			** PUBLIC DISCLOSURE COPY **		OND No. 1545 0047			
	00	າບ	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047			
Form 990 Department of the Treasury			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e.					
			Do not enter social security numbers on this form as it may to Go to www.irs.gov/Form990 for instructions and the latest		Open to Public Inspection			
A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending SEP 30, 2023								
	Check if		organization	D Employer identification	tion number			
â	applicable:		-					
	Address change	TURN	ING POINT, INC.					
	Name change	Ŭ	usiness as	38-2292020)			
	return Final		and street (or P.O. box if mail is not delivered to street address) Room/sui		120			
	return/ termin-		BOX 1123	586-463-44	<u>430</u> 6,375,738.			
	ated Amende		own, state or province, country, and ZIP or foreign postal code CLEMENS, MI 48046	G Gross receipts \$ H(a) Is this a group retu				
	return _Applica- _tion		address of principal officer: SHARMAN COBB-DAVENPORT	for subordinates?				
	pending		AS C ABOVE	H(b) Are all subordinates inclu				
1	Tax-exen			27 If "No," attach a lis				
	Nebsite		TURNINGPOINTMACOMB.ORG	H(c) Group exemption r				
			X Corporation Trust Association Other L Ye	ar of formation: 1980 M s	State of legal domicile: MI			
Pa		Summary						
é	1 B	Briefly describ	e the organization's mission or most significant activities: <u>TURNING P</u> STIC AND SEXUAL VIOLENCE THROUGH COMPRE	UINT EMPOWERS	SURVIVORS			
Governance	2 C	heck this bo						
verr	3 N		ing members of the governing body (Part VI, line 1a)		s. 17			
	4 N		ependent voting members of the governing body (Part VI, line 1b)		17			
کە ي			of individuals employed in calendar year 2022 (Part V, line 2a)		115			
vitie			of volunteers (estimate if necessary)		657			
Activities &			business revenue from Part VIII, column (C), line 12		0.			
_	b N	let unrelated	business taxable income from Form 990-T, Part I, line 11		0.			
			_	Prior Year 2,039,017.	Current Year			
ne	8 C 9 P		and grants (Part VIII, line 1h)	3,410,241.	<u>1,935,963</u> . 3,906,553.			
Revenue	10 In		ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	991.	4,829.			
Ве	11 0		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,246.	191,628.			
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,477,495.	6,038,973.			
			nilar amounts paid (Part IX, column (A), lines 1-3)	526,959.	773,668.			
			o or for members (Part IX, column (A), line 4)	0.	0.			
es	15 S		compensation, employee benefits (Part IX, column (A), lines 5-10)	3,148,575.	3,666,391.			
ens	16a P		Indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 204,642.	0.	0.			
Expenses	17		1,709,270.	1,942,667.				
	1" 0	•	es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,384,804.	6,382,726.			
		-	expenses. Subtract line 18 from line 12	92,691.	-343,753.			
OL	5			Beginning of Current Year	End of Year			
Assets	20 T	otal assets (F	Part X, line 16)	5,249,747.	6,046,889.			
t As:	1		(Part X, line 26)	308,943.	1,449,838.			
the second s			und balances. Subtract line 21 from line 20	4,940,804.	4,597,051.			
		Signature	BIOCK	mente and to the heat of multi-	and a such ball of it is			

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

Sign	Signature of officer Date										
Here											
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN						
Paid	TROY MARINE, CPA	TROY MARINE, CPA	08/12		₽00187863						
Preparer	Firm's name BAKER TILLY ADVIS	ORY GROUP, LP		Firm's EIN 39-	0859910						
Use Only	Firm's address 790 N. WATER STRE	ET, SUITE 2000									
	777.5500										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) TURNING POINT, INC.	38-2292020	Page 2				
Par	t III Statement of Program Service Accomplishments						
	Check if Schedule O contains a response or note to any line in this Part III		X				
	Briefly describe the organization's mission:						
	TURNING POINT EMPOWERS SURVIVORS OF DOMESTIC AND SEXUAL						
	THROUGH COMPREHENSIVE SERVICES AND RESOURCES WHILE ADVO	OCATING FOR					
	COMMUNITY ACTION TO END OPPRESSION AND VIOLENCE.						
2	Did the organization undertake any significant program services during the year which were not listed on the						
	prior Form 990 or 990-EZ?		XNo				
	If "Yes," describe these new services on Schedule O.						
	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	XNo				
	If "Yes," describe these changes on Schedule O.						
	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses					
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	• •					
	revenue, if any, for each program service reported.	, , ,					
	(Code:) (Expenses \$ 2,326,031. including grants of \$ 608,380.) (R	Revenue \$ 1,209,	366.				
	EMERGENCY SHELTER & CRISIS LINE:						
	TURNING POINT SERVICES WORK TOGETHER TO PROVIDE EMERGED						
	RESOURCES AND SUPPORT FOR HEALING WHILE ALSO PROVIDING						
	EDUCATION AND ADVOCACY TO REDUCE OR ELIMINATE THE BARR						
	DOMESTIC AND SEXUAL VIOLENCE ENCOUNTERED WHEN SEEKING						
	POINT IS ALSO DEDICATED TO PROVIDING PREVENTION EDUCAT		G				
	THE SOCIAL CHANGE NECESSARY TO END DOMESTIC AND SEXUAL	VIOLENCE.					
	THE 24-HOUR HOTLINE PROVIDES CRISIS INTERVENTION, SUPPORT	-					
	INFORMATION AND REFERRAL TO AN ESTIMATED 10,657 CALLERS TOTALING OVER 2,234 HOURS. THE HOTLINE ALSO DISPATCHES						
			607				
	(Code:) (Expenses \$ 1,030,996. including grants of \$ 134,940.) (R	levenue \$43,	697.				
	COUNSELING & ADVOCACY:						
	MUDNING DOINE DROUTDEG ADVOCACY CROUP AND INDIVIDUAL						
	TURNING POINT PROVIDES ADVOCACY, GROUP AND INDIVIDUAL COUNSELING/SUPPORT ADULT AND CHILD SURVIVORS OF DOMESTIC AND SEXUAL						
	VIOLENCE, AS WELL AS THEIR LOVED ONES. LAST YEAR, 257						
	RECEIVED COUNSELING/SUPPORT SERVICES. ALL COUNSELING S'						
	CERTIFIED TRAUMA SPECIALISTS, WITH TRAINING ON HOW TO		ORS				
	ALONG THEIR ENTIRE HEALING JOURNEY. THERE IS NO CHARGE		0110				
	INDIVIDUAL FOR THESE SERVICES.						
	420 605 1 005		700				
4c	(Code:) (Expenses \$439,695. including grants of \$) (R SEXUAL ASSAULT NURSE EXAMINER PROGRAM:	levenue \$ 515,	/82.				
	SEAUAL ASSAULT NURSE EXAMINER PROGRAM:						
	TURNING POINT DEVELOPED THE FIRST FORENSIC NURSE EXAMI	NER PROGRAM					
	(FNEP) IN SE MICHIGAN. THIS PROGRAM OPERATES 24/7 AND 3						
	EMERGENCY AND SUPPORT SERVICES FOR SURVIVORS OF SEXUAL						
			T.				
	AGES. SPECIALLY TRAINED NURSES AND ADVOCATES PROVIDE IN						
	AGES. SPECIALLY TRAINED NURSES AND ADVOCATES PROVIDE INTERVENTION, MEDICAL CARE AND EVIDENCE COLLECTION TO S	MMEDIATE CRISI	S				
	INTERVENTION, MEDICAL CARE AND EVIDENCE COLLECTION TO	MMEDIATE CRISI SEXUAL ASSAULT	S				
	INTERVENTION, MEDICAL CARE AND EVIDENCE COLLECTION TO SUBJECT OF THIS PROGRAM ALSO PROVIDES STRANGULATION ASSEST	MMEDIATE CRISI SEXUAL ASSAULT SSMENT SERVICE	S				
	INTERVENTION, MEDICAL CARE AND EVIDENCE COLLECTION TO SUICTIME. THIS PROGRAM ALSO PROVIDES STRANGULATION ASSESTICTION UP COUNSELING SERVICES, EXPERT WITNESS TESTIMON	MMEDIATE CRISI SEXUAL ASSAULT SSMENT SERVICE Y IN COURT	S				
	INTERVENTION, MEDICAL CARE AND EVIDENCE COLLECTION TO VICTIMS. THIS PROGRAM ALSO PROVIDES STRANGULATION ASSES FOLLOW UP COUNSELING SERVICES, EXPERT WITNESS TESTIMON HEARINGS AND COMMUNITY EDUCATION FOR LAW ENFORCEMENT AND	MMEDIATE CRISI SEXUAL ASSAULT SSMENT SERVICE Y IN COURT ND MEDICAL	S S,				
	INTERVENTION, MEDICAL CARE AND EVIDENCE COLLECTION TO VICTIMS. THIS PROGRAM ALSO PROVIDES STRANGULATION ASSES FOLLOW UP COUNSELING SERVICES, EXPERT WITNESS TESTIMON HEARINGS AND COMMUNITY EDUCATION FOR LAW ENFORCEMENT AN PERSONNEL.LAST YEAR THEY PROVIDED SERVICES TO 350 INDI	MMEDIATE CRISI SEXUAL ASSAULT SSMENT SERVICE Y IN COURT ND MEDICAL	S S,				
	INTERVENTION, MEDICAL CARE AND EVIDENCE COLLECTION TO VICTIMS. THIS PROGRAM ALSO PROVIDES STRANGULATION ASSES FOLLOW UP COUNSELING SERVICES, EXPERT WITNESS TESTIMON HEARINGS AND COMMUNITY EDUCATION FOR LAW ENFORCEMENT AN PERSONNEL.LAST YEAR THEY PROVIDED SERVICES TO 350 INDIV PHONE CONSULTATIONS.	MMEDIATE CRISI SEXUAL ASSAULT SSMENT SERVICE Y IN COURT ND MEDICAL	S S,				
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4d	INTERVENTION, MEDICAL CARE AND EVIDENCE COLLECTION TO VICTIMS. THIS PROGRAM ALSO PROVIDES STRANGULATION ASSES FOLLOW UP COUNSELING SERVICES, EXPERT WITNESS TESTIMON HEARINGS AND COMMUNITY EDUCATION FOR LAW ENFORCEMENT AN PERSONNEL.LAST YEAR THEY PROVIDED SERVICES TO 350 INDIV PHONE CONSULTATIONS. Other program services (Describe on Schedule O.)	MMEDIATE CRISI SEXUAL ASSAULT SSMENT SERVICE Y IN COURT ND MEDICAL VIDUALS AND 19	S S,				
4d	INTERVENTION, MEDICAL CARE AND EVIDENCE COLLECTION TO SUCTIMS. THIS PROGRAM ALSO PROVIDES STRANGULATION ASSESTION UP COUNSELING SERVICES, EXPERT WITNESS TESTIMON HEARINGS AND COMMUNITY EDUCATION FOR LAW ENFORCEMENT AND PERSONNEL.LAST YEAR THEY PROVIDED SERVICES TO 350 INDIVIDED SERVICES SERVICES TO 350 INDIVIDED SERVICES	MMEDIATE CRISI SEXUAL ASSAULT SSMENT SERVICE Y IN COURT ND MEDICAL VIDUALS AND 19 1,935,708.) Form	S S,				
4d 4e	INTERVENTION, MEDICAL CARE AND EVIDENCE COLLECTION TO SUCTIMS. THIS PROGRAM ALSO PROVIDES STRANGULATION ASSESTION OF COUNSELING SERVICES, EXPERT WITNESS TESTIMON HEARINGS AND COMMUNITY EDUCATION FOR LAW ENFORCEMENT AND PERSONNEL.LAST YEAR THEY PROVIDED SERVICES TO 350 INDIVIDED OF CONSULTATIONS. Other program services (Describe on Schedule O.) (Expenses \$ 1,312,884. including grants of \$ 28,441.) (Revenue \$ 5,109,606. 12-13-22 SEE SCHEDULE O FOR CONTINUATION	MMEDIATE CRISI SEXUAL ASSAULT SSMENT SERVICE Y IN COURT ND MEDICAL VIDUALS AND 19 1,935,708.) Form	S S, 6				
4d 4e 232002	INTERVENTION, MEDICAL CARE AND EVIDENCE COLLECTION TO SUCTIMS. THIS PROGRAM ALSO PROVIDES STRANGULATION ASSESTION UP COUNSELING SERVICES, EXPERT WITNESS TESTIMON HEARINGS AND COMMUNITY EDUCATION FOR LAW ENFORCEMENT AND PERSONNEL.LAST YEAR THEY PROVIDED SERVICES TO 350 INDIVIDED PHONE CONSULTATIONS. Other program services (Describe on Schedule O.) (Expenses \$ 1,312,884. including grants of \$ 28,441.) (Revenue \$ 5,109,606.	MMEDIATE CRISI SEXUAL ASSAULT SSMENT SERVICE Y IN COURT ND MEDICAL VIDUALS AND 19 1,935,708.) Form 9	S S , 6 990 (2022				

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 Form 990 (2022)
 TURNING POINT, INC.

 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		- 23
8				x
•	Schedule D, Part III	8		
9	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?			v
	If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-TA		<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15		15		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	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	21		X
232003	12-13-22	Form	990	(2022)

Form **990** (2022)

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Form	990	(2022)
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 Form 990 (2022)
 TURNING POINT, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D D	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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 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	Х	
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	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	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	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 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, 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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Х	
l'a				
	Check if Schedule O contains a response or note to any line in this Part V		N I	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 42 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
d		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	
00000		Eorm		(2022)
232004	ب 12-13-22 ۲	Form	550	(2022)

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	990 (2022) TURNING POINT, INC. 38-2292	020	Р	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
•			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 115						
h	, , , , ,	2b	X				
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20 3a	<u></u>	x			
3a ⊾							
	It "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>			
ча	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
h	If "Yes," enter the name of the foreign country	та					
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		<u> </u>			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>			
~	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	0.0					
a	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				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
	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 7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
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?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
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?	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						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>			
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 the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>			
	If "Yes," complete Form 6069.		000	(00000)			
232005	12-13-22	Form	330	(2022)			

6 2022.06000 TURNING POINT, INC. 53328_1

Form 990 (2	2022
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TURNING POINT, INC.

38-2292020 Page 6

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.

	tion A. Governing Body and Management			Yes	N	
4		40 1	_7	res		
та	Enter the number of voting members of the governing body at the end of the tax year	1a	- /			
	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.	4	17			
	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				X	
_	officer, director, trustee, or key employee?		. 2		-	
3	Did the organization delegate control over management duties customarily performed by or under the					
_	of officers, directors, trustees, or key employees to a management company or other person?				X X	
4	Did the organization make any significant changes to its governing documents since the prior Form 99					
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?			X	
6	Did the organization have members or stockholders?		. 6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?		. 7 a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or				
	persons other than the governing body?		. 7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?			X		
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 read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X	
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)				
				Yes		
0a	Did the organization have local chapters, branches, or affiliates?		. 10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	. 12b	Х		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	on Schedule O how this was done	, 	12c	Х		
3	Did the organization have a written whistleblower policy?		13	Х		
4	Did the organization have a written document retention and destruction policy?			Х		
5	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<i>y</i>				
а	The organization's CEO, Executive Director, or top management official		15a	Х		
	Other officers or key employees of the organization		15b	Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a				
	taxable entity during the year?		16a		X	
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	• •				
	exempt status with respect to such arrangements?		. 16b			
ec	tion C. Disclosure		. 105			
7	List the states with which a copy of this Form 990 is required to be filed <u>MI</u>					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (section 501(c)	(3)s only)	availal	hle	
U	for public inspection. Indicate how you made these available. Check all that apply.		(0)0 01119)	avana	010	
		on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col	,	and finan	rial		
J	statements available to the public during the tax year.	muct of interest policy,		Jial		
0		ke and records				
0	State the name, address, and telephone number of the person who possesses the organization's boo DAWN BONDERCZUK $-586-463-4430$	NS and records				
	76 S. MAIN, MT. CLEMENS, MI 48043					
	/ D. MAIN, MI. CHEMEND, MI 40045			000	(0.0	
	0 12-13-22		Form	. uur		

Form 990 (2022)	TURNING POINT, INC.	38-2292020 Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Sche	Check if Schedule O contains a response or note to any line in this Part VII									
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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	hours per box, unless person is both an officer and a director/trustee)			n an	compensation	compensation	amount of		
	week		cer an	ia a a I	Irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	66			sated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee		1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) SHARMAN COBB-DAVENPORT	40.00			-						
CHIEF EXECUTIVE OFFICER				X				128,453.	Ο.	4,165.
(2) ELIZABETH DARGA	0.50									
BOARD CHAIR		X		X				0.	Ο.	0.
(3) TERESA FIEHN	0.50									
TREAUSURER		X		X				0.	Ο.	0.
(4) CINDY BALA-BRUSILOW	0.50									
SECRETARY		Х		Х				0.	0.	0.
(5) JULIE HOLFENLOCHER	0.50									
VICE CHAIR DEVELOPMENT		Х		Х				0.	0.	0.
(6) LESLIE SHEIDLER	0.50									
VICE CHAIR HR		Х		Х				0.	0.	0.
(7) CATHERINE BULGARELLI	0.50									
VICE CHAIR DEVELOPMENT		Х		Х				0.	0.	0.
(8) JD WILT	0.50									
VICE CHAIR OPERATIONS		Х		Х				0.	0.	0.
(9) ILENE BISCHER	0.50									
PAST BOARD CHAIR		Х						0.	0.	0.
(10) SUSAN BLANCHARD	0.50									
DIRECTOR		Х						0.	0.	0.
(11) LAURI CATENACCI	0.50									
DIRECTOR		Х						0.	0.	0.
(12) RUTH DAVIS	0.50									
DIRECTOR		Х						0.	0.	0.
(13) CHARLEY GEORGE JACKSON, JR.	0.50									
DIRECTOR		Х						0.	0.	0.
(14) STEPHANIE MARIANOS	0.50									
DIRECTOR		Х						0.	0.	0.
(15) WILLIAM POTTHOFF	0.50									
DIRECTOR		Х						0.	0.	0.
(16) DR. CARL PESTA	0.50									
DIRECTOR		Х						0.	0.	0.
(17) DAWN TYLKOWSKI	0.50								_	
DIRECTOR		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

8

232007 12-13-22

Form 990 (2022)

TURNING POINT, INC. 38-2292020 Page 8														
Part VII Se	ction A. Officers, Directors, Trus		oloy	ees,			ghes	C	ompensated Employee	s (continued)				
	(B) Average hours per week	Average hours per (do no box, ur			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		compensa from th organiza and rela organizat	ation ie tion ted	
(18) LINDSA	Y WYSOCKI	0.50												
			X						0.		0.		0.	
											_			
c Total fro	1b Subtotal 128,453. 0. c Total from continuation sheets to Part VII, Section A 0. 0. d Total (add lines 1b and 1c) 128,453. 0.							4,1	65. 0. 65.					
	nber of individuals (including but n ation from the organization	ot limited to the	ose	liste	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable		Yes	1 No	
line 1a? / 4 For any i	rganization list any former officer f "Yes," complete Schedule J for s ndividual listed on line 1a, is the su ed organizations greater than \$150	uch individual um of reportable	 e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3	X	
rendered	berson listed on line 1a receive or a to the organization? <i>If</i> "Yes." con dependent Contractors	-				-			-			5	X	
1 Complete	e this table for your five highest co nization. Report compensation for	•	•								nsatio	on from		
(A) Name and business address HUBBARD OAKS, 25900 GREENFIELD, STE 515,								(B) Description of services BUILDING RENT -			(C) Compensation			
	с, MI 48237								SURVIVORS			209,6	97.	
	nber of independent contractors (i) of compensation from the organi	•	ot lin	nited	l to i	thos 1		ed	above) who received m	ore than	F	orm 990	(2022)	

232008 12-13-22

Ра	rt V	/111									_
			Check if Schedule O o	contai	ins a respo	nse	or note to any lin	ie in this Part VIII (A)	(B)	(C)	D
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s, s	1	а	Federated campaigns		1a		15,676.				
ant unt	•		Membership dues					1			
, Gr			Fundraising events				10,684.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations				-				
			Government grants (contr]			
			All other contributions, gifts,		s, and						
			similar amounts not included	above	e 1f	1,	909,603.				
ntri d O		g	Noncash contributions included in	lines 1a	ı-1f 1g \$	5	199,826.				
an Co		h	Total. Add lines 1a-1f					<u>1,935,963.</u>			
							Business Code				
се	2	а	GOVERNMENT AG	ENC	Y CON	<u>T</u>	624100	3,906,553.	3,906,553.		
ervi Je		b									
n S ent		С									
jrar Re∖		d				_					
Program Service Revenue		e	All all a second and a second								
			All other program service Total. Add lines 2a-2f	reven	ue			3,906,553.			
	3		Investment income (includ	lina d	ividends ir	ntere		5,500,555.			
	Ŭ			0	,			4,829.			4,829.
	4		Income from investment of					,			,
	5			ties							
	-		,		(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss)) <u></u>	<u></u>	<u></u>					
	7	а	Gross amount from sales of		(i) Securit	ies	(ii) Other	4			
			assets other than inventory	7a				-			
		b	Less: cost or other basis								
anne			and sales expenses	7b 7c				-			
Revenue			Gain or (loss)								
	0		Net gain or (loss) Gross income from fundraisin								
Other	0	d	including \$ 10								
0			contributions reported on								
			Part IV, line 18		-	8a	220,462.				
		b	Less: direct expenses				81,644.				
			Net income or (loss) from			ts		138,818.			138,818.
	9	а	Gross income from gamin	g acti	ivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from	-	-	°					
	10	а	Gross sales of inventory, I								
			and allowances			<u>10a</u>	<u>307,931.</u>	-			
			Less: cost of goods sold				255,121.	E2 010			E2 010
		С	Net income or (loss) from	sales	of inventor	У	Business Code	52,810.			52,810.
sn	44	~					Busilless Code				
leo Ue	11	a b									
scellaneo Revenue		D C									
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					6,038,973.	3,906,553.	0.	196,457.
23200	9 12-	-13-									Form 990 (2022)

TURNING POINT, INC.

Form 990 (2022)

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2022.06000 TURNING POINT, INC. 53328_1

Form 990 (2022)

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4 5

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7 8

9

10

11

а b

С

d

е

f

g

d

е

25

26

TURNING POINT INC. Part IX Statement of Functional Expenses

(D) Fundraising expenses

140,606.

8,885.

27,002.

14,165.

8,218.

372.

2,916.

2,478.

204,642.

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 response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses						
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									

773,668.

132,618.

2,912,774.

424,435.

196,564.

261,427.

570,469.

37,005.

2,865.

213,533.

159,296.

27,115.

2,478.

11

68,211.

773,668.

106,094.

2,339,793.

337,740.

164,091.

35,482.

301,016.

168,220.

480,304.

184,600.

138,212.

10,797.

46,645.

22,931.

13.

26,524.

432,375.

86,695.

23,588.

1,867.

234,901.

79,042.

81,947.

14,074.

2,852.

28,933.

21,194.

21,084.

13,402.

1,068,478.

Management Legal 37,349. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 562,919. column (A), amount, list line 11g expenses on Sch 0.)

Advertising and promotion 12 Office expenses _____ 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest

Grants and other assistance to domestic

Grants and other assistance to foreign

individuals. See Part IV, line 22

organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members

Compensation of current officers, directors,

trustees, and key employees Compensation not included above to disqualified

persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

Other salaries and wages

Other employee benefits

Payroll taxes

Fees for services (nonemployees):

Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 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.) EQUIPMENT RENTAL & MAIN а DUES, LICENSES & FEES b

c MISCELLANEOUS All other expenses 6,382,726. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

if following SOP 98-2 (ASC 958-720)

educational campaign and fundraising solicitation.

Check here

232010 12-13-22

2022.06000 TURNING POINT, INC.

5,109,606.

Form 990 (2022)

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Part X | Balance Sheet

		Check if Schedule O contains a response or note	e to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			659,827.	1	591,339.
	2	Savings and temporary cash investments			362,421.	2	147,844.
	3	Pledges and grants receivable, net	769,124.	3	460,524.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			50,072.	8	51,229.
Ä	9				117,766.	9	132,861.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,107,178.			
	b	basis. Complete Part VI of Schedule D	10b	1,638,194.	3,290,537.	10c	3,468,984.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	0.	15	1,194,108.		
	16	Total assets. Add lines 1 through 15 (must equa			5,249,747.	16	6,046,889.
	17	Accounts payable and accrued expenses	296,955.	17	255,730.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
iab.		controlled entity or family member of any of thes	11 000	22			
	23	Secured mortgages and notes payable to unrela		11,988.	23	0.	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	,	·	0		1 104 100
	~~	of Schedule D			0. 308,943.		<u>1,194,108.</u> 1,449,838.
	26	Total liabilities. Add lines 17 through 25		X	500,945.	26	1,449,030.
S		and complete lines 27, 28, 32, and 33.	ck nere				
nce	07				4,662,844.	27	4,452,874.
ala	27 28	Net assets with donor restrictions	277,960.	28	144,177.		
ЧB	20	Organizations that do not follow FASB ASC 95	211,500.	20			
n		and complete lines 29 through 33.					
or	29	Capital stock or trust principal, or current funds		- F		29	
ets	29 30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32				4,940,804.	32	4,597,051.
z	33	Total liabilities and net assets/fund balances			5,249,747.	33	6,046,889.
					-,==-,:=,•		

6,046,889. Form **990** (2022)

Form	1990 (2022) TURNING POINT, INC.	- 38 -	22920	120	Pag	<u>ge</u> 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>			
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,	,038	8,9	<u>73.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,7	<u>26.</u> 53.		
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	,94) <u>,8</u>	04.		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	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	4	, 59'	7,0	<u>51.</u>		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
			Г		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis		F					
b	Were the organization's financial statements audited by an independent accountant?		····· -	2b	X	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis		– F					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	·					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		······ -	3a	X	┣──		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X			

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nam	e of t	he organization						Employer	identification number			
		TURN	ING POINT,	INC.					8-2292020			
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4							-)(iii). Enter	the hospital's name,			
		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
-		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
	X	An organization that norma	-					ne deneral r	oublic described in			
•		section 170(b)(1)(A)(vi). (C	-		onna gove			ie general j				
8		A community trust describe		1)(A)(vi) (Complete Par	ылу							
9		An agricultural research org				nd in coniu	notion with a	land grant	aallaga			
9						-		-	-			
		or university or a non-land-g	grant conege of agrici			lame, city	, and state of	the college				
10		university:	Illy reacives (1) more	than 22 1/20/ of its sum	art from a	ontribution		in face and	d areas ressints from			
10		An organization that norma										
		activities related to its exem		-					-			
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	rea by the org	janization a	iπer June 30, 1975.			
		See section 509(a)(2). (Con										
11		An organization organized a	-	•	•							
12		An organization organized a	-	-	-			•				
		more publicly supported or	-						Sheck the box on			
		lines 12a through 12d that	• •					-				
а		Type I. A supporting orga		-	• • • •	-						
		the supported organization			majority c	of the direc	tors or trustee	es of the su	ipporting			
		organization. You must o	-									
b		Type II. A supporting org	-				•		•			
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus										
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,			
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness			
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .					
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
g		vide the following information			(iv) Is the orac	inization listed						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)			
Tota	I											

0	(F	000	000
Schedule A (⊢orm	990)	202

Part II

TURNING POINT, INC.

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.)

Se	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1259437.	1141943.	1871389.	2039017.	1935963.	8247749.			
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	1050405	1111010	1001000	0000015	1005060	0048840			
4	Total. Add lines 1 through 3	1259437.	1141943.	1871389.	2039017.	1935963.	8247749.			
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,						12222			
	column (f)						1383269.			
	Public support. Subtract line 5 from line 4. ction B. Total Support						6864480.			
			(1) 00 (0)	()	(1) 000 (() 2222	(0			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
		bunts from line 4 1259437. 1141943. 1871389. 2039017. 1935963. 8247749.								
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	422.	943.	510.	991.	4,829.	7,695.			
~	and income from similar sources	422.	945.	JIU.	<u> </u>	4,029.	7,095.			
9	Net income from unrelated business									
	activities, whether or not the									
10	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							8255444.			
12	Gross receipts from related activities,	etc. (see instruction				12 15	,870,969.			
	First 5 years. If the Form 990 is for the		,	iourth or fifth tax y			,010,000.			
10	organization, check this box and sto	-		-						
Se	ction C. Computation of Publi									
	Public support percentage for 2022 (column (f))		14	83.15 %			
15			•	())		15	89.11 %			
	15 Public support percentage from 2021 Schedule A, Part II, line 14 15 89.11 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
k	stop here. The organization qualifies as a publicly supported organization Image: stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qual									
17a										
	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te			-						
k	0 10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	-					
	more, and if the organization meets th									
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization						;			
	Schedule A (Form 990) 2022									

232022 12-09-22

TURNING	POINT	INC
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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section 5	501(c)(3) organ	ization.
	check this box and stop here						,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest						
17	Investment income percentage for 20	022 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
23202	23 12-09-22						dule A (Form 990) 2022
			16				- -

2022.06000 TURNING POINT, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Ye<u>s</u>

No

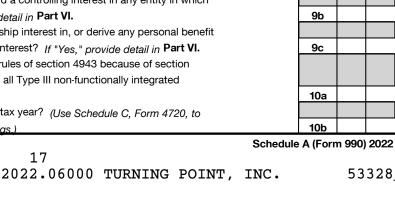
Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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.)

232024 12-09-22



	(Form 990) 2022	TURNING	
Part IV	Supporting Or	ganizations (contin	nued)

2

1

Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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 Part VI 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			

INC.

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

	<i>Judited oldal</i>	lizationis).	
Section 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			
	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			
	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 on 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			
	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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ar (see instructions).
•	Oneck the box next to the method that the organization used to satisfy the integral rait rest during the ye	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 Part VI identify 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.
- b Did the activities described on 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 these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

11070812 144198 53328

18 2022.06000 TURNING POINT, INC. Yes No

ection 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		
ection 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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
ection 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A	(Form 990)	2022	TURNING	POINT,	INC.	
Part V	Type III	Non	-Functionally Integra	ated 509(a	i)(3) Supportin	g Organizations

	dule A (Form 990) 2022 TURNING POINT				8-2292020 Page 7
Pa		a)(3) Supporting Orga	nizations (continu	ed)	
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		_	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive		-	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<i>(</i> 1)		10	(11)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
-	Excess from 2019				
_	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	TURNING	POINT,	INC.			38-2292020 Page
Part VI	Supplemental Info	, lines 2 and 3; Par	t IV, Section	E, lines 1c, 2a,	2b, 3a, and 3b; Pa	rt V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V, nal information.
232028 12-09-2	2			21			Schedule A (Form 990) 20

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

38-2292020

2022

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MCGREGOR FUND	630,000.	464,891.
RICHARD K THOMPSON FOUNDATION	455,000.	289,891.
CINDY AND BILL BRUSILOW	214,425.	49,316.
LEINWEBER FOUNDATION	200,000.	34,891.
ESTATE OF HOPE RUTH GORON	180,000.	14,891.
ESTATE OF MADELINE C. NIEMCZAK	694,498.	529,389.
Total Excess Contributions to Schedule A, Part II, Line 5		1,383,269.

Schedule of Contributors

** PUBLIC DISCLOSURE COPY

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

	TURNING POINT, INC.	38-2292020
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X 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), 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.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., etc., contributions totaling \$5,000 or more during the year for an *exclusively* for the parts unless to the section of the parts unless the section of the parts unless to th

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$694,498.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>111,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	⁵⁻²² 24		Schedule B (Form 990) (2022)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

TURNING POINT, INC.

Name of organization

Part I

(a)

Employer identification number

(d)

38-2292020

(c)

2022.06000 TURNING POINT, INC.

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TURNI	NG POINT, INC.	38-2292020		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l 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	
		\$		

25 2022.06000 TURNING POINT, INC.

Schedule B (Form 990) (2022)

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Page 3 Employer identification number

Schedule B (Form 990) (2022) Name of organization

Name of c	organization			Employer identification	on number
TIRNT	NG POINT, INC.			38-2292020)
Part III	Exclusively religious, charitable, etc., contribution	utions to organizations descri	bed in section 50	1(c)(7), (8), or (10) that total more than \$1,000	
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	(a) through (e) and the followir , charitable, etc., contributions of \$	ng line entry. For or 1 1,000 or less for th	ganizations e year. (Enter this info. once.) \$	
(a) No	Use duplicate copies of Part III if additiona	al space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is h	eld
		(e) Transf	er of gift		
	Transferee's name, address,	and ZIP + 4	R	elationship of transferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is h	eld
		-			
		-			
		(e) Transf	er of gift		
	Transferee's name, address,	and ZIP + 4	R	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is h	eld
		-			
		(e) Transf	er of gift		
	Transferee's name, address,	and ZIP + 4	R	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is h	eld
		-			
		-			
		(e) Transf	er of gift		
	Transferee's name, address,	and ZIP + 4	R	elationship of transferor to transferee	
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26 2022.06000 TURNING POINT, INC. 53328_1

Image of the organization TORNING POINT, INC. Corganizations Multalining Donor Advised Funds or Other Similar Funds or Accounts. Camples if the organization answerd "Yes" on Form 980, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggragate value of controlitors to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggragate value of controlitors to (during year) (a) Oboro advised funds (b) Funds and other accounts 4 Aggragate value of controlitors to (during year) (a) Oboro advised funds (b) Funds and other accounts 5 Did the organization inform all grantess, donors, and doner advison in writing that grant funds can be used only (ves) No 6 Did the organization inform all grantess, donors, and doner advison in writing that grant funds can be used only (ves) No 7 Purposely of conservation Easements. Complete if the organization answered "Yes" on form 990, Part IV, line 7. (Netroposely of conservation assements hold by the organization answered "Yes" on form 990, Part IV, line 7. 7 Purposely of conservation Easements. Complete if the organization answered "Yes" on form 990, Part IV, line 7. 8 Complete inso 2a through 2d if the organization held a qualified conservation can be used only 9 Complete inso 2a through 2d if the organization held a qualified conservation can be used only 1 Protection of natural habitat 1 Protection of a actified historic sthructure 2 Complete inso 2a through 2d	(Forn	SCHEDULE D (Form 990) Supplemental Financial Statements Department of the Treasury Internal Revenue Service 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.						
Partill Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization networed Yes' on Form 980, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 5 Dd the organization's property sublect to the organization's exclusive legal control? Ves No 6 Dd the organization's property sublect to the organization's exclusive legal control? Ves No Partull Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(g) of conservation easements hed by the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(g) of conservation easements. No Porticition of a historic structure Preservation of a historic structure Preservation of a historic structure Protection of natural habitat Proservation easements 2a 2a 1 Total annexet of conservation easements 2a 2a	Nam	e of the organization					er	
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b Total acreage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2c d Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2d 3 Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2d 4 Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2d 4 Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2d 4 Number of states where property subject to conservation easement is located 2d 2d 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(l) and section 170(h)(4)(B)(l) and section 170(h)(4)(B)(l) Yes No 9 In Part XIII, describe how the organization reports conservation easements in the revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's account		day of the tax year.			Held a	at the End of the Tax Yea	ar	
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d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 4 Number of states where property subject to conservation easement is located	b			····· —	2b			
historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 4 Number of states where property subject to conservation easement is located 5 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements of holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements. No 9 In Part XIII, describe how the organization answered *Yes* on Form 990, Part IV, line 8. 1 If the organization ascultation answered *Yes* on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financ	с	Number of conservation easements on a certified historic str	ucture included in (a)	🗳	2c			
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a					
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 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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 exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these 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 exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these 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 exhibition, education, or research in furtherance of public service, provide th								
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 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?	0	Stan and volunteer nours devoted to monitoring, inspecting,	fianding of violations, and emorcing conser	valione	easements	during the year		
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring inspecting hand	lling of violations, and enforcing conservation	n easer	ments duri	ng the year		
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 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 exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 		· · · · · · · · · · · · · · · · · · ·			e of public			
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: \$ a Revenue included on Form 990, Part X \$ b Assets included in Form 990, Part X \$								
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$	•						—	
a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	2	-		jairi, pro	Mue			
b Assets included in Form 990, Part X \$	~		-		¢			
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						dule D (Form 990) 201	22	

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Sche	dule D (Form 990) 2022 TURNING	POINT, INC	с.			-	-	38-22	9202) _{Pa}	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	^r Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e	, L C	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		•	-			se in Part	XIII.		
5	During the year, did the organization solicit of		,		,	er similar	assets		-		-
Des	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered '	'Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								7		٦
	on Form 990, Part X?							L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	idie:					Amoun	+	
	Designing belongs						10		Amoun		
	Beginning balance										
	Additions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							·····			1
Par							10.				
	· · · · ·	(a) Current year		rior year	(c) Two year		(d) Three y	/ears back	(e) Fou	' years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g,	, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	ed for th	е			Vaa	Na
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organizate Describe in Part XIII the intended uses of the								3b		
Par	t VI Land, Buildings, and Equipm		wment iu	inas.							
	Complete if the organization answere). Part IV.	line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or o			t or other		ccumulate	ed	(d) Boo	k valu	e
	Becomption of property	basis (investr		• •	(other)	• • •	preciation		(u) Boo	it valu	0
1 a	Land				6,600.				3	6,6	00.
	Buildings				7,833.		363,28	87.	2,80		
	Leasehold improvements				7,800.		474,5			3,2'	
	Equipment				4,427.		156,90			7,4!	
	Other				0,518.		143,43			7,10	
-	Add lines 1a through 1e. (Column (d) must e		X. columi			<u></u>			3,46	8,98	84.
								Sahadula	D (F	- 0001	0000

Schedule D (Form 990) 2022

		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	arket value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" of	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 end-of-year ma	arket value
	(b) Book value		
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d See Form 990 Part X line 15	
(a) [Description		ook value
	•	(b) B	
(1) OPERATING LEASE RIGHT-OF-U	•	(b) B	
(1) OPERATING LEASE RIGHT-OF-U (2)	•	(b) B	
(1) OPERATING LEASE RIGHT-OF-U (2) (3)	•	(b) B	
<pre>(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4)</pre>	•	(b) B	
<pre>(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5)</pre>	•	(b) B	
<pre>(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4)</pre>	•	(b) B	
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7)	•	(b) B	
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6)	•	(b) B	
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9)	JSE ASSETS	(b) B	194,108
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	JSE ASSETS	(b) B	194,108
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	JSE ASSETS 15.)	(b) B	ook value
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	JSE ASSETS 15.)	(b) B 1, : 	194,108
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	JSE ASSETS 15.)	(b) B 1, : 	L94,108
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	JSE ASSETS 15.) on Form 990, Part IV, line	(b) B 1, : 	L94,108
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	JSE ASSETS 15.) on Form 990, Part IV, line	(b) B 1, : 	L94,108
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE	JSE ASSETS 15.) on Form 990, Part IV, line	(b) B 1, : 	L94,108
 (1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE (3) 	JSE ASSETS 15.) on Form 990, Part IV, line	(b) B 1, : 	L94,10
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE (3) (4)	JSE ASSETS 15.) on Form 990, Part IV, line	(b) B 1, : 	L94,10
 (1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE (3) (4) (5) 	JSE ASSETS 15.) on Form 990, Part IV, line	(b) B 1, : 	L94,108
(1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE (3) (4) (5) (6)	JSE ASSETS 15.) on Form 990, Part IV, line	(b) B 1, : 	L94,108
 (1) OPERATING LEASE RIGHT-OF-U (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE (3) (4) (5) (6) (7) 	JSE ASSETS 15.) on Form 990, Part IV, line	(b) B 1, : 	L94,108

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 X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 TURNING POINT, INC.			38-	2292020 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	6,238,799.
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	199,826.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	199,826.
3	Subtract line 2e from line 1			3	6,038,973.
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	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	6,038,973.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	6,582,552.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	199,826.		
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	199,826.
3	Subtract line 2e from line 1			3	6,382,726.
4	Amounts included on Form 990, Part IX, line 25, 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	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	6,382,726.
Pa	rt XIII Supplemental Information.				

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:

TURNING POINT, INC. HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A

TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL

REVENUE CODE AND CORRESPONDING PROVISIONS OF STATE LAW AND, ACCORDINGLY,

IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES.

BASED ON ITS EVALUATION, THE ORGANIZATION HAS CONCLUDED THAT THERE ARE NO

SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL

STATEMENTS. THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY

TAXING JURISDICTION.

232054 09-01-22

(continued)	
Schedule D (Form 990) 2	2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ties	OMB No. 1545-0047			
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, o	or if the	2022			
Department of the Treasury		Attach to Form 990 o						Open to Public Inspection			
Internal Revenue Service Name of the organization		Go to www.irs.gov/Form990 for instructions and the latest information. Employer									
Name of the organization											
Part I Fundrais	TURNING POINT, INC. 38-2292020 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not										
	complete this part				,,, .						
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 1000000000000000000000000000000000000	ions email solicitations tations licitations on have a written o ed in Form 990, Pa I highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		🗌 Ye				
compensated at le	ast \$5,000 by the	organization.			1 1						
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (or fL	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No							
Total											
3 List all states in whit or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is ex	kempt from r	egistration			
-											

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2 TP_GOLF	(c) Other events	(d) Total events (add col. (a) through
		SOWTS (event type)	OUTING (event type)	(total number)	col. (c))
		(event type)	(event type)	(total humber)	
	1 Gross receipts	157,195.	48,998.	24,953.	231,146
	2 Less: Contributions	4,765.	555.	5,364.	10,684
	3 Gross income (line 1 minus line)	²⁾	48,443.	19,589.	220,462
	4 Cash prizes				
	5 Noncash prizes		1,095.		1,095
<u>, , , , , , , , , , , , , , , , , , , </u>	6 Rent/facility costs	10,000.	5,320.		15,320
	7 Food and beverages	38,375.	5,662.		44,037
	8 Entertainment				
	9 Other direct expenses		2,394.	6,431.	21,192
	10 Direct expense summary. Add li	nes 4 through 9 in column (d)			81,644
_	11 Net income summary. Subtract 11 Gaming. Complete if the	line 10 from line 3, column (d) organization answered "Yes" on Forn			138,818
1			(b) Pull tabs/instant		(d) Total gaming (ad
	1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 Gross revenue 2 Cash prizes			(c) Other gaming	
	1 Gross revenue			(c) Other gaming	
	Cash prizes			(c) Other gaming	
	Gross revenue Gross revenue Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	
	Gross revenue Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo	(c) Other gaming	
	 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Valuate labor 	Yes%	bingo/progressive bingo	☐ Yes % No	
	 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add li 	Yes%	bingo/progressive bingo	☐ Yes%	
	 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lii Net gaming income summary. S 	Yes% No nes 2 through 5 in column (d) Subtract line 7 from line 1, column (d)	bingo/progressive bingo	Yes%	
	 Gross revenue Cash prizes Noncash prizes Rent/facility costs Rent/facility costs Other direct expenses Volunteer labor Volunteer labor Direct expense summary. Add liiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Provide the set of th	bingo/progressive bingo	%	col. (a) through col. (
	 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lii Net gaming income summary. S Enter the state(s) in which the organ 	Provide the set of th	bingo/progressive bingo	%	(d) Total gaming (ad col. (a) through col. (
	 Gross revenue Cash prizes Noncash prizes Rent/facility costs Rent/facility costs Other direct expenses Volunteer labor Volunteer labor Direct expense summary. Add liiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Image: Second stress	bingo/progressive bingo	Yes % No	Col. (a) through col. (c

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	TURNING	POINT,	INC.		38-2	29202	0 Page 3
		aming activities w	ith nonmemb	oers?			Yes	No
					of a partnership or other entity formed			
	to administer charitable gaming?						Yes	No
13	Indicate the percentage of gamin							
a	The organization's facility						13a	%
							13b	%
					s gaming/special events books and record			
	Name							
	Address							
15a	Does the organization have a con	tract with a third	party from w	hom the or	ganization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gam	iing revenue recei	ved by the o	rganization	and the an	nount		
	of gaming revenue retained by th	e third party \$						
c	If "Yes," enter name and address	of the third party	:					
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
				<u> </u>				
	Director/officer	Employee			endent contractor			
47								
	Mandatory distributions:		a alaawitalala	ما : ما : ما : م				
а	Is the organization required unde						Vee	
	retain the state gaming license?							No No
	organization's own exempt activit	•		e distribute	d to other exempt organizations or spent	in the		
Pa				ations requ	uired by Part I, line 2b, columns (iii) and (v)	· and Part	· III lines 9	9h 10h
					information. See instructions.	, and i an	,	, 55, 165,
			provide any	additional				
2320	33 10-27-22					Schedu	le G (Forr	n 990) 2022
				34				

Part IV	Supplemental Information	n (continued)	
232084 04-01-	-22		Schedule G (Form 990)

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations.		L	OMB No.	1545-0047	
(Form 990)		Go	vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States			20	22	
Department of the Treasury		Compr		Attach to Forn		1 1 1 , inte 2 1 of 22.			Open te	D Public	
Internal Revenue Service			Go to www.irs			ation.			Inspe	ection	
Name of the organizati	Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer										
	TURNING P	OINT, INC	•						38-22	92020	
Part I General Ir	nformation on Grants a	nd Assistance									
1 Does the organiz	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection				
criteria used to a	ward the grants or assis	tance?							X Yes	No No	
	IV the organization's pro										
	d Other Assistance to I					anization answered "Y	'es" on Form 990, Part	: IV, line 21,	for any		
· · · ·	nat received more than \$					(f) Method of					
	ldress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of or assistance		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

TURNING POINT, INC.

38-2292020

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					CLOTHING, HOUSEHOLD ITEMS,
CLOTHING, HOUSEHOLD ITEMS, FURNITURE	479	Ο.	20,667.	THRIFT STORE VALUE	FURNITURE
					TRANSPORTATION ASSISTANCE, BUS
					TICKETS, PPO SERVICE, BASIC
					NEEDS, HOTEL STAYS, LEGAL
CLIENT ASSISTANCE	580	Ο.	178,336.	ACTUAL COST	PAPERWORK, TRAVEL ASSISTANCE
					LANGUAGE INTERPRETATION
OMMUNICATION ASSISTANCE	45	0.	2,818.	ACTUAL COST	SERVICES
					RENTAL COST ASSISTANCE,
					UTILITY ASSISTANCE & SECURITY
OUSING ASSISTANCE	73	Ο.	580,340.	ACTUAL COST	DEPOSIT ASSISTANCE

PART I, LINE 2:

INDIVIDUALS WHO RECEIVE ASSISTANCE HAVE TO BE CURRENT CLIENTS OF TURNING

POINT & SELF-REPORT A NEED, IN ORDER TO QUALIFY FOR ASSISTANCE.

Department of the Treasury

Transactions With Interested Persons

OMB No. 1545-0047

Open To Public

1

Inspection

(Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Nevenue Service	40		in eiget/i eim	000 10			cot information				00000		
Name of the organization	า							Emp	oloyer	ident	ificati	on nur	nber
	TURNIN	G PO	INT, ING	с.				38	-22	920	20		
Part I Excess E). secti	on 501(c)(4), and see	ction 501(c)(29) organ						
							, or Form 990-EZ, Pa						
1	U		lationship betv		,	(<u>,</u>			~.	(d)	Correc	ted?
(a) Name of disquali	fied person		person and or			(0	c) Description of trans	sactio	n				No
											<u> </u>		
3 Enter the amount o	f tax, if any, on li and/or Fron	ne 2, at n Inte i	oove, reimburse rested Pers	ed by [.]	the org	ganization	Form 990, Part IV, line		\$				
reported ar	amount on Forr	n 990, F	Part X, line 5, 6	, or 22	2.								
(a) Name of interested person	(b) Relatio with organi		(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa		(h) Ap by bo comm	ard or	(i) W agreer	
				То	From			Yes	No	Yes	No	Yes	No
													<u> </u>
													<u> </u>

Total Grants or Assistance Benefiting Interested Persons. Part III

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

232131 11-01-22

\$

Schedule L (Form 990) 2022

TURN	ITNG	POINT,	INC

Part IV	Business	Transactions	Involving	Interested	Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of	(a) Name of interested person		(b) Relationship between interested person and the organization			(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
								Yes	No
GREG BISCHE	R	SPOUSE	OF	PAST	BOAR	96,000	0.RENT AT 76		X
GREG BISCHE	R	SPOUSE	OF	PAST	BOAR	183,965	5. IT SERVICES	3	X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: GREG BISCHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF PAST BOARD CHAIR

(D) DESCRIPTION OF TRANSACTION: RENT AT 76 S MAIN STREET (MAIN STREET

LAND GROUP, LLC) DETERMINED AT FAIR MARKET VALUE.

(A) NAME OF PERSON: GREG BISCHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF PAST BOARD CHAIR

(D) DESCRIPTION OF TRANSACTION: IT SERVICES (GRIT TECHNOLOGIES)

DETERMINED AT FAIR MARKET VALUE.

Schedule L (Form 990) 2022

232132 11-01-22

SCHE	DULE	Μ
(Form	990)	

Noncash Contributions

OMB No. 1545-0047

2

22

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

38-2292020

Name of the	organization
-------------	--------------

TURNING POINT, INC.

Fai	LI	I Y	pes of Froperty								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of deter contributio			i
1	Art -	Works	s of art								
2			ical treasures								
3			onal interests								
4			publications								
5			nd household goods	Х		199,826.	ANNUAL	SALES	REV	ΈN	UE
6			ther vehicles								
7			planes								
8			property								
9			Publicly traded								
10			- Closely held stock								
11			- Partnership, LLC, or								
		t intere									
12			- Miscellaneous								
13			onservation contribution -								
			ructures								
14			onservation contribution - Other								
15			e - Residential								
16			e - Commercial								
17			e - Other								
18			s								
19			ntory								
20			medical supplies								
21											
22			artifacts								
23			pecimens								
24			cal artifacts								
25	Othe)								
26	Othe)								
27	Othe	```)								
28	Othe		· · · · · · · · · · · · · · · · · · ·								
29			Forms 8283 received by the organ	ization during	the tax year for co	ontributions					
			he organization completed Form 82								
				, , -	y				Ye	es	No
30a	Duri	na the	year, did the organization receive b	ov contributio	on any property rep	orted in Part I. lines 1 throug	h 28. that it				
		-	for at least 3 years from the date of	-	• • • • •						
			rposes for the entire holding period	~				3	0a		х
b	b If "Yes," describe the arrangement in Part II.										
31			rganization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?		81		Х
			rganization hire or use third parties								<u> </u>
	cont	tributio	ns?		•	· · ·			2a		Х
		,	escribe in Part II.								
33	It the	e oraar	nization didn't report an amount in (column (c) fo	r a type of property	i tor which column (a) is cher	ked				

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

Schedule M (Form 990) 2022

232141 09-09-22

LHA

describe in Part II.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	41	
232142 09-09-22		Schedule M (Form 990) 2022

41 2022.06000 TURNING POINT, INC. SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



TURNING POINT, INC.

Employer identification number 38-2292020

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

RESOURCES WHILE ADVOCATING FOR COMMUNITY ACTION TO END OPPRESSION AND

VIOLENCE.

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

ADVOCATES FOR SEXUAL ASSAULT CRISIS INTERVENTION AND FORENSIC MEDICAL

EXAMS IN MACOMB AND ST CLAIR COUNTIES.

EMERGENCY SHELTER- SINCE 1980, (40+ YEARS) THE SHELTER PROGRAM HAS

OPERATED 24/7/365 AS A VITAL PART OF THE SAFETY NET IN METRO DETROIT

THAT SUPPORTS AND PROTECTS FAMILIES FLEEING FROM DOMESTIC VIOLENCE,

SEXUAL VIOLENCE, OR HUMAN TRAFFICKING. IN ADDITION TO PROVIDING

SHELTER AND BASIC NEEDS TURNING POINT ALSO OFFERS CRISIS

COUNSELING/SUPPORT, TUTORIAL ASSISTANCE, SAFETY PLANNING, RECREATION

ACTIVITIES, SUPPORT AND EDUCATION FOR ALL SHELTER RESIDENTS. LAST YEAR

APPROXIMATELY 383 SURVIVORS AND THEIR CHILDREN RECEIVED EMERGENCY

SHELTER SERVICES.

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

COMMUNITY DEVELOPMENT & PREVENTION

COMMUNITY DEVELOPMENT BRINGS COMMUNITY MEMBERS TOGETHER TO IMPROVE THE

SYSTEM'S RESPONSE TO DOMESTIC AND SEXUAL VIOLENCE AND DEVELOP THE

RESOURCES THEY NEED TO ACCESS SAFETY. STAFF PROVIDE COMMUNITY

EDUCATION, INCLUDING POLICY DEVELOPMENT FOR LAW ENFORCEMENT, MEDICAL

 STAFF, SOCIAL SERVICE SYSTEMS, AND OTHER COMMUNITY GROUPS TO BUILD A

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22
 Schedule O (Form 990) 2022

Name of the organization TURNING POINT, INC.	Employer identification numb 38-2292020
COMMUNITY RESPONSE THAT PROVIDES SAFETY FOR VICTIMS	AND ACCOUNTABILITY
FOR ABUSERS. LAST YEAR APPROXIMATELY 110 PRESENTATIO	ONS WERE FACILITATED
TO OVER 1,597 ADULTS. PREVENTION EDUCATION WORKS WIT	TH MIDDLE AND HIGH
SCHOOL STUDENTS FACILITATING TRAININGS ON DATING VIC	DLENCE, SEXUAL
VIOLENCE, AND GENDER SOCIALIZATION. LAST YEAR THEY C	COMPLETED
APPROXIMATELY 259 TRAININGS TO OVER 7,251 MACOMB COU	INTY YOUTH.
ADDITIONALLY, THIS YEAR THEY CONTINUED TO EXPAND THE	EIR PROGRAM TO 4
ADDITIONAL SCHOOL DISTRICTS.	
TURNING POINT HAS BEEN OPERATING A RESALE SHOP CALLE	ED SECOND HAND ROSE
FOR OVER 30 YEARS. THE STORE PROVIDES CLOTHING AND C	THER ESSENTIALS TO
FAMILIES ENTERING SHELTER AND UPON LEAVING TO SET UP	P HOUSEHOLDS.
DURING FY22, THE HUMAN TRAFFICKING PROGRAM WAS ADDED) TO HELP IDENTIFY
AND RESCUE VICTIMS OF HUMAN TRAFFICKING FROM THE STR	REETS OF OUR
COMMUNITY.	

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD. ON THE EXECUTIVE COMMITTEE SITS THE BOARD CHAIR, BOARD VICE CHAIR - INTERNAL OPERATIONS, BOARD VICE CHAIR - EXTERNAL, SECRETARY & TREASURER. THE EXECUTIVE COMMITTEE SETS THE BOARD STRATEGY & DIRECTION, WORKS CLOSELY WITH THE CEO, PROVIDES THE ANNUAL EVALUATION OF THE CEO, AND HANDLES BUSINESS BETWEEN BOARD MEETINGS.

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

THE FINANCE COMMITTEE IS PROVIDED A DRAFT 990 TAX RETURN TO REVIEW. AFTER Schedule O (Form 990) 2022 232212 10-28-22 43 2022.06000 TURNING POINT, INC.

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
TURNING POINT, INC.	38-2292020
THEIR REVIEW, THE DRAFT 990 TAX RETURN IS PRESENTED TO THE	BOARD OF

DIRECTORS SO THEY CAN VOTE TO AMEND OR TO APPROVE.

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

THE CONFLICT OF INTEREST POLICY IS PART OF THE YEARLY BOARD MONITORING CALENDAR WHICH YEARLY REVIEWS GOVERNANCE POLICIES AND BY-LAWS AND IS SIGNED BY ALL BOARD MEMBERS. IT IS THE RESPONSIBILITY OF EVERY BOARD MEMBER TO STATE ANY POTENTIAL CONFLICT OF INTEREST THEY MAY POSE AT ANY GIVEN TIME DURING DISCUSSION AND VOTING ON AN ISSUE. ALL BOARD MEMBERS ARE REMINDED ANNUALLY OF THE CONFLICT OF INTEREST POLICY DURING THEIR SELF EVALUATION.

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

TURNING POINT HAS ESTABLISHED SALARY RANGES THAT ARE REVIEWED BY AN INTERNAL HUMAN RESOURCES COMMITTEE AND THE BOARD OF DIRECTORS. THE ESTABLISHED SALARY RANGES ARE SET AFTER COMPARING TURNING POINT SALARIES TO OTHER NON-PROFIT ORGANIZATIONS IN SOUTHEAST MICHIGAN. THE CEO SALARY IS DETERMINED BY THE BOARD OF DIRECTORS WITHIN THE SET SALARY RANGES. OTHER KEY STAFF SALARIES ARE SET BY THE CEO BASED UPON EACH STAFF'S EXPERIENCE AND EDUCATION WITHIN THE SET SALARY RANGES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST.

FORM 990, PART XII, LINE 2C:

TURNING POINT'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT

OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM.

232212 10-28-22

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a	senarate	application	for each	return
гие а	Separate	application	IOI eaci	i return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o	r Name of exempt organization or other filer, see instru-	uctions.		Taxpayer	identificatio	on number (TIN)	
print	TURNING POINT, INC.					92020	
File by th due date filing you	for Number, street, and room or suite no. If a P.O. box,	see instruct	ions.				
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MT • CLEMENS , MI 48046						
Enter t	ne Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1	
Applic	ation	Return	Application			Return	
ls For		Code	Is For C				
Form 9	90 or Form 990-EZ	01	Form 1041-A 08				
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) DAWN BONDERCZU	07					
 If th If th box 1 t t 	request an automatic 6-month extension of time until he organization named above. The extension is for the org	Group Exe and atta AUGU: ganization's , an	mption Number (GEN), I ich a list with the names and TINs of ST 15, 2024, to file return for: d ending SEP 30, 2023	f this is fo all membe	r the whole ers the extern npt organiza	group, check this	
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.	
-	this application is for Forms 990-PF, 990-T, 4720, or 606	3b	. *				
e	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
						•	
	sing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.	
Cautio instruc	n: If you are going to make an electronic funds withdrawa tions.	I (direct del	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	9-TE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form	8868 (Rev. 1-2022)	

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