	Net assets with donor restrictions			65,498.	28	25,000
S I		Organizations that do not follow FASB ASC	958, che	ck here 🕨 🔙			
Ē		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			200 055	31	455 064
₽	32	Total net assets or fund balances			389,955.	32	455,964
	33	Total liabilities and net assets/fund balances			631,928.	33	637,324

Form **990** (2020)

# TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.

Form 990 (2020) ADVOCACY CENTER INC.

Part XI Reconciliation of Net Assets

45-4043191 Page **12** 

	Teodicination of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					Ш		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2				71.		
3	Revenue less expenses. Subtract line 2 from line 1	3		66	5,0	09.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		389	9,9	55.		
5	5 Net unrealized gains (losses) on investments 5							
6								
7								
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		455	5,9	64.		
Pa	rt XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII					X		
	,				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X 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?			2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:	011 4						
	Separate basis X Consolidated basis Both consolidated and separate basis							
h	Were the organization's financial statements audited by an independent accountant?			2b		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			20				
	consolidated basis, or both:	basis,				1		
	Separate basis Consolidated basis Both consolidated and separate basis							
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit						
C	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
				20				
2-	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Aud	III.	2-		x		
	Act and OMB Circular A-133?		<del> </del>	3a				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		- 1					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		i		

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
TURNING POINT WOMEN'S COUNSELING AND

ADVOCACY CENTER INC.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

45-4043191

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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### 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		ı				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		, ,			, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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 VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	•				501(c)(3)	
	organization, check this box and <b>stop</b>	here			•		
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2020 (lin	ne 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualit	ies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	t. The organizatio	on qualifies as a pu	ublicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the	e facts-and-circun	nstances test, che	eck this box and st	<b>top here.</b> Explain i	in Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	▶□
18	Private foundation. If the organization	ı did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	<b>&gt;</b>

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picade comp	1010 1 411 11.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	, ,	, ,	, ,	,	.,	
	include any "unusual grants.")	110,284.	129,061.	115,452.	462,005.	138,844.	955,646.
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	86,583.	35,822.		240,030.		
3	Gross receipts from activities that	•		,	-		
	are not an unrelated trade or business under section 513	7,100.	4,680.	6,140.	4,930.	11,155.	34,005.
4	Tax revenues levied for the organ- ization'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						
	Total. Add lines 1 through 5	203,967.	169,563.	166,619.	706,965.	413,904.	1661018.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	14,005.	43,590.	12,240.	4,700.	2,250.	76,785.
k	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						0.
(	Add lines 7a and 7b	14,005.	43,590.	12,240.	4,700.	2,250.	76,785.
	Public support. (Subtract line 7c from line 6.)						1584233.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	203,967.	169,563.	166,619.	706,965.	413,904.	1661018.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	203,967.	169,563.	166,619.	706,965.	413,904.	1661018.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
80							<b>&gt;</b>
	ction C. Computation of Publi			- I (A)		45	95.38 %
	Public support percentage for 2020 (li			.,,		15	0.1 0.0
	Public support percentage from 2019 ction D. Computation of Inves					16	91.08 %
	Investment income percentage for 20			ne 13 column (f))		17	.00 %
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						► V
k	33 1/3% support tests - 2019. If the	-	-		•		
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	rted organization	<b>&gt;</b>
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	ructions	

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
n 990 or 90	00 EZ	0000

Par	T IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
•	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion of Type it Supporting Organizations		I.,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			l
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		i
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.	I <b>-</b>		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		3a		
b	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	1 3 II 100, GOSCHOCIII the fole played by the organization in this regard.			

### TURNING POINT WOMEN'S COUNSELING AND

Schedule A (Form 990 or 990-EZ) 2020 ADVOCACY CENTER INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t v   Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	<u>ied)                                    </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	1	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
ее	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

### TURNING POINT WOMEN'S COUNSELING AND

45-404<u>3191 Page 8</u> Schedule A (Form 990 or 990-EZ) 2020 ADVOCACY CENTER INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2020 ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.

**Employer identification number** 

OMB No. 1545-0047

45-4043191

Organization type (check one):							
Filers of:		Section:					
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	10-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: O	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
TURNING POINT WOMEN'S COUNSELING AND
ADVOCACY CENTER INC.

Employer identification number

45-4043191

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,406.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 5 , 000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	Training and doug title all 1 1	\$14,100.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
TURNING POINT WOMEN'S COUNSELING AND
ADVOCACY CENTER INC.

Employer identification number

45-4043191

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Employer identification number Name of organization TURNING POINT WOMEN'S COUNSELING AND 45-4043191 ADVOCACY CENTER INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year

No.			
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gift	
	Transferee's name, address, ar		Relationship of transferor to transferee
	,,		
lo. n t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	<u></u>
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I	(b) i dipose oi giit	(c) 030 of gift	(a) Description of now gift is field
-			
		(e) Transfer of gift	<u> </u>
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_   =			_
	_	(e) Transfer of gift	
	_		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.

**Employer identification number** 45-4043191

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	an be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic s	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated b	by the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handlir	ng of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing	g conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing con	servation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	pense statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.		
Par			or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or researcl	h in furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these	e items.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement	and balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	n furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(m)		<b>.</b> .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for fin	ancial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assats included in Form 900 Part V		

# TURNING POINT WOMEN'S COUNSELING AND

Schedule D (Form 990) 2020 ADVOCACY CENTER INC.

45-4043191 Page 2

Par	rt III Organizations M	laintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar A	ssets	(continue	ed)
3	Using the organization's acq									•	
	collection items (check all the	at apply):									
а	Public exhibition		c	ı 🔲 ı	Loan or exc	hange progra	am				
b	Scholarly research		e		Other						
С	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 XIII.										
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 rath	ner than to be mai	ntained as part of t	he organ	ization's co	llection?				Yes	☐ No
Par	rt IV Escrow and Cus	todial Arrang	ements. Compl	ete if the	organizatio	n answered '	'Yes" on F	orm 990, P	art IV, line	e 9, or	
	reported an amount of	on Form 990, Part	X, line 21.								
1a	Is the organization an agent,	trustee, custodia	n or other intermed	liary for c	contribution	s or other ass	ets not inc	luded			
	on Form 990, Part X?									Yes	No
b	If "Yes," explain the arranger										
									Д	mount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
<b>2</b> a	Did the organization include	an amount on For	rm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liability	?		Yes	No
b	If "Yes," explain the arranger										
Par	rt V Endowment Fun	ds. Complete if	the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 10				
		L	(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back (d	<b>)</b> Three year	s back (	e) Four ye	ars back_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gai										
d	Grants or scholarships	<u> </u>									
е	Other expenditures for facilit	ies									
	and programs										
f	Administrative expenses	<u> </u>									
g	End of year balance	L									
2	Provide the estimated percei	ntage of the curre	ent year end balanc	e (line 1g	j, column (a	)) held as:					
а	Board designated or quasi-en	ndowment 🕨 _		%							
b	Permanent endowment		%								
С	Term endowment	%	6								
	The percentages on lines 2a	, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds	not in the posses	sion of the organiza	ation that	t are held ar	nd administer	ed for the	organizatio	n	_	
	by:									Y	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the	related organizati	ions listed as requir	red on So	chedule R?					3b	
4	Describe in Part XIII the inter			wment fu	unds.						
Par	rt VI Land, Buildings,										
	Complete if the organ										
	Description of prop	perty	(a) Cost or c			or other		umulated	(0	<b>d)</b> Book v	alue
			basis (investr	ment)	basis	(other)	depr	eciation	_		
1a	Land				4.0	2 1 2 1		0 001		404	100
b	Buildings					3,101.		8,904			,197.
	Leasehold improvements				3	4,562.		6,327	•	т8,	,235.
	Equipment								-		
	Other									F 0 0	420
Total	I. Add lines 1a through 1e. (Co	olumn (d) must ea	ual Form 990. Part	X. colum	nn (B), line 1	0c.)			•	502	,432.

Schedule D (Form 990) 2020 ADVOCACY CE	NTER INC.	45	0-4043191 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(c) Method of Valuation. Cost of en	u-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u>I</u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	_
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X  Other Liabilities.	e 15.)	<b>_</b>	·
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With P	levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	424,919.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	10,039.		
е	Add lines 2a through 2d			2e	10,039.
3	Subtract line 2e from line 1			3	414,880.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5				5	414,880.
Pai	T XII Reconciliation of Expenses per Audited Financial Sta		Expenses per H	keturn.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1				1	358,910.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d	10,039.		
е	Add lines 2a through 2d			2e	10,039.
3	Subtract line 2e from line 1			3	348,871.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	2/0 071
c	Add lines 4a and 4b			<del></del>	0 348,871

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION,
INCLUDING WHETHER THE ENTITY IS EXEMPT FROM INCOME TAXES. MANAGEMENT
EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE ORGANIZATION HAD
TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN
THE CONSOLIDATED FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR
LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL
STATEMENTS. WITH FEW EXCEPTIONS, THE TURNING POINT WOMEN'S COUNSELING AND
ADVOCACY CENTER, INC. IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY
THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE JUNE
30, 2018.

# TURNING POINT WOMEN'S COUNSELING AND

Schedule D (Form 990) 2020 ADVOCACY CENTER INC.	45-4043191 Page 5
Schedule D (Form 990) 2020 ADVOCACY CENTER INC.  Part XIII   Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
	10.020
FUNDRAISING EXPENSES	10,039.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	10,039.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
CONSOLIDATED MERGER	

### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

TURNING POINT WOMEN'S COUNSELING AND

OMB No. 1545-0047

2020

Open to Public Inspection

**Employer identification number** 

ADVOCAC	Y CENTER INC.				45-4043	191
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
or entity (fundraiser)		(iii) Did fundraiser have custod 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			<b>&gt;</b>			
List all states in which the organization or licensing.				or has been notified	it is exempt from re	gistration

0-1	A DMOCA CV	$C$ $\Box$ $M$ $\Box$ $\Box$ $D$	TNC
Schedule G (Form 990 or 990-EZ) 2020	ADVOCACI	CENTER	TIMC •

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines I and 60. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF/ONS		NONE	. ,
			EVENT			(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Р			(Grantiffa)	(orom type)	(total Hambel)	
Revenue			76 212			76 212
Вè	יו	Gross receipts	76,312.			76,312.
_			65.455			65 455
	2	Less: Contributions	65,157.			65,157.
	3	Gross income (line 1 minus line 2)	11,155.			11,155.
	4	Cash prizes				
	5	Noncash prizes	6,245.			6,245.
es						
ens	6	Rent/facility costs	5,680.			5,680.
Direct Expenses						
t E	7	Food and beverages	2,030.			2,030.
Ë		· · · · · · · · · · · · · · · · · · ·				,
_	8	Entertainment				
	9	Other direct expenses	1,569.			1,569.
	10				•	15,524.
		Net income summary. Subtract line 10 from li				-4,369.
Pa	rt I	Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
		\$ 10,000 011 0111 000 <b>11</b> , 1110 011		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				g-, p g		(2)
Вè	_	0				
	1	Gross revenue				
		Cook prizes				
es	2	Cash prizes				
Expenses						
X	3	Noncash prizes				
ĊĘ.	_	D 1/6 333				
Direct	4	Rent/facility costs				
_						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	L No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		<del></del>				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	/ear?	Yes No
				-		
þ	If "	Yes," explain:				
b	lf "	Yes," explain:				

### TURNING POINT WOMEN'S COUNSELING AND

Sch	edule G (Form 990 or 990-EZ) 2020 ADVOCACY CENTER INC.	45-40	431	_91	Page 3
11	Does the organization conduct gaming activities with nonmembers?		\ \ \	es/	No
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?		<u> </u>	es/	No
13	Indicate the percentage of gaming activity conducted in:				
		Ì	13a		%
	a The organization's facility		13b		
	o An outside facility		130		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:			
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	<u> </u>	es/	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party > \$				
,	If "Yes," enter name and address of the third party:				
•	in Tes, entername and address of the time party.				
	Name				
	Address >				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation > \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
47	Manadakon, diakih, diana.				
	Mandatory distributions:				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	ſ	<b>—</b> ,	_	<b>п</b>
	retain the state gaming license?	l	1	es/	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	1 the			
Б.	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part I	II, line	s 9, 9	b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

# TURNING POINT WOMEN'S COUNSELING AND Schedule G (Form 990 or 990-EZ) ADVOCACY C Part IV Supplemental Information (continued) ADVOCACY CENTER INC. 45-4043191 Page 4

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

**Open to Public** 

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.

**Employer identification number** 45-4043191

FORM 990, PART I, DOING BUSINESS AS:
TURNING POINT COUNSELING & ADVOCACY CENTER
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIVIDUAL, GROUP, AND EXPERIMENTAL THERAPIES, TO PROVIDE EDUCATION TO
THE YORK, PA COMMUNITY ABOUT CHILD SEXUAL ABUSE THROUGH PRESENTATIONS
TO COMMUNITY ORGANIZATIONS, AND TO PROVIDE SUBSIDIZED COUNSELING
SERVICES TO CLIENTS WHO ARE IN NEED OF SERVICES BUT ARE NOT ABLE TO
AFFORD THE SERVICES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AFFORD THE SERVICES.
FORM 990, PART V, LINE 1C:
THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITHHOLDING
WAS REQUIRED; HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGANIZATION
IS AWARE OF THE REPORTING REQUIREMENTS AND WOULD HANDLE THAT
ACCORDINGLY.
FORM 990, PART VI, SECTION A, LINE 2:
JANE SCHUSSLER AND MIKE KING HAVE A FAMILY REALATIONSHIP AND ARE PARTNERS
AT THE SAME LAW FIRM.
FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.

Employer identification number 45-4043191

FULL GOVERNING BODY BEFORE FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE SIGNS

A STATEMENT WHICH AFFIRMS THAT THE PERSON HAS RECEIVED A COPY OF THE

CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, AGREES TO

COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE

AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY

IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15A:

A COMMITTEE OF BOARD MEMBERS REVIEWS THE SALARY RANGES FOR COMPARABLE

ORGANIZATIONS BASED ON APPLICANTS CREDENTIALS AND EXPERIENCE, THEN

NEGOTIATED A SALARY WITHIN THAT RANGE WITH THE EXECUTIVE DIRECTOR. AN

EMPLOYMENT AGREEMENT IS SIGNED BY THE EXECUTIVE DIRECTOR AND AN AUTHORIZED

REPRESENTATION OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER, INC. PROVIDES ACCESS

TO IRS FORM 1023, IRS FORM 990, BY-LAWS, FINANCIAL STATEMENTS, AND CONFLICT

OF INTEREST POLICY UPON REQUEST, BY SUBMITTING A WRITTEN REQUEST TO THE

ORGANIZATION'S OFFICE.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE

AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION

OF AN INDEPENDENT ACCOUNTANT.

### SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public Inspection

Employer identification number 45-4043191

OMB No. 1545-0047

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	or Total inco	ome E	<b>(e)</b> End-of-year	assets	Direct o	<b>(f)</b> controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	), Part IV, line 34,	because	it had one	or more	related tax-exe	mpt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public status	(e) c charity (if section 1(c)(3))	Direc	(f) et controlling entity	contr	g) 512(b)(13) rolled ity?
TURNING POINT MEN'S COUNSELING & ADVOCACY  CENTER - 81-2752066, 15 WYNTRE BROOKE DRIVE,  YORK, PA 17403	COUNSELING	PENNSYLVANIA	501(C)(3)	LINE 1	. 0	N/A		100	х

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)					
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percentage ownership				
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes I	lo					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?					
		country)		,				Yes	No					
-														
						4								
-														
-														
	-													

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
е	Loans or loan guarantees by related organization(s)				1e		<u>X</u>
	Dividende from related organization(e)				1f		X
'	Dividends from related organization(s)  Sale of assets to related organization(s)				1g		<u>x</u>
	Purchase of assets from related organization(s)				1h		<u>x</u>
	Exchange of assets with related organization(s)				1i		<u>x</u>
	Lease of facilities, equipment, or other assets to related organization(s)						<u>x</u>
,	Lease of facilities, equipment, of other assets to related organization(s)	•••••			• • •		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		<u>X</u>
	Performance of services or membership or fundraising solicitations by related organ				1m		<u>X</u>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		<u>X</u>
q	Reimbursement paid by related organization(s) for expenses				1q		_X_
r	Other transfer of cash or property to related organization(s)				1r		_X_
s	Other transfer of cash or property from related organization(s)				1s		_X_
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes," in the above is "Yes," in the abov	ho must complete th	is line, including covered rela	ationships and transaction thresholds.			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
(1)							
(2)							
<u></u>							
(3)							
(-,							
(4)							
(5)							
(6)							
32163	10-28-20			Schedule	R (Forr	n 990)	2020

Schedule R (Form 990) 2020

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners see 501(c)(3) orgs.?		Share of end-of-year assets	Dispretion allocat	opor- late tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or laging ner?	Percentage ownership
			,	163 140			103	140	,	103	NO	
							$\vdash$					
							$\Box$					
							Н				-	
							Ш					
							Ш					

# TURNING POINT WOMEN'S COUNSELING AND ADVOCACY CENTER INC.

Schedule R	(Form 990) 2020	ADVOCACY	CENTER	INC.		45-4043191	Page 5
Part VII	(Form 990) 2020 Supplemental Inf	ormation					<del>-</del>
	Provide additional info	rmation for responses	to questions of	on Schedule R. See instructi	ons.		

Schedule R (Form 990) 2020