Form **99** 

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

		e 2023 calendar year, or tax year beginning and and a second	dending					
	Check if			D Employer identific	cation number			
á	applicab	E TURNINGPOINT FOR VICTIMS OF DOMESTIC A	AND					
	Addre	SEXUAL VIOLENCE INC.						
	Name chang	pe Doing business as		39-1322995				
	Initial returr		E Telephone number					
	Final returr	PO BOX 304	715-425-	6751				
	termii ated	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	2,615,926.				
	Amer returr			H(a) Is this a group re	eturn			
	Appli tion	F Name and address of principal officer: ALENA IAILOR		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
1	Tax-ex	empt status: 🗴 501(c)(3) 🔄 501(c) ( ) (insert no.) 🗌 4947(a)(1)	or 🚺 527	If "No," attach a	list. See instructions			
	Websi			H(c) Group exemption	n number			
K	orm o	f organization: 🔀 Corporation 📄 Trust 🦳 Association 🦳 Other	L Year	of formation: 1979 N	State of legal domicile: WI			
Pá	art I	Summary						
<b>a</b>	1	Briefly describe the organization's mission or most significant activities: PROV			ESOURCES TO			
ŭ		ACHIEVE FREEDOM FROM DOMESTIC AND SEXUAL	VIOLEN	ICE.				
Governance	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	ets.			
ove	3				8			
		Number of independent voting members of the governing body (Part VI, line 1b) $% \left( 1-\frac{1}{2}\right) =0$			8			
ŝ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			34			
Activities &	6	Total number of volunteers (estimate if necessary)	6	40				
Acti	7 a			<u>7a</u>	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		1,024,587.	2,485,060.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
se	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-246.	-15,506.			
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,645.	22,486.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,057,986.	2,492,040.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	20,083.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		624,713.	738,569.			
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.			
Expenses				120 196	245 007			
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>430,186</u> . 1,054,899.	<u>345,097.</u> 1,103,749.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						
	19	Revenue less expenses. Subtract line 18 from line 12		3,087. ginning of Current Year	<u>1,388,291.</u> End of Year			
ts ol				1,072,026.				
SSe	20	Total assets (Part X, line 16)			2,655,091.			
Net Assets or	21	Total liabilities (Part X, line 26)		<u>176,890.</u> <u>371,664</u> 895,136. 2,283,427				
	art II	Net assets or fund balances. Subtract line 21 from line 20		• 0 5 7 , 1 7 0 •	4,403,447.			
		alties of perjury, I declare that I have examined this return, including accompanying schedule	e and etatame	ante and to the best of my	knowledge and belief it is			
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of w			KIIOWIEUYE AIIU DEIIEI, IL IS			
uue	,	ני, מות כסוווטוכני. שבטמומנוטון טו טובישמובו (טנוופו נוומו טוווכפו) וג שמפט טון מו וווטווומנוטון טו א	men preparel					
<b>C</b> i~	n	Signature of officer		Date				
Sig Her		ALENA TAYLOR, EXECUTIVE DIRECTOR						

I I EI E											
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	DAWN YARRINGTON	DAWN YARRINGTON	06/21/24 self-employed P01584414								
Preparer	Firm's name CLIFTONLARSONALLE	Firm's EIN 41-0746749									
Use Only	Firm's address 3402 OAKWOOD MALL										
	EAU CLAIRE, WI 54	701-7672	Phone no. 715 - 852 - 1100								
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No								
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

8

	TURNINGPOINT FOR VICTIMS OF DOMESTIC AND		
	990 (2023) SEXUAL VIOLENCE INC.	39-1322995	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TURNINGPOINT PROVIDES SUPPORT AND RESOURCES TO ACHIEVE		
	DOMESTIC AND SEXUAL VIOLENCE. THE AGENCY SERVES INDIVID		
	FAMILIES FROM PIERCE AND ST. CROIX COUNTIES OF WISCONSI		
	SURROUNDING AREA. ALL SERVICES ARE FREE AND CONFIDENTIA	<u>۰</u> ــــ	
2	Did the organization undertake any significant program services during the year which were not listed on the		<b>T7</b>
	prior Form 990 or 990-EZ?		s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?Yes	s 🚺 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, $P_{\rm exc} = 2000  {\rm m}^{-1}$		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	ners, the total expenses, a	and
4-	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 478,654. including grants of \$ 13,215.) (Re		0.)
4a	(Code:)(Expenses \$478,654. including grants of \$13,215.) (Re INTIMATE PARTNER VIOLENCE SERVICES AND SHELTER OPERATIO		<u> </u>
	SERVICES INCLUDE 24-HOUR CRISIS PHONE AND TEXT HOTLINES		
	SHELTER; SAFETY PLANNING; ONE-ON-ONE EMOTIONAL SUPPORT;		
	INFORMATION AND REFERRAL SERVICES; SUPPORT GROUPS; AND		
	CLOTHING, AND HYGIENE PRODUCTS.	EMERGENCI FUC	,
	CLOTHING, AND HIGIENE PRODUCTS.		
46	(Code:) (Expenses \$128,402. including grants of \$6,868. ) (Re	•	0.)
40	(Code:) (Expenses \$128,402. including grants of \$6,868. ) (Re	evenue \$	<u> </u>
	SERVICES INCLUDE 24-HOUR CRISIS PHONE AND TEXT HOTLINES		
	AND SANE EXAM ADVOCACY; SUPPORT GROUPS; VIOLENCE PREVEN		
	EMOTIONAL SUPPORT; AND EMERGENCY FOOD, CLOTHING, AND HY	!	
	EMOTIONAL SUITOAT, AND EMERGENCI FOOD, CLOTHING, AND HI	GIENE INODUCI	
4c	(Code:) (Expenses \$ 0 • including grants of \$ 0 • ) (Re	evenue \$ 22 ,	486.)
40	(Code:) (Expenses \$U • including grants of \$) (Re		( <b>±00</b> •)
	SECOND CHANCES THRIFT STORE ACCEPTS TAX-DEDUCTIBLE DONA	TONS OF	
	HOUSEHOLD GOODS, FURNITURE, AND CLOTHING. VICTIMS OF VI		75
	VOUCHERS TO REDEEM FOR MERCHANDISE AT SECOND CHANCES. T		<u> </u>
	MERCHANDISE IS ALSO SOLD TO THE PUBLIC. PROCEEDS FROM S		!
	THRIFT STORE SUPPORT TURNINGPOINT SERVICES TO VICTIMS O		,
	VIOLENCE AND SEXUAL ASSAULT.	DOMESTIC	
	VIOLENCE AND DENORD ADDROUT.		
4-1			
4d	Other program services (Describe on Schedule O.) $(1 - 1)^{-1}$	0.)	
	(Expenses \$ 40,257. including grants of \$ 0.) (Revenue \$ Total program service expenses 647,313.	U•)	
<u>4e</u>	Total program service expenses   647,313.	F	<b>990</b> (2023)
000		Form	(2023)
332002	2 12-21-23 <b>9</b>		
	2		

2023.04000 TURNINGPOINT FOR VICTIMS A3749451

### TURNINGPOINT FOR VICTIMS OF DOMESTIC AND

	990 (2023) SEXUAL VIOLENCE INC. 39-132	<u>2995</u>	P	Page 3
Pa	rt 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
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?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10	х	
44	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,		- 11	
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
	Part VI	11a		
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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			
.5	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? <i>If</i> "Yes."			<u> </u>
19		10		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u> ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	1	X

332003 12-21-23

17130711 131839 A374945

10

Form 990 (2023)

#### TURNINGPOINT FOR VICTIMS OF DOMESTIC AND

Form	990 (2023) SEXUAL VIOLENCE INC. 39-132	2995	Р	age <b>4</b>
Par	t 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	Х	
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			
	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			
	Schedule K. If "No," go to line 25a	24a		X X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	v	X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		
u		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		<u> </u>
50	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			<u> </u>
57	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?	- 57		<u> </u>
		38	x	
Par	Note: All Form 990 filers are required to complete Schedule 0           t V         Statements Regarding Other IRS Filings and Tax Compliance	1 00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5		
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	¥ 12-21-23	Form	990	(2023)
	11			

2023.04000 TURNINGPOINT FOR VICTIMS A3749451

#### -----TTOTTMO .....

<b>F</b>	990 (2023) TURNINGPOINT FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE INC. 39–1322	005		5					
Porm		330	Р	<sub>age</sub> 5					
			Yes	No					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		165	NU					
20	filed for the calendar year ending with or within the year covered by this return 2a 34								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x						
		3a		x					
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55							
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
h	If "Yes," enter the name of the foreign country	<u>4a</u>		X					
D 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					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
ou	any contributions that were not tax deductible as charitable contributions?	6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.0							
	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		x					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.0							
Ū	to file Form 8282?	7c		x					
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
	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									
h									
8									
_	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	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 11a								
	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								
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 13b								
с	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	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					
	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								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

332005 12-21-23

Form **990** (2023)

#### TURNINGPOINT FOR VICTIMS OF DOMESTIC AND

	990 (2023) SEXUAL VIOLENCE INC.		39-132		P	age 6				
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" r	espon	se				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.									
	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8						
	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 0.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		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	point	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	lders, 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	r by the	e following:							
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue/</u>	Code.)							
					Yes	No				
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,	10b						
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
	<b>Ia</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v					
	on Schedule O how this was done			12c	X X					
13	Did the organization have a written whistleblower policy?			13	^ X					
14	Did the organization have a written document retention and destruction policy?			14	~					
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.	х					
a L	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	Λ					
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	ont w	ith a							
109	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?			16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			10a						
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi									
				16b						
Sec	exempt status with respect to such arrangements?					<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filedWI , MN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 501(c)(3	s only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.		. (	,·· <b>,</b> ,						
	Own website Another's website X Upon request Other (explain	on Sc	hedule ()							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd financ	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records							
	ALENA TAYLOR - (715)425-6751									
	PO BOX 304, RIVER FALLS, WI 54022									
332006	) 12-21-23			Form	990	(2023)				
	13									

17130711 131839 A374945

<sup>2023.04000</sup> TURNINGPOINT FOR VICTIMS A3749451

	TURNINGPOINT FOR VICTIMS OF DOMESTIC ANI	)									
Form 990 (2023)	SEXUAL VIOLENCE INC.	39-1322995	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employees, and Independent Contractors											
Check if Scheo	dule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
	r all persons required to be listed. Report compensation for the calendar year ending	8	,								

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	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s botł	nan	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALENA TAYLOR	40.00				×	1 0	ц			
EXECUTIVE DIRECTOR				x				101,850.	Ο.	22,193.
(2) PATTY SCHACHTNER	1.00									
PRESIDENT		Х		X				0.	Ο.	0.
(3) ASHLEY BURT	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) KRISTA HERUM	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) NANCY DRESSEL	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ANDREA LYON	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CAROL ACKLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) EDNA GROTJAHN EARLY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SHERIE KRISTIE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KIMBERLY MCDONALD	1.00									
DIRECTOR		х						0.	0.	0.
		1								
		1								
	1			·	·					<b>000</b> (0000)

332007 12-21-23

Form 990 (2023)

#### 17130711 131839 A374945

14 2023.04000 TURNINGPOINT FOR VICTIMS A3749451

Form 990 (2023) SEXUAL	POINT FOR VIOLENCE			ΤI	MS	0	F	DOMESTIC AND	39-1322	995 Page <b>8</b>
Part VII Section A. Officers, Directors, T	rustees, Key Emp	ploye	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(-1-	not cl	Pos	ition			Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	son i	s both	ı an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trust	tee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee	m pen		1099-NEC)	1099-NEC)	and related
	below	dual t	utiona	-	nploy	st col	er	1000 1120)		organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			C
		-								
		-								
		$\vdash$								
		-								
1b Subtotal	I				I		I	101,850.	0.	22,193.
c Total from continuation sheets to Par								0.	0.	0.
d Total (add lines 1b and 1c)								101,850.	0.	22,193.
2 Total number of individuals (including b								· · · ·		,_,,
compensation from the organization				_	2.0	,	2.0	(00,		1
										Yes No
0 Did the second stice list and former off							1.1.1.1			

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on		
	line 1a? If "Yes," complete Schedule J for such individual	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services		
	rendered to the organization? If "Yes." complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address NONE	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those lis \$100,000 of compensation from the organization 0	ted above) who received more than	

Form 990 (2023)

### TURNINGPOINT FOR VICTIMS OF DOMESTIC AND

		0 (2023) SEXUAL VIOLEN	CE INC.			39-1322	995 Page <b>9</b>
Pa	rt V	/III Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin		(5)	(0)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under
			14 000				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a	14,000.				
Gra Jou		b Membership dues 1b					
ts, An		c Fundraising events 1c					
Gif İlar		d Related organizations 11	260 675				
ns, Sim			260,675.				
utio		f All other contributions, gifts, grants, and	210,385.				
oth			38,261.	-			
ont nd				2,485,060.			
o a		h Total. Add lines 1a-1f	Business Code	2,403,000.			
•	2	a	Buoinese eeue				
vice							
Ser		b					
m ver		d					
Program Service Revenue		e					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3						
		other similar amounts)		6,030.			6,030.
	4						
	5						
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
•		<b>b</b> Less: cost or other basis	21 526				
venue		and sales expenses 7b c Gain or (loss) 7c	<u>21,536.</u> -21,536.				
			-	-21,536.			-21 536
Other Re		d Net gain or (loss)	 T	-21,550.			-21,536.
Othe	8	a Gross income from fundraising events (not including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
			124,836.				
		b Less: cost of goods sold	102,350.				
		c Net income or (loss) from sales of inventory		22,486.	22,486.		
s			Business Code				
Miscellaneous Revenue	11						
llan.		b					
scel							
Mis		d All other revenue					
	12	e Total. Add lines 11a-11d		2,492,040.	22,486.	0.	-15,506.
33200		-21-23		<u>, 172,010</u>	, ±00•	. 0.	Form <b>990</b> (2023)

16

usign I	Envelope ID: 330D5B30-EFB4-424E-8208-193CD3	97ED31			
Form	990 (2023) SEXUAL VIOLE	ENCE INC.	OF DOMESTIC		22995 Page <b>10</b>
Par	t IX Statement of Functional Expense	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a response	se or note to any line in t (A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	20,083.	20,083.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	124,045.	107,918.	12,405.	3,722.
6	Compensation not included above to disqualified		20175200		
5	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	517,381.	341,742.	99,225.	76,414.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10,359. 35,702.	6,020.	3,220.	<u>1,119.</u> <u>4,377.</u> <u>4,611.</u>
9	Other employee benefits	35,702.	18,825.	12,500.	4,377.
10	Payroll taxes	51,082.	33,045.	13,426.	4,611.
11	Fees for services (nonemployees):				
	Management				
b	Legal	76,535.	E 002	70,633.	
	Accounting	/0,555.	5,902.	10,033.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A), amount, list line 11g expenses on Sch O.)	30,861.	2,867.	27,994.	
12	Advertising and promotion	25,835.	2,867. 11,758.	27,994. 14,077.	
13	Office expenses				
14	Information technology	28,782.	3,768.	24,534.	480.
15	Royalties				
16	Occupancy	10,438.		10,438.	
17	Travel	7,894.	3,776.	3,920.	198.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	7,706.	7,706.		
20 21	Interest Payments to affiliates	7,700.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
22	Depreciation, depletion, and amortization	28,796.	23,831.	4,965.	
23	Insurance	28,796. 17,281.	333.	16,948.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	66,050.	46,955.	19,095.	
b	PROGRAM EXPENSES	15,641.	10,543.	5,098.	
C	REPAIRS AND MAINTENANCE	<u>15,094</u> . 3,384.	2 2/1	15,094. 1,108.	35.
d	STAFF TRAINING	10,800.	2,241.	2,483.	8,317.
е 25	All other expenses	1,103,749.	647,313.	357,163.	99,273.
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,_00,,400			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm <b>990</b> (2022)

332010 12-21-23

17130711 131839 A374945

Form 990 (2023)

#### TURNINGPOINT FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE INC.

Balance Sheet SEXUAL VIOLENCE INC.		55	1322995 Page 11
Check if Schedule O contains a response or note to any line in this Part X			
	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Cash - non-interest-bearing	254,666.		418,538
Savings and temporary cash investments	1,289.	2	1,290
Pledges and grants receivable, net	101,472.	3	105,991
Accounts receivable, net		4	
Loans and other receivables from any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons		5	
Loans and other receivables from other disqualified persons (as defined			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Notes and loans receivable, net		7	
Inventories for sale or use	15,000.	8	10,000
Prepaid expenses and deferred charges	13,859.		17,387
Land, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D 10a 2,835,144.			
Less: accumulated depreciation 10b 781,379.	644,703.	10c	2,053,765
Investments - publicly traded securities		11	
Investments - other securities. See Part IV, line 11	34,265.	12	39,732
Investments - program-related. See Part IV, line 11		13	
Intangible assets		14	
Other assets. See Part IV, line 11	6,772.	15	8,388
Total assets. Add lines 1 through 15 (must equal line 33)	1,072,026.	16	2,655,091
Accounts payable and accrued expenses	20,808.	17	232,892
Grants payable	<b>·</b>	18	
Deferred revenue		19	
Tax-exempt bond liabilities		20	
Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Loans and other payables to any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons		22	
Secured mortgages and notes payable to unrelated third parties	149,310.	23	130,043
Unsecured notes and loans payable to unrelated third parties	<b>·</b>	24	
Other liabilities (including federal income tax, payables to related third			
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D	6,772.	25	8,729
Total liabilities. Add lines 17 through 25	176,890.	26	371,664
Organizations that follow FASB ASC 958, check here			
and complete lines 27, 28, 32, and 33.			
Net assets without donor restrictions	821,433.	27	2,168,323
Net assets with donor restrictions	73,703.	28	115,104
Organizations that do not follow FASB ASC 958, check here			
and complete lines 29 through 33.			
Capital stock or trust principal, or current funds		29	
Paid-in or capital surplus, or land, building, or equipment fund		30	
		31	
	895,136.	32	2,283,427
	1,072,026.	33	2,655,091
Reta Total		ined earnings, endowment, accumulated income, or other funds         net assets or fund balances	ined earnings, endowment, accumulated income, or other funds net assets or fund balances 31

Isign	Envelope ID. 550D5B50-EFB4-424E-6206-195CD397ED51				
	TURNINGPOINT FOR VICTIMS OF DOMESTIC AND				
	990 (2023) SEXUAL VIOLENCE INC.	39-132	2995	Pag	<sub>ge</sub> 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>	<u></u>		
			- <b>1</b> -1	<b>.</b>	4.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	$\frac{2}{1}, \frac{49}{10}$	2,04	$\frac{10}{10}$
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,10	3,14	<u>+9.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3 4	1,38	o,⊿: 5,1:	<u> </u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		09:	э,⊥.	50.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	<u>6</u> 7			
7	Investment expenses				
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	2,28	а Л <sup>.</sup>	27
Pa	column (B)) rt XII Financial Statements and Reporting		2,20.	5, 1	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII				
		<u></u>		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
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** (2023)

SCHEDULE A Public Charity Status and Public Support					OMB No. 1545-0047			
(Form 990)			ization is a section 501					2023
			47(a)(1) nonexempt cha					
Department of the Treasury Internal Revenue Service			ttach to Form 990 or Fo					Open to Public Inspection
Name of the organization			Form990 for instruction OR VICTIMS OF				Employor	identification number
Name of the organization		AL VIOLENC		DOME	PITC	AND		9-1322995
Part I Reason			(All organizations must c	omplete th	us part ) S	ee instruction		J 1522555
The organization is not a							0.	
			n of churches described			I)(A)(i).		
			Attach Schedule E (Form					
			anization described in se		(b)(1)(A)(ii	i).		
4 A medical res	earch organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
city, and state	e:							
5 An organization	on operated fo	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
		complete Part II.)						
			nental unit described in			.,		
-		•	ntial part of its support fr	om a gove	rnmental	unit or from th	ne general p	oublic described in
·		omplete Part II.)	(1)(A)(vi). (Complete Part	. 11 \				
			in section 170(b)(1)(A)(i	,	d in coniu	inction with a	land-grant	college
5	-		ulture (see instructions).		-		-	-
university:	y a non lana g					, and clare er	and demogra	
10 An organizatio	on that normal	lly receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from
activities relat	ted to its exem	npt functions, subjec	t to certain exceptions; a	ind (2) no r	more than	33 1/3% of it	s support fi	rom gross investment
income and u	nrelated busin	less taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
See section s	509(a)(2). (Con	nplete Part III.)						
	-	-	vely to test for public saf	•				
-	-	-	vely for the benefit of, to	-			•	
		-	d in <b>section 509(a)(1)</b> o					Check the box on
	-	• •	f supporting organization upervised, or controlled l				-	aivina
			gularly appoint or elect a	•	-			
	-	complete Part IV, Se		majority o				pporting
		-	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ing
control or n	nanagement of	f the supporting orga	anization vested in the sa	ime persor	ns that co	ntrol or manag	ge the supp	ported
organizatio	n(s). <b>You mus</b> t	t complete Part IV,	Sections A and C.					
c 🔄 Type III fur	ctionally integ	grated. A supporting	g organization operated i	n connect	ion with, a	and functional	ly integrate	d with,
	•		). You must complete F	-				
	-	• •	orting organization oper			• •	•	( )
	,	0 0	ation generally must sati			•	an attentiv	reness
		,	nplete Part IV, Sections written determination from					
	•		nally integrated supportir			турет, туре	п, туре п	
f Enter the number of								
	• •	about the supporte						
(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governin		(v) Amount of	-	(vi) Amount of other
organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332021 12-21-23 20

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part II

#### TURNINGPOINT FOR VICTIMS OF DOMESTIC AND

SEXUAL VIOLENCE INC.

39-<u>1322995</u> Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	727,691.	915,947.	1021559.	1024587.	2485060.	6174844.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	727,691.	915,947.	1021559.	1024587.	2485060.	6174844.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						751,912.
6	Public support. Subtract line 5 from line 4.						751,912. 5422932.
	tion B. Total Support						• • • - •
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	727,691.	915,947.	1021559.	1024587.	2485060.	6174844.
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8.	0.	1,417.	881.	6,030.	8,336.
9	Net income from unrelated business		•••	_,,		.,	.,
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)			1,620.			1,620.
11	<b>Total support.</b> Add lines 7 through 10			_,			6184800.
12		etc. (see instructio	ns)			12	781,764.
	First 5 years. If the Form 990 is for th			fourth or fifth tax y	vear as a section 50		
	organization, check this box and <b>stor</b>	-					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			olumn (f))		14	87.68 %
	Public support percentage from 2022					15	95.29 %
	<b>33 1/3% support test - 2023.</b> If the o						
	stop here. The organization qualifies						37
b	<b>33 1/3% support test - 2022.</b> If the o		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	in now the organiz	
h	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				
				,,,,	, chook and box a		(Form 990) 2023

#### TURNINGPOINT FOR VICTIMS OF DOMESTIC AND

<u>39-1322995</u> Page 3

Schedule A	(Form 990)	) 2023	SEXUAL	VIOLENCE	INC.	
Part III	Support	Schedule for	or Organizat	tions Describe	ed in Sectio	n 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 disqualified 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						
$\frac{8}{\text{Sec}}$	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
	Amounts from line 6		(6) 2020		(0) 2022		
	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.)	L					
14	First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	mn (f), divided by	line 13, column (f))	)	17	%
	Investment income percentage from					18	%
<b>1</b> 9a	33 1/3% support tests - 2023. If the						ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organiza	tion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
33202	3 12-21-23		22	2		Sched	lule A (Form 990) 2023

<sup>2023.04000</sup> TURNINGPOINT FOR VICTIMS A3749451

# TURNINGPOINT FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE INC.

#### Schedule A (Form 990) 2023

39-1322995 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

Yes No

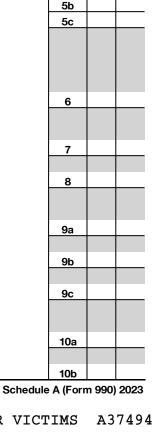
#### Part IV Supporting Organizations

(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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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 disqualified 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.)

23



Sche	TURNINGPOINT FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE INC. 39-12	32299	5 Pa	nce 5
	rt IV Supporting Organizations (continued)		<u> </u>	ige o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	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	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	-		
2	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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 satis	fy the Integral Part Test during the y	ear (see instructions).
---	---------------------------------------	--------------------------------	--	-------------------------

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

c 🗌	] 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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

17130711 131839 A374945

24

	TURNINGPOINT FOR VICTIMS	5 OF		
Sche	edule A (Form 990) 2023 SEXUAL VIOLENCE INC.			9-1322995 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 ( <i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

emergency temporary reduction (see instructions).

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

Schedule A (Form 990) 2023

### TURNINGPOINT FOR VICTIMS OF DOMESTIC AND

39-1322995 Page
-----------------

Sche Par	dule A (Form 990) 2023     SEXUAL VIOLENO       t V     Type III Non-Functionally Integrated 509(		nizations /		9-1322995	Page <b>7</b>
		allo Supporting Orga	nizations <sub>(continue</sub>	<i>∋a)</i>	Ourse at Va	
	on D - Distributions			-	Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	2				
4	Amounts paid to acquire exempt-use assets	s of supported organizations	,	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in <b>Part VI</b> )		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which th	e organization is responsive		-		
-	(provide details in Part VI). See instructions.	······································		8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	6	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7: Excess from 2019					
	Excess from 2019 Excess from 2020					
	Excess from 2020					
	Excess from 2022					
	Excess from 2022 Excess from 2023					
-						

Schedule A (Form 990) 2023

	TURNING	POINT	FOR	VICTIMS	OF	DOMESTIC	AND	
2023	SEXUAL	VIOLEN	ICE ]	ENC.				39-

	(Form 990) 2023	SEXUAL V	VIOLENCE	INC.		39-1322995	Pag
Part VI	Supplemental Inform	nation. Provid	de the explanatio	ns required by Part II, line 1	0; Part II, line 17a or 17	7b; Part III, line 12;	
	Part IV, Section A, lines 1, 1	2, 3b, 3c, 4b, 4d	c, 5a, 6, 9a, 9b, 9	c, 11a, 11b, and 11c; Part I	IV, Section B, lines 1 ar	nd 2; Part IV, Section	۱C,
	line 1; Part IV, Section D, li	nes 2 and 3; Pa	art IV, Section E, I	ines 1c, 2a, 2b, 3a, and 3b;	Part V, line 1; Part V, S	Section B, line 1e; Pa	art V,
	Section D, lines 5, 6, and 8	; and Part V, Se	ection E, lines 2,	5, and 6. Also complete this	part for any additional	information.	
	(See instructions.)						

Schedule A (Form 990) 2023

Departr	HEDULE D n 990)	Complete if the organ	al Financial Statements nization answered "Yes" on Form 990,		2023
	ment of the Treasury	A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12k ttach to Form 990.		Open to Public
	I Revenue Service		<u>0 for instructions and the latest informat</u> ICTIMS OF DOMESTIC ANI	_	Inspection
Name	e of the organizatior	SEXUAL VIOLENCE INC			er identification numbe 39-1322995
Par	rt I Organizat		d Funds or Other Similar Funds o		
		answered "Yes" on Form 990, Part IV, line			
	-		(a) Donor advised funds	(b) Funds a	ind other accounts
1	Total number at end	l of year			
2		contributions to (during year)			
3		grants from (during year)			
		end of year			
			writing that the assets held in donor advise	ed funds	
	are the organization'	's property, subject to the organization's e	exclusive legal control?		🗌 Yes 📃 Ne
6	Did the organization	inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only	
	for charitable purpos	ses and not for the benefit of the donor or	r donor advisor, or for any other purpose c	onferring	
_	impermissible privat	e benefit?			Yes No
Par	rt II Conservat	tion Easements. Complete if the org	ganization answered "Yes" on Form 990, P	Part IV, line 7.	
1	Purpose(s) of conser	rvation easements held by the organization	on (check all that apply).		
	Preservation c	of land for public use (for example, recreat		a historically imp	
	Protection of r	natural habitat	Preservation of	a certified histori	c structure
	Preservation o				
2		rough 2d if the organization held a qualifi	ied conservation contribution in the form o		
	day of the tax year.				d at the End of the Tax Yea
	-		·····		
			ucture included on line 2a	<u>2c</u>	
d		ation easements included on line 2c acqui			
2					as the tax
3			eased, extinguished, or terminated by the eased	organization duri	ng the tax
4	year	here property subject to conservation eas	amont is located		
<del>-</del> 5		on have a written policy regarding the peri			
5		rcement of the conservation easements it			Yes No
6	,		holds? handling of violations, and enforcing conse		
Ū					ne danng trie year
7	Amount of expenses	 s incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easements du	uring the year
		5, 1 5,	5		5 ,
8	Does each conserva	ation easement reported on line 2d above	satisfy the requirements of section 170(h)(	(4)(B)(i)	
	and section 170(h)(4	l)(B)(ii)?			Yes No
			on easements in its revenue and expense s		
9		include, if applicable, the text of the footn	ote to the organization's financial stateme	nts that describe	s the
9	balance sheet, and i				
9	organization's accou	unting for conservation easements.			
	organization's accou		Art, Historical Treasures, or Oth	ner Similar As	ssets.
	organization's account III Organizat			ner Similar As	ssets.
Par	organization's account rt III Organizat Complete if the	tions Maintaining Collections of he organization answered "Yes" on Form			
Par	organization's account <b>Complete if the organization element</b>	tions Maintaining Collections of he organization answered "Yes" on Form lected, as permitted under FASB ASC 958	990, Part IV, line 8.	nd balance sheet	works
Par	organization's account t III Organization Complete if the of art, historical treas	tions Maintaining Collections of the organization answered "Yes" on Form lected, as permitted under FASB ASC 958 isures, or other similar assets held for pub	990, Part IV, line 8. 8, not to report in its revenue statement an	nd balance sheet therance of publi	works
Par 1a	organization's account <b>Organizat</b> Complete if the of art, historical treases service, provide in P	tions Maintaining Collections of the organization answered "Yes" on Form lected, as permitted under FASB ASC 958 asures, or other similar assets held for pub Part XIII the text of the footnote to its finan	990, Part IV, line 8. 8, not to report in its revenue statement an lic exhibition, education, or research in fur	nd balance sheet therance of publi s.	works
Par 1a	t III Organization's account Organization Complete if the of art, historical treas service, provide in P If the organization el	tions Maintaining Collections of he organization answered "Yes" on Form lected, as permitted under FASB ASC 958 usures, or other similar assets held for pub Part XIII the text of the footnote to its finan lected, as permitted under FASB ASC 958	990, Part IV, line 8. 8, not to report in its revenue statement an olic exhibition, education, or research in fur incial statements that describes these items	nd balance sheet therance of publi s. alance sheet wor	works ic ks of
Par 1a	rt III Organization's account Organization Complete if the Organization el of art, historical treas service, provide in P If the organization el art, historical treasur provide the following	tions Maintaining Collections of he organization answered "Yes" on Form lected, as permitted under FASB ASC 956 isures, or other similar assets held for pub Part XIII the text of the footnote to its finan lected, as permitted under FASB ASC 956 res, or other similar assets held for public g amounts relating to these items.	990, Part IV, line 8. 8, not to report in its revenue statement an olic exhibition, education, or research in fur ncial statements that describes these items 8, to report in its revenue statement and ba exhibition, education, or research in furthe	nd balance sheet therance of publi s. alance sheet wor erance of public s	works ic ks of
Par 1a	organization's account <b>Organization</b> Complete if the of art, historical treases service, provide in P If the organization el art, historical treasur provide the following (i) Revenue include	tions Maintaining Collections of he organization answered "Yes" on Form lected, as permitted under FASB ASC 958 isures, or other similar assets held for pub Part XIII the text of the footnote to its finan lected, as permitted under FASB ASC 958 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1	990, Part IV, line 8. 8, not to report in its revenue statement an olic exhibition, education, or research in fur incial statements that describes these items 8, to report in its revenue statement and ba exhibition, education, or research in furthe	nd balance sheet therance of publi s. alance sheet wor erance of public s	works ic ks of service,
Par 1a b	till Organization's account Organization Complete if the of art, historical treases service, provide in P If the organization el art, historical treasur provide the following (i) Revenue included (ii) Assets included	tions Maintaining Collections of the organization answered "Yes" on Form lected, as permitted under FASB ASC 958 isures, or other similar assets held for pub Part XIII the text of the footnote to its finan lected, as permitted under FASB ASC 958 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1	990, Part IV, line 8. 8, not to report in its revenue statement an olic exhibition, education, or research in fur incial statements that describes these items 8, to report in its revenue statement and ba exhibition, education, or research in furthe	nd balance sheet therance of publi alance sheet wor erance of public s \$ \$	works ic ks of
Par 1a b	till Organization's account Organization Complete if the of art, historical treases service, provide in P If the organization el art, historical treasur provide the following (i) Revenue included (ii) Assets included	tions Maintaining Collections of the organization answered "Yes" on Form lected, as permitted under FASB ASC 958 isures, or other similar assets held for pub Part XIII the text of the footnote to its finan lected, as permitted under FASB ASC 958 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1	990, Part IV, line 8. 8, not to report in its revenue statement an olic exhibition, education, or research in fur incial statements that describes these items 8, to report in its revenue statement and ba exhibition, education, or research in furthe	nd balance sheet therance of publi alance sheet wor erance of public s \$ \$	works ic ks of service,
Par 1a b	rt III Organization's account Complete if the Organization ello of art, historical treas service, provide in P If the organization ella art, historical treasur provide the following (i) Revenue included (ii) Assets included If the organization re the following amount	tions Maintaining Collections of he organization answered "Yes" on Form lected, as permitted under FASB ASC 958 isures, or other similar assets held for pub Part XIII the text of the footnote to its finan lected, as permitted under FASB ASC 958 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1 in Form 990, Part X eceived or held works of art, historical treat its required to be reported under FASB ASC	990, Part IV, line 8. 8, not to report in its revenue statement an olic exhibition, education, or research in fur ncial statements that describes these items 8, to report in its revenue statement and ba exhibition, education, or research in further asures, or other similar assets for financial SC 958 relating to these items:	nd balance sheet therance of publi s. alance sheet wor erance of public s \$ \$ gain, provide	works ic ks of service,
Par 1a b	rt III Organization's account Complete if the organization ele of art, historical treases service, provide in P If the organization ele art, historical treasures provide the following (i) Revenue included (ii) Assets included If the organization rest the following amount Revenue included out	tions Maintaining Collections of he organization answered "Yes" on Form lected, as permitted under FASB ASC 958 isures, or other similar assets held for pub Part XIII the text of the footnote to its finan lected, as permitted under FASB ASC 958 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1 in Form 990, Part X ecceived or held works of art, historical treat hts required to be reported under FASB ASC n Form 990, Part VIII, line 1	990, Part IV, line 8. 8, not to report in its revenue statement an olic exhibition, education, or research in fur ncial statements that describes these items 8, to report in its revenue statement and ba exhibition, education, or research in furthe asures, or other similar assets for financial SC 958 relating to these items:	nd balance sheet therance of publics. alance sheet wor erance of publics \$	works ic ks of service,
Par 1a b 2 a b	rt III Organization's account Organization Complete if the Organization ello of art, historical treas service, provide in P If the organization ella art, historical treasur provide the following (i) Revenue included (ii) Assets included If the organization reaction the following amount Revenue included on Assets included in F	tions Maintaining Collections of he organization answered "Yes" on Form lected, as permitted under FASB ASC 958 isures, or other similar assets held for pub Part XIII the text of the footnote to its finan lected, as permitted under FASB ASC 958 res, or other similar assets held for public g amounts relating to these items. ed on Form 990, Part VIII, line 1 in Form 990, Part X eceived or held works of art, historical treat hts required to be reported under FASB ASC n Form 990, Part VIII, line 1	990, Part IV, line 8. 8, not to report in its revenue statement an olic exhibition, education, or research in fur incial statements that describes these items 8, to report in its revenue statement and ba exhibition, education, or research in further asures, or other similar assets for financial SC 958 relating to these items:	nd balance sheet therance of publics. alance sheet wor erance of publics \$\$ gain, provide \$\$	works ic ks of service,

	TURNING	POINT FOR V	/ICTIMS OF	DOMESTI	C ANI	)			
Sche		VIOLENCE IN					32299		-age <b>2</b>
Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or C	Other S	imilar Asse	ts <sub>(contir</sub>	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that m	ake signi	ficant use of it	S		
	collection items (check all that apply).								
а	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co						rt XIII.		
5	During the year, did the organization solicit o					Г	<b></b>	_	<b>-</b>
Dat	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran					L	Yes		No
Fai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	answered "Yes	s" on For	m 990, Part IV	, line 9, or		
10	Is the organization an agent, trustee, custodi		lian, for contribution	s or other asset	te not inc	ludod			
Id			•			_	Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					L	165		
D			lowing table.				Amoun	t	
c	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					16 1f			
	Did the organization include an amount on Fe					·	Yes		No
	If "Yes," explain the arrangement in Part XIII.				•				
Par									
		(a) Current year	<b>(b)</b> Prior year	(c) Two years b	back (d)	Three years bac	k (e) Four	years	s back
1a	Beginning of year balance	34,265.	42,140.	37,4	479.	34,812		30	,646.
b	Contributions								
	Net investment earnings, gains, and losses	6,029.	-7,351.	5,2	274.	4,187	'.	5	,658.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	562.	524.	e	513.	1,520	••	1	,492.
f	Administrative expenses								
g	End of year balance	39,732.	34,265.	,	140.	37,479	•	34	,812.
2	Provide the estimated percentage of the curr	•		) held as:					
а	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment 70.8100	%							
с		%							
0-	The percentages on lines 2a, 2b, and 2c sho		the set of the state of the state of the		6 - 11				
Ja	Are there endowment funds not in the posse	ssion of the organiza	ition that are held an	ia administerea	for the		l	Yes	No
	organization by:						20(1)	X	
	<ul><li>(i) Unrelated organizations?</li></ul>							Δ	x
Ь	If "Yes" on line 3a(ii), are the related organizations?	tiona listad og raguir	ad an Sahadula D2				<u>3a(ii)</u> 3b		
4	Describe in Part XIII the intended uses of the								<u> </u>
	t VI Land, Buildings, and Equipm		whient funds.						
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, P	art X, line	e 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Accu	umulated	(d) Boo	k valı	ue
		basis (investr	. ,	(other)	• •	ciation	(,		
1a	Land		7	1,050.			7:	1,0	50.
	Buildings		80	6,325.	44	8,102.	35	8,2	23.
	Leasehold improvements		33	4,938.		6,108.	8	8,8	30.
	Equipment			2,585.	8	7,169.			16.
	Other		1,48	0,246.			1,48		
	I. Add lines 1a through 1e. <i>(Column (d) must e</i>		X, line 10c, column	(B))			2,05	3,7	65.
							le D (Forn	n 990	) 2023

		OF DOMESTIC AND	20 1200005 0
Schedule D (Form 990) 2023 SEXUAL VIOL Part VII Investments - Other Securities	ENCE INC.		39-1322995 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	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 o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatel (Cal. (b) must equal Form 000, Part V, line 12, cal. (P))			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	on Form 000 Port IV/ line	11d See Form 000 Part V line 15	
Complete if the organization answered "Yes"	Description	The See Form 990, Part X, life 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	l. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes (2) LEASE LIABILITY			8,729.
(2) LEASE LIABILITY (3)			0,123.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	( (2))		
Total. (Column (b) must equal Form 990, Part X, line 25, co. 2. Liability for uncertain tax positions. In Part XIII, provide			
		and organization o manual statemet	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🔀

Schedule D (Form 990) 2023

	TURNINGPOINT FOR VICTIMS (	OF DOMES	STIC AND		
Sche	dule D (Form 990) 2023 SEXUAL VIOLENCE INC.				1322995 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,508,933.
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	16,893.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	16,893.
3	Subtract line 2e from line 1			3	2,492,040.
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	2,492,040.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		Expenses per H	leturi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	1,120,642.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		4.6.000		
а	Donated services and use of facilities		16,893.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				4.6.000
е	Add lines 2a through 2d			2e	16,893.
3	Subtract line 2e from line 1			3	1,103,749.
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				
	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,103,749.
Pa	t 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:

THE ORGANIZATION HAS BEEN GRANTED TAX EXEMPT STATUS UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND WISCONSIN STATE STATUTE.

IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION

UNDER THE IRC AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

#### THE ORGANIZATION EVALUATED ITS TAX POSITIONS AND DETERMINED IT HAS NO

UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2023.

332054 09-28-23

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							OMB No. 1545-0047		
Department of the Tr Internal Revenue Ser			• • •	Attach to Form				Open to Public		
				.gov/Form990 for		ation.		Inspection Employer identification number		
Name of the or	5									
Part I Ge	eneral Information on Grants a		-					39-1322995		
criteria u	e organization maintain records t sed to award the grants or assis	tance?				-			No	
	in Part IV the organization's pro						(	N/ Pas Of farmers		
	ants and Other Assistance to I cipient that received more than \$	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any		
<b>1 (a)</b> Name	e and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant 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

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

#### TURNINGPOINT FOR VICTIMS OF DOMESTIC AND

Schedule I (Form 990) 2023

39-1322995 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.

SEXUAL VIOLENCE INC.

(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
					HOUSING VOUCHERS, HYGENIC SUPPLIES, TRANSPORTATION SERVICES, OTHER SUPPLIES FOR
ONCASH EMERGENCY ASSISTANCE	75	٥.	20,083.	FMV	BASIC NEEDS
	_				
Dart IV Supplemental Information Dravide the information re					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MAINTAINS RECORDS OF ALL RECIPIENTS WHO RECEIVE ITS

SERVICES, INCLUDING THOSE WHO RECEIVE NONCASH ASSISTANCE. CRITERIA FOR

NONCASH ASSISTANCE ARE INDIVIDUALS WHO ARE VICTIMS/SURVIVORS OF CRIME,

DOMESTIC VIOLENCE, AND SEXUAL VIOLENCE. THIS ALSO INCLUDES INDIVIDUALS WHO

ARE HOMELESS DUE TO DOMESTIC AND SEXUAL VIOLENCE.

#### EXAMPLES OF NONCASH ASSISTANCE INCLUDE FUEL-ONLY GAS CARDS FOR

#### TRANSPORTATION, EMERGENCY FOOD FROM THE ORGANIZATION'S PANTRY, AND

cusign Envelope ID: 330D5B30-EFB4-424E-8208-193CD397ED31
TURNINGPOINT FOR VICTIMS OF DOMESTIC AND
Schedule I (Form 990)       SEXUAL VIOLENCE INC.       39-1322995       Page 2         Part IV       Supplemental Information       39-1322995       Page 2
EMERGENCY RENTAL ASSISTANCE OR SECURITY DEPOSITS PAID DIRECTLY TO A
LANDLORD. DUE TO THE NATURE OF THE ORANIZATION'S PURPOSE AND OF THE NONCASH
ASSISTANCE PROVIDED, THE ORGANIZATION DOES NOT HAVE ANY MONITORING
PROCEDURES FOR THE USE OF THESE ITEMS.
WITH REGARD TO NON-CASH ASSISTANCE THROUGH THE RAPID RE-HOUSING PROGRAM
(FOR WHICH THE ORGANIZATION DID NOT YET HAVE NONCASH ASSISTANCE EXPENSES IN
2023), TURNINGPOINT'S CLIENT SERVICES COORDINATORS WILL BE PROVIDING
ONGOING SERVICES/MONITORING OF THESE CLIENTS WHO RECEIVE RENTAL ASSISTANCE.

Schedule I (Form 990)

SCHEDULE M (Form 990)		Noncash Contributions									OMB No. 1545-0047		
Dependence of the Turney we		Complete	2023 Open to Public										
Department of the Treasury Internal Revenue Service Go		o www.ir	Attach to Form 990. ww.irs.gov/Form990 for instructions and the latest information.						ction	Č			
Name of the organization <b>TURNINGPOINT</b>			FOR V	ICTIMS OF	Employer identification number								
SEXUAL VIOLE				NCE INC.				39-1322995					
Pa	rt I Types of	Property			1								
				(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contr amounts repo Form 990, Part V	rted on		(d) d of determin ontribution ar		5		
1	Art - Works of art												
2	Art - Historical treasures												
3	Art - Fractional interests												
4	Books and publications												
5	Clothing and household goods												
6	Cars and other vehicles												
7	Boats and planes												
8		ty											
9	Securities - Publicly traded												
10		y held stock											
11	Securities - Partne	rship, LLC, or											
12	Securities - Miscellaneous												
13	Qualified conserva												
	Historic structures												
14	Qualified conservation contribution - Other												
15	Real estate - Residential												
16	Real estate - Commercial												
17	Real estate - Other												
18	Collectibles												
19 00	Food inventory												
20 01	Drugs and medical supplies Taxidermy												
21 22													
22													
23 24	Archeological artifa	ns											
2 <del>4</del> 25	•	PLIES FOR	ΒΑ	X	26	38	3,261.	COST					
26	Other (	12120 1011	)				/2020						
27	Other (		,										
28	Other (		;										
29		8283 received by th	ne organi	zation during	the tax vear for co	ontributions							
		nization completed	•				29			0			
	C C				C C					Yes	No		
30a	During the year, di	d the organization	receive b	y contributio	n any property rep	orted in Part I, line	es 1 throug	n 28, that it					
	must hold for at le	ast 3 years from the	e date of	the initial co	ntribution, and whi	ch isn't required t	o be used f	or					
	exempt purposes	for the entire holdir	ig period	?					30a		X		
b	If "Yes," describe the arrangement in Part II.												
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								31		Х		
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash												
	contributions?								<b>32</b> a		X		
b	If "Yes," describe i												
33	If the organization	didn't report an am	nount in c	column (c) fo	r a type of property	for which columr	n (a) is chec	ked,					
	describe in Part II.												
For F	Paperwork Reducti	ion Act Notice, see	e the Inst	tructions for	r Form 990.			Schee	dule M (Forn	n 990)	2023		

LHA 332141 09-11-23

TURNINGPOINT FOR VICTIMS OF DOMESTIC AND

 Schedule M (Form 990) 2023
 SEXUAL VIOLENCE INC.
 39–1322995
 Page 2

 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.

SCHEDULE M, PART I, COLUMN (B):

#### COLUMN (B) REPORTS THE NUMBER OF DONORS.

Schedule M (Form 990) 2023

332142 09-11-23

#### OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service TURNINGPOINT FOR VICTIMS OF DOMESTIC AND Employer identification number Name of the organization 39-1322995 SEXUAL VIOLENCE INC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CHILDREN'S PROGRAMS: TURNINGPOINT PROVIDES INDIVIDUAL ADVOCACY TO CHILDREN AND YOUTH RESIDING IN CRISIS SHELTER, INCLUDING SUPPORT ABOUT ANY ABUSE THEY HAVE WITNESSED OR HAVE BEEN SUBJECTED TO; GUIDANCE ABOUT HEALTHY RELATIONSHIPS AND ANGER MANAGEMENT; AND SCREENING FOR MENTAL HEALTH, PHYSICAL HEALTH, AND EMOTIONAL NEEDS. ADDITIONAL CHILD AND YOUTH SERVICES INCLUDE VIOLENCE PREVENTION EDUCATION THROUGHOUT THE COMMUNITIES WE SERVE. TOPICS INCLUDE HEALTHY RELATIONSHIPS, DATING VIOLENCE, CONSENT, AND CHILD ABUSE.

EXPENSES \$ 40,257. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHILDREN'S PROGRAMS: TURNINGPOINT PROVIDES INDIVIDUAL ADVOCACY TO CHILDREN AND YOUTH RESIDING IN CRISIS SHELTER, INCLUDING SUPPORT ABOUT ANY ABUSE THEY HAVE WITNESSED OR HAVE BEEN SUBJECTED TO; GUIDANCE ABOUT HEALTHY RELATIONSHIPS AND ANGER MANAGEMENT; AND SCREENING FOR MENTAL HEALTH, PHYSICAL HEALTH, AND EMOTIONAL NEEDS. ADDITIONAL CHILD AND YOUTH SERVICES INCLUDE VIOLENCE PREVENTION EDUCATION THROUGHOUT THE COMMUNITIES WE SERVE. TOPICS INCLUDE HEALTHY RELATIONSHIPS, DATING VIOLENCE, CONSENT, AND CHILD ABUSE.

LEGAL ADVOCACY: TURNINGPOINT PROVIDES LEGAL INFORMATION AND ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT, INCLUDING RESTRAINING ORDER ASSISTANCE, COURTROOM SUPPORT, CRIME VICTIM COMPENSATION APPLICATION ASSISTANCE, RESOURCES ABOUT ATTORNEYS AND JUDICARE, INFORMATION ABOUT THE FAMILY COURT PROCESS, AND A FREE LEGAL CLINIC.

37

Schedule O (Form 990) 20	Page 2					
Name of the organization	TURNINGPOINT	FOR VICTIMS	OF	DOMESTIC	AND	Employer identification number
	39-1322995					

OUTREACH TURNINGPOINT PROVIDES SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT THROUGHOUT PIERCE AND ST. CROIX COUNTIES, INCLUDING AT OUR SATELLITE OFFICE IN NEW RICHMOND.

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

BOARD OF DIRECTORS REVIEWS AND APPROVES 990 BEFORE FILING

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

ALL EMPLOYEES, BOARD MEMBERS, DIRECTORS, AND OFFICERS SHALL SIGN AN ANNUAL DISCLOSURE STATEMENT, WHICH AFFIRMS THAT THE PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTOOD THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY.

EACH EMPLOYEE, BOARD MEMBER, OFFICER, AND DIRECTOR SHALL DISCLOSE ALL MATERIAL FACTS REGARDING THEIR AFFILIATION WITH ANY PERSON OR ENTITY WITH WHOM TURNINGPOINT IS CONSIDERING ENTERING INTO A TRANSACTION. EACH BOARD MEMBER SHALL DISCLOSE ALL AFFILIATIONS TO THE BOARD CHAIR. THE EXECUTIVE DIRECTOR AND BOARD CHAIR SHALL DISCLOSE ALL AFFILIATIONS TOTHE BOARD OF DIRECTORS.

THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. EACH PERSON WITH SUBSTANTIAL INFLUENCE AND A POTENTIAL CONFLICT OF INTEREST SHALL MAKE THE DISCLOSURE PROMPTLY UPON LEARNING OF THE LINK BETWEEN SAID PERSON AND THE TRANSACTION.

IF THE BOARD OF DIRECTORS DETERMINES THAT A DIRECTOR, OFFICER, OR BOARD MEMBER WITH SUBSTANTIAL INFLUENCE OVER TURNINGPOINT HAS A CONFLICT OF Schedule O (Form 990) 2023 332212 11-14-23 38 2023.04000 TURNINGPOINT FOR VICTIMS A3749451  

 Schedule O (Form 990) 2023
 Page 2

 Name of the organization
 TURNINGPOINT FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE INC.
 Employer identification number 39–1322995

INTEREST WITH REGARD TO A TRANSACTION OF TURNINGPOINT, TURNINGPOINT MAY

ENGAGE IN THE TRANSACTION ONLY IF THE FOLLOWING CONDITIONS ARE MET PRIOR TO THE TRANSACTION:

I. SUCH PERSON SHALL DISCLOSE TO THE BOARD OF DIRECTORS ALL MATERIAL FACTS CONCERNING THE PERSON'S AFFILIATION WITH THE TRANSACTION.

II. THE BOARD OF DIRECTORS SHALL REVIEW THE MATERIAL FACTS. THE TRANSACTION MAY BE APPROVED ONLY IF A MAJORITY OF THE DIRECTORS, NOT COUNTING THE VOTE OF SUCH PERSON, CONCLUDES THAT:

1. THE PROPOSED TRANSACTION IS FAIR AND REASONABLE TO TURNINGPOINT, AND

2.TURNINGPOINT PROPOSES TO ENGAGE IN THIS TRANSACTION FOR ITS OWN PURPOSES

AND BENEFITS AND NOT FOR THE BENEFIT OF SUCH PERSON, AND

3. THE PROPOSED TRANSACTION IS THE MOST BENEFICIAL ARRANGEMENT, WHICH

TURNINGPOINT COULD OBTAIN IN THE CIRCUMSTANCES WITH REASONABLE EFFORTS.

THE MINUTES OF ANY MEETING AT WHICH SUCH A DECISION IS MADE SHALL RECORD THE NATURE OF THE AFFILIATION, THE MATERIAL FACTS DISCLOSED BY SUCH PERSON, REVIEW OF THE FACTS BY THE BOARD OF DIRECTORS, AND DECISIONS REGARDING THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S SALARY. THE BOARD UTILIZES DATA FROM THE MINNESOTA COUNCIL OF NONPROFITS AND NATIONAL COUNCIL OF NONPROFITS TO DETERMINE THE AMOUNT OF COMPENSATION. THE OUTCOMES OF THE DECISION ARE DOCUMENTED IN THE ORGANIZATION'S MINUTES. THIS PROCESS WAS LAST REVIEWED IN 2023. 392212 11-14-23 Schedule O (Form 990) 2023

17130711 131839 A374945

2023.04000 TURNINGPOINT FOR VICTIMS A3749451

Docusign Envelope ID: 330D5B30-EFB4-424E-8208-193CD397ED31 Schedule O (Form 990) 2023 Page 2 TURNINGPOINT FOR VICTIMS OF DOMESTIC AND Name of the organization Employer identification number SEXUAL VIOLENCE INC. 39-1322995 FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.