See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** 7/1/2008 , **and ending** 6/30/2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
TURNING POINTS NETWORK

Number and street (or P O box, if mail is not delivered to street address) Room/suite
11 SCHOOL STREET

City, town, or country State ZIP + 4
CLAREMONT NH 03743

D Employer identification number
02-0350899

E Telephone number
(603) 543-0155

F Group Exemption Number ▶

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I **Website:** ▶ www.free-to-soar.org

J **Organization type** (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 802,517

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	677,538
	2	Program service revenue including government fees and contracts		2	104,453
	3	Membership dues and assessments		3	
	4	Investment income		4	1,125
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 18,000 of contributions reported on line 1)	6a 17,900		
	b	Less: direct expenses other than fundraising expenses	6b 18,000		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	-100
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ MISCELLANEOUS)		8	1,501
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	784,517
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	505,156
	13	Professional fees and other payments to independent contractors		13	34,010
	14	Occupancy, rent, utilities, and maintenance		14	59,862
	15	Printing, publications, postage, and shipping		15	3,938
	16	Other expenses (describe ▶ See attached statement)		16	293,912
	17	**Total expenses.** Add lines 10 through 16 ▶		17	896,878
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-112,361
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	869,193
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	756,832

RECEIVED
FEB 22 2010
OGDEN, UT
IRS-OSC
381

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	257,019	22	164,183
23	Land and buildings	541,654	23	516,824
24	Other assets (describe ▶ See attached statement)	114,160	24	120,232
25	**Total assets**	912,833	25	801,239
26	**Total liabilities** (describe ▶ ACCOUNTS PAYABLE & ACCRUED EXPENSES)	43,640	26	44,407
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	869,193	27	756,832

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

(HTA)

Form **990-EZ** (2008)

11

G9

SCANNED MAR 11 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? Crisis intervention services and counseling

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
28	24 hour crisis intervention services, direct services and supportive counseling to vitims of domestic and sexual violence and families in crisis and transition and education (Grants $ 0) If this amount includes foreign grants, check here . . ▶ ☐	28a	746,356
29	(Grants $ 0) If this amount includes foreign grants, check here . . ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here . ▶ ☐	30a	0
31	Other program services (attach schedule) . . . . . (Grants $ 0) If this amount includes foreign grants, check here . . . . . ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) . . . . . ▶	32	746,356

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Mary Krueger Str 187 Lacross Rd City Springfield ST VT ZIP 05156	Title President Hr/WK 2.00	0	0	0
Name Nora Kells Gordon Str PO Box 248 City Cornish Flat ST NH ZIP 03746	Title Vice President Hr/WK 2.00	0	0	0
Name Tina Naimie Str 15 Tonga Drive City Bow ST NH ZIP 03304	Title Treasurer Hr/WK 2.00	0	0	0
Name Brenda Foley Str 12 Sugar River Dr City Claremont ST NH ZIP 03743	Title Secretary Hr/WK 2.00	0	0	0
Name Alice Roberts Str 2 Moore Rd City Newport ST NH ZIP 03773	Title Director Hr/WK 1.00	0	0	0
Name Christie Kuriger Str 16 Cherry Hill Rd City Claremont ST NH ZIP 03743	Title Director Hr/WK 1 00	0	0	0
Name Clint Tabor Str 909 2nd NH Turnpike City Unity ST NH ZIP 03773	Title Director Hr/WK 1 00	0	0	0
Name Deborah Mozden Str 11 School Street City Claremont ST NH ZIP 03743	Title Exec Director Hr/WK 40.00	59,915	4,793	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X

41 List the states with which a copy of this return is filed. ▶ NH

42 a The books are in care of ▶ Name DEBORAH MOZDEN Telephone no. ▶ (603) 543-0155

Located at ▶ 11 SCHOOL STREET City CLAREMONT ST NH ZIP + 4 ▶ 03743

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	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.	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

Sign Here

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

▶ Tina E. Naimie 12/10/10
Signature of officer Date

▶ Tina E. Naimie, Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 2/2/2010	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions) P00581700
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ ROWLEY AND ASSOCIATES, PC 6A HILLS AVENUE, CONCORD, NH 03301		EIN ▶ 02-0522619 Phone no ▶ (603)-228-5400	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
TURNING POINTS NETWORK	02-0350899

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col.(i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
									0
									0
									0
									0
									0
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	516,244	772,141	605,363	717,635	799,891	3,411,274
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 **Total** Add lines 1-3	516,244	772,141	605,363	717,635	799,891	3,411,274
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						3,411,274

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	516,244	772,141	605,363	717,635	799,891	3,411,274
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	712	686	635	827	1,125	3,985
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	1,139	1,501	2,640
11 **Total support.** Add lines 7 through 10						3,417,899
12 Gross receipts from related activities, etc. (see instructions.)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.81%
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99 89%

16a **33 1/3% support test–2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33 1/3% support test–2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances-test–2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐

b **10%-facts-and-circumstances test–2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions. ► ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 **Total.** Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						0

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	0.00%

19a **33 1/3% support tests–2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests–2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization
TURNING POINTS NETWORK

Employer identification number
02-0350899

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
LP Coleman Contracting Services LLC	Grant Writing		X	0	9,900	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total . . . . . ▶				0	9,900	0

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

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

		(a) Event #1 Auction (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	35,900	0	0	35,900
	2 Less: Charitable contributions	18,000	0	0	18,000
	3 Gross revenue (line 1 minus line 2)	17,900	0	0	17,900
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Other direct expenses	18,000	0	0	18,000
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(18,000)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-100

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Non-cash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				0

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

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility . . . . . 13a %		
b	An outside facility . . . . . 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address:		
	Name ▶		
	Address ▶		
16	Gaming manager information.		
	Name ▶		
	Gaming manager compensation ▶ $ 0		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions.		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	92,703
2	NonCash contributions	2	172,778
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	394,057
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	18,000
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	677,538

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	1,125
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	1,125

Part I, Line 16 (990-EZ) - Other Expenses

293,912

1	Travel, Meals and Entertainment		
	a Travel	1a	6,164
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc	5	30,157
6	Equipment rental and maintenance	6	3,084
7	Interest	7	
8	Supplies	8	21,488
9	Telephone	9	14,980
10	Unrelated business income taxes	10	0
11	AMERICORPS	11	4,167
12	WORKMANS COMPENSATION	12	15,164
13	THRIFT STORE MERCHANDISE	13	52,227
14	IN-KIND VOLUNTEER SERVICES	14	78,433
15	BANK SERVICE CHARGES	15	714
16	ANSWERING SERVICE & HOTLINE PAGERS	16	3,199
17	GENERAL INSURANCE	17	6,317
18	PROGRAM EXPENSE	18	3,527
19	ADVERTISING & PUBLICITY	19	38,161
20	DUES & SUBSCRIPTIONS	20	4,279
21	OUTREACH	21	302
22	STAFF DEVELOPMENT	22	1,002
23	VOLUNTEER TRAINING	23	520
24	SMALL EQUIPMENT	24	1,710
25	BAD DEBT EXPENSE	25	1,946
26	MISCELLANEOUS	26	254
27	OTHER EVENT EXPENSES	27	6,117

Part II, Line 24 (990-EZ) - Other Assets

		114,160	120,232
	Description	Beginning	End
1	GRANTS RECEIVABLE	79,404	78,080
2	PLEDGES RECEIVABLE	11,154	13,000
3	OTHER ACCOUNTS RECEIVABLE	1,448	3,092
4	INVENTORY	13,297	15,065
5	PREPAID EXPENSE	8,857	10,995
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

		43,640	44,407
	Description	Beginning	End
1	ACCOUNTS PAYABLE & ACCRUED EXPENSES	43,640	44,407
2			
3			
4			
5			
6			
7			
8			
9			
10			

FRIENDS OF WOMEN'S SUPPORTIVE SERVICES

FIXED ASSET SCHEDULE

6/30/2009

Date	Asset Description	Cost	Life		Dep. Meth	A/D 06/30/07	Depreciation Expense	A/D 06/30/08
	EQUIPMENT							
5/30/2001	Phone Equipment	8,181 00	5	1	S/L	8181	0 00	8,181 00
4/19/2001	Laptop Computer	2,289 00	5	1	S/L	2289	0 00	2,289 00
5/3/2001	8 Hewlitt Packard PC3 Computers	19,787 00	5	1	S/L	19787	0 00	19,787 00
9/8/2000	Alarm System - Claremont	13,578 00	5	1	S/L	13578	0 00	13,578 00
12/29/2000	Alarm System - Newport	10,314 00	5	1	S/L	10314	0 00	10,314 00
3/11/2002	Photo Copiers	5,300 00	5	1	S/L	5300	0 00	5,300 00
9/4/2002	Server	1,679 00	5	1	S/L	1679	0 00	1,679 00
9/30/2002	Projector	2,050 00	5	1	S/L	2050	0 00	2,050 00
9/30/2002	Laptop Computer	1,800 00	5	1	S/L	1800	0 00	1,800 00
9/11/2002	Projector	1,800 00	5	1	S/L	1800	0 00	1,800 00
7/5/2004	Upgrade on panic alarm	1,230 00	5	1	S/L	984 00	246 00	1,230 00
11/2/2004	New Computer	795 00	5	1	S/L	636 00	159 00	795 00
12/7/2004	New Computer	750 00	5	1	S/L	600 00	150 00	750 00
12/20/2004	New Camera (Security)	1,465 00	5	1	S/L	1,172 00	293 00	1,465 00
12/28/2004	New Computer	817 50	5	1	S/L	654 00	163 50	817 50
6/14/2005	Two New Computers	2,347 00	5	1	S/L	1,877 60	469 40	2,347 00
6/21/2005	Five New Computers	4,723 00	5	1	S/L	3,778 40	944 60	4,723 00
6/1/2005	HP 2600 Printer	1,100 00	5	1	S/L	880 00	220 00	1,100 00
6/30/2005	New Computer	1,138 00	5	1	S/L	910 40	227 60	1,138 00
8/9/2005	New Computer (RDV)	1,019 00	5	1	S/L	611 40	203 80	815 20
9/27/2005	New Network Server	1,197 00	5	1	S/L	718 20	239 40	957 60
2/27/2006	Kitchen and Laundry equipment	5,909 00	5	1	S/L	3,545 40	1,181 80	4,727 20
3/2/2006	Shelter Furnishings	22,520 72	5	1	S/L	13,512 43	4,504 14	18,016 57
10/5/2006	New computer (Child Advocate)	1,251 50	5	1	S/L	500 60	250 30	750 90
10/19/2006	3 New computers	1,710 00	5	1	S/L	684 00	342 00	1,026 00
6/29/2007	2 laptops & 2 desktops	3,526 00	5	1	S/L	1,410 40	705 20	2,115 60
9/28/2007	OCE - Color Copier	6,977 00	5	1	S/L	1,395 40	1,395 40	2 790 80
10/25/2007	New HP Computer	675 00	5	1	S/L	135 00	135 00	270 00
6/30/2008	Raiser's Edge Development Software	7,865 00	5	1	S/L	1,573 00	1,573 00	3 146 00
9/26/2008	Extending of Vinyl Fence at Shelte	963 97	5	1	S/L		192 79	192 79
9/30/2008	HP Computer for Development	720 00	5	1	S/L		144 00	144 00
4/21/2009	HP Laptop RDV advocate	970 00	5	1	S/L		194 00	194 00
5/20/2009	Compaq Vista laptop	800 00	5	1	S/L		160 00	160 00
6/4/2009	HP tower for Exec Director	786 00	5	1	S/L		157 20	157 20
6/30/2009	HP Lapttop - Community Ed	1 087 00	5	1	S/L		217 40	217 40
		139,120 69				102,356 23	14 468 54	116 824 77
	BUILDING							
12/30/1986	Building	54,361 44	31 5	1	S/L	37,966 72	1,725 76	39,692 48
10/28/1998	Paving	1,236 00	10	1	S/L	1,199 95	36 05	1,236 00
5/18/1998	Bathroom Renovations	2,603 00	39	1	S/L	675 76	66 74	742 50
6/30/1999	Renovation 3rd floor stairs	3,500 00	39	1	S/L	811 43	89 74	901 17
9/1/2000	Renovations	19,766 00	39	1	S/L	3,970 09	506 82	4,476 91
11/22/2000	Lighting	365 00	39	1	S/L	70 98	9 36	80 34
2/12/2001	Building	51,200 00	40	1	S/L	9,493 33	1,280 00	10,773 33
4/1/2002	Office Renovation Project	10,598 03	39	1	S/L	1,698 40	271 74	1,970 14
10/1/2002	Shelter Furnace	6,500 00	15	1	S/L	2,291 67	433 33	2,725 00
6/19/2006	Shelter Renovation Project	404,682 20	39	1	S/L	21,617 64	10,376 47	31,994 11
11/18/2007	Exterior stairs, Ramp and Gate	13,394 00	15	1	S/L	892 93	892 93	1,785 87
		568,205 67				80,688 89	15,688 95	96,377 85
	LAND							
12/30/1986	Land	6,000 00						
2/12/2001	Land	16,700 00						
		22,700 00						
	Total Assets	730,026 36						
	Total Current Depreciation						30,157 49	
	Total Accumulated Depreciation					183,045 11		213,202 62

Form **8868**
(Rev Apnl 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No 1545-1709

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ [ ]

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

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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	TURNING POINTS NETWORK	02-0350899
	Number, street, and room or suite no If a P O box, see instructions	
	11 SCHOOL STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	CLAREMONT NH 03743	

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

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ See attached worksheet

Telephone No. ▶ (603) 543-0155 FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . ▶ [ ]. If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year _____ or

▶ [X] tax year beginning 7/1/2008 , and ending 6/30/2009

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

3 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0

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