efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135104909

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Turning Point Community Programs

Doing business as

Number and street (or P O box if mail is not delivered to street address) 10850 Gold Center Dr Suite 325 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Rancho Cordova, CA 95670

D Employer identification number
94-2609766

E Telephone number
(916) 364-8395

G Gross receipts $ 47,460,820

F Name and address of principal officer
Al Rowlett
10850 Gold Center Dr Suite 325
Rancho Cordova, CA 95670

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ https //www tpcp org/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1976

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Turning Point Community Programs (TPCP) provides integrated cost-effective mental health services combined with employment and housing services to promote recovery, independence, and self-sufficiency Program successes are measured in reduced hospital days, reduced incarceration, and reduced use of emergency rooms and crisis services along with employment People move beyond their diagnosis, recover, and contribute to the community TPCP serves over 6,000 clients with psychiatric disabilities in seven Northern California counties Sacramento, Stanislaus, Yolo, Nevada, Placer, Butte, and Merced Clients with mental illness served include the homeless, adults, families including children and young adults/transition aged youth (TAY)

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	817
6	Total number of volunteers (estimate if necessary)	6	129
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	3,958

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	358,024	251,495
9	Program service revenue (Part VIII, line 2g)	43,380,120	46,573,095
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,238	1,059
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	280,536	582,915
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,019,918	47,408,564
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	539,948	588,893
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,806,119	33,428,898
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,992,437	11,048,032
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	41,338,504	45,065,823
19	Revenue less expenses Subtract line 18 from line 12	2,681,414	2,342,741

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	17,346,874	18,916,870
21	Total liabilities (Part X, line 26)	8,240,149	7,467,404
22	Net assets or fund balances Subtract line 21 from line 20	9,106,725	11,449,466

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** 2019-05-15
Signature of officer Date

Karen Dolce CPA, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
NICOLE BENCIK	NICOLE BENCIK			P00756195

Firm's name ▶ CROWE LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 400 Capitol Mall Suite 1400
Sacramento, CA 958144434 — Phone no (916) 441-1000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

Turning Point Community Programs provides integrated, cost-effective mental health services, employment and housing for adults, children and their families that promote recovery, independence and self-sufficiency

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 5,625,710 including grants of $ 0) (Revenue $ 5,538,347)

See Additional Data

4b (Code) (Expenses $ 4,401,970 including grants of $ 0) (Revenue $ 4,024,776)

See Additional Data

4c (Code) (Expenses $ 3,627,624 including grants of $ 0) (Revenue $ 3,203,077)

See Additional Data

(Code) (Expenses $ 26,119,030 including grants of $ 588,893) (Revenue $ 34,371,010)

THERAPEUTIC BEHAVIORAL SERVICES (TBS) IS AN INTENSIVE, ONE-TO-ONE SHORT-TERM OUTPATIENT MENTAL HEALTH TREATMENT SERVICE THAT HAS BEEN IN OPERATION SINCE 2002 TBS IS DESIGNED FOR CHILDREN AND YOUTH WITH SERIOUS EMOTIONAL PROBLEMS WHO ARE EXPERIENCING A STRESSFUL TRANSITION OR LIFE CRISIS AND NEEDING SPECIALIZED SUPPORT SERVICES TBS SERVICES UTILIZE AN INDIVIDUALIZED APPROACH BUILDING ON YOUTH AND FAMILY STRENGTHS TO CREATE A BEHAVIOR PLAN THE FAMILY IS ABLE TO MAINTAIN AFTER SERVICES HAVE ENDED THIS PLAN IS DEVELOPED FROM A DETAILED FUNCTIONAL BEHAVIORAL ASSESSMENT WHICH INCLUDES ENVIRONMENTAL STRATEGIES, DEVELOPMENT OF SKILLS AND NEW BEHAVIORS, POSITIVE SUPPORTS, AND REACTIVE STRATEGIES SERVICES ARE PROVIDED UNTIL THE INDIVIDUAL'S BEHAVIORS HAVE BEEN RESOLVED OR REDUCED TO AN ACCEPTABLE LEVEL, NO LONGER PLACING THEM AT RISK IN THE 17/18 FISCAL YEAR, 97 UNDUPLICATED CLIENTS WERE SERVED AT THE TIME OF DISCHARGE, 87 1% OF PARTICIPANTS FELT THAT THEY KNEW WAYS TO KEEP THEMSELVES CALM, 86 4% FELT THAT THEY COULD TELL WHEN THEY BEGIN TO BECOME UPSET/OVERWHELMED, AND 86 1% FELT THAT THEY KNEW HOW TO STAY CALM SHOULD THEY BECOME UPSET OR OVERWHELMED AT ADMISSION, THESE THREE EXACT ITEMS DID NOT SCORE ABOVE 77 5% SHOWING A CONSIDERABLE INCREASE AFTER SERVICES HAD BEEN RECEIVED ADDITIONALLY, TBS RECEIVED A YOUTH SATISFACTION RATE OF 90 5% WHILE CAREGIVERS GAVE A RATING OF 94 6% IN 2014, TPCP BEGAN THE OPERATION OF A CHILDREN AND YOUTH COMMUNITY-BASED SERVICES/THERAPEUTIC BEHAVIORAL SERVICES [CBS/TBS] PROGRAM IN YOLO COUNTY IN ADDITIONAL TO THE TBS SERVICES MENTIONED PREVIOUSLY, CBS SERVICES INCLUDE WORKING WITH YOUTH EXPERIENCING EMOTIONAL AND BEHAVIORAL DIFFICULTIES THERAPIST/TREATMENT TEAM MEMBERS PARTNER WITH YOUTH AND THEIR FAMILIES IN ADDRESSING THEIR STATED NEEDS UTILIZING A FAMILY-FOCUSED, STRENGTH-BASED APPROACH CBS PROVIDES SERVICES IN THE HOME, SCHOOL AND COMMUNITY AT TIMES THAT MEET YOUTH AND FAMILY NEEDS CBS IS ABLE TO ADJUST CLINICAL SUPPORTS DEPENDING ON THE LEVEL OF NEED THE YOUTH HAS AT ANY GIVEN TIME THE PROGRAM PROVIDES INDIVIDUAL, FAMILY, AND GROUP THERAPY, SKILLS TRAINING, ADVOCACY, CASE MANAGEMENT, AND PSYCHIATRIC SUPPORTS WITHIN THE 17/18 FISCAL YEAR, 115 UNDUPLICATED INDIVIDUALS HAD BEEN SERVED IN THE CBS/TBS PROGRAM CBS CLIENTS HAD A SATISFACTION RATE OF 80 0% FOR YOUTH WHILE CAREGIVERS RATED SERVICES AT 82 2% YOUTH WHO RECEIVED TBS SERVICES HAD A SATISFACTION RATE OF 83 9% WHILE CAREGIVERS HAD A SATISFACTION RATE OF 89 3% LASTLY, BETWEEN BOTH PROGRAMS, 51 4% (N=18) OF DISCHARGES WERE THE RESULT OF A TRANSITION TO A LOWER LEVEL OF CARE WHILE 20 0% (N=7) WERE THE RESULT OF THE CLIENT HAVING COMPLETED THE PROGRAM IN 2015, THE MENTAL HEALTH SERVICES ACT (MHSA) CHILD AND YOUTH FULL SERVICE PARTNERSHIP (FSP), BRIDGES, BEGAN OPERATING BRIDGES PROVIDES SERVICES TO UP TO TWENTY-FIVE (25) SERIOUSLY EMOTIONALLY DISTURBED (SED) CHILDREN OR YOUTH UNDER THE AGE OF 16 YEARS WHO ARE UNSERVED, UNDERSERVED OR INAPPROPRIATELY SERVED AND WHO OTHERWISE LACK ACCESS TO MENTAL HEALTH TREATMENT SERVICES YOLO BRIDGES WORKS WITH YOUTH EXPERIENCING EMOTIONAL AND BEHAVIORAL DIFFICULTIES THERAPIST/TREATMENT TEAM MEMBERS PARTNER WITH YOUTH AND THEIR FAMILIES IN ADDRESSING THEIR STATED NEEDS UTILIZING A FAMILY-FOCUSED, STRENGTH-BASED APPROACH YOLO BRIDGES IS ABLE TO ADJUST CLINICAL SUPPORTS DEPENDING ON THE LEVEL OF NEED THE YOUTH HAS AT ANY GIVEN TIME THE PROGRAM PROVIDES INDIVIDUAL, FAMILY, AND GROUP THERAPY, SKILLS TRAINING, ADVOCACY, CASE MANAGEMENT, AND PSYCHIATRIC SUPPORTS IN THE 17/18 FISCAL YEAR, BRIDGES SERVED A TOTAL OF 40 UNDUPLICATED INDIVIDUALS IN COMPARISON TO PRE-ENROLLMENT OUTCOMES COLLECTED THROUGH THE PARTNERSHIP ASSESSMENT FORM (PAF), THERE WAS A 56 4% REDUCTION IN PSYCHIATRIC HOSPITAL DAYS, AND A 22 2% REDUCTION IN THE NUMBER OF EMERGENCY INTERVENTIONS ADDITIONALLY, BRIDGES RECEIVED AN OVERALL YOUTH SATISFACTION RATE OF 70 8% WHILE CAREGIVERS REPORTED A RATING OF 88 1% IN THE 17/18 FISCAL YEAR, TPCP OPERATED THREE CRISIS RESIDENTIAL PROGRAMS (CRP) IN THE SACRAMENTO AREA, ONE OF WHICH IS FUNDED AND USED SOLELY BY THE UNIVERSITY OF CALIFORNIA, DAVIS MEDICAL CENTER A FOURTH CRP BEGAN OPERATION IN THE 18/19 FISCAL YEAR CRISIS RESIDENTIAL PROGRAM (CRP) SERVICES ARE INTENDED TO PROVIDE A SHORT-TERM ALTERNATIVE TO INPATIENT PSYCHIATRIC SERVICES FOR PERSONS EXPERIENCING AN ACUTE PSYCHIATRIC CRISIS SERVICES MAY ONLY BE USED TO AVERT A PSYCHIATRIC ADMISSION, OR TO SHORTEN THE LENGTH OF AN INPATIENT STAY CRP SERVICES ARE DESIGNED FOR PERSONS WHO MEET PSYCHIATRIC INPATIENT ADMISSION CRITERIA OR ARE AT RISK OF ADMISSION, BUT WHO CAN BE APPROPRIATELY SERVED IN COMMUNITY SETTINGS SERVICES ARE PROVIDED IN A SUPPORTIVE ENVIRONMENT THAT MODELS AND ENCOURAGES HOPE, EMPOWERMENT, PERSONAL ACCOUNTABILITY, AND THE DEVELOPMENT OF MEANINGFUL LIFE ROLES IN ORDER TO ADAPT TO THE EVOLVING CULTURES OF PERSONS SERVED, THE ENVIRONMENT IS PERMEABLE TO OUTSIDE FACTORS AND INDIVIDUAL NEEDS INDIVIDUALS ARE REFERRED DIRECTLY FROM THE MENTAL HEALTH TREATMENT CENTER, SACRAMENTO COUNTY MENTAL HEALTH PLAN PROVIDERS, EMERGENCY DEPARTMENTS, THE CRESTWOOD PSYCHIATRIC HEALTH FACILITIES, AND PRIVATE PSYCHIATRIC HOSPITALS WITHIN THE 17/18 FISCAL YEAR, TPCPS OLDEST CRP WHICH OPENED IN 1992, SERVED A TOTAL OF 141 UNDUPLICATED INDIVIDUALS WHEN COMPARING THE CLIENT'S ADMISSION AND DISCHARGE LIVING SITUATION, CRP STAFF WERE ABLE TO DECREASE HOMELESSNESS BY 58 2% ADDITIONALLY, 49 0% OF CLIENTS WERE DISCHARGED DO TO HAVING SUCCESSFULLY MET THEIR GOALS LASTLY, THIS CRP RECEIVED AN OVERALL SATISFACTION RATE OF 87 1% THE RIO LINDA CRP SERVED 170 UNDUPLICATED INDIVIDUALS AND HAD AN OVERALL SATISFACTION RATE OF 86 7% THE UC DAVIS CRP (BENDER COURT) SERVED 110 UNDUPLICATED INDIVIDUALS AND HAD AN OVERALL SATISFACTION RATING OF 89 0% TPCP ALSO PROVIDES UNIQUE SERVICES THROUGH ITS THREE TRANSITIONAL SUPPORT SERVICES (TSS) PROGRAMS LOCATED WITHIN SACRAMENTO, SOLANO, AND BUTTE COUNTY TSS PROGRAMS PROVIDE COMMUNITY SUPPORT SERVICES TO ADULTS CHALLENGED WITH CO-OCCURRING PSYCHIATRIC DISORDERS AND DEVELOPMENTAL DISABILITIES THE TYPE AND INTENSITY OF SERVICES PROVIDED WILL BE BASED ON THE MINIMUM LEVEL OF INTERVENTION NECESSARY TO MAINTAIN THE HEALTH/SAFETY OF THE INDIVIDUAL AND TO SUPPORT PROGRESS TOWARD THEIR IDENTIFIED GOALS TSS IS DESIGNED TO MINIMIZE DEPENDENCY AND TO EFFECT THE MOST RAPID "NORMALIZATION" AND COMMUNITY INTEGRATION POSSIBLE THE CENTRAL ASPECT OF THE TSS PROGRAM IS MEMBER CHOICE BEFORE AN INDIVIDUAL IS OFFERED TSS MEMBERSHIP, THEY WILL BE HELPED TO UNDERSTAND THE TSS PHILOSOPHY TSS WILL HONOR EACH PERSON'S EXPRESSED GOALS IN THE 17/18 FISCAL YEAR, THE TSS LOCATED IN SOLANO SERVED 118 UNDUPLICATED INDIVIDUALS OF THOSE 118 INDIVIDUALS, 90 7% (N=107) ACCRUED ZERO PSYCHIATRIC HOSPITAL DAYS, 96 6% (N=114) ACCRUED ZERO JAIL DAYS, 91 5% (N=108) ACCRUED ZERO HOMELESS DAYS, AND 56 8% (N=67) ACCRUED ZERO EMERGENCY INTERVENTIONS LASTLY, TSS SOLANO RECEIVED AN OVERALL SATISFACTION RATE OF 90 4% NORTHGATE POINT REGIONAL SUPPORT TEAM (RST) IS A COMMUNITY-BASED, OUTPATIENT MENTAL HEALTH CLINIC THAT SERVES ADULTS DIAGNOSED WITH CHRONIC AND PERSISTENT MENTAL DISABILITIES RST SERVICES INCLUDE BUT ARE NOT LIMITED TO MEDICATION MANAGEMENT, COORDINATED CASE MANAGEMENT, SUPPORT WITH FAMILY ISSUES, CRISIS INTERVENTION, SSI AND MEDI-CAL ADVOCACY, SELF-HELP AND PEER SUPPORT GROUPS, ETC TREATMENT PLANNING TEAMS INCLUDE PSYCHIATRISTS, NURSES, CASE MANAGERS AND CLINICAL STAFF WHO MEET WEEKLY TO CONFER AND DEVELOP INDIVIDUALIZED TREATMENT PLANS RST ALSO WORKS IN COLLABORATION WITH SOUTHEAST ASIAN COMMUNITY COUNSELING TO ENSURE THAT SERVICES PROVIDED ARE CULTURALLY APPROPRIATE AND DIVERSE FOR OUR MANY EASTERN EUROPEAN, ASIAN, AND PACIFIC ISLANDER CLIENTS BETWEEN JANUARY 1, 2018 AND JUNE 30, 2018, A TOTAL OF 1903 UNDUPLICATED INDIVIDUALS WERE SERVED THROUGH THE RST 73 0% OF PARTICIPANTS FELT THEY WERE ABLE TO ENGAGE IN ONGOING AND MEANINGFUL ACTIVITIES AS A RESULT OF THE SERVICES THEY RECEIVED THROUGH THE RST ADDITIONALLY, 79 3% OF PARTICIPANTS REPORTED IMPROVED FUNCTIONING IN EDUCATIONAL OR JOB TRAINING AND/OR EMPLOYMENT LASTLY, 97 7% WERE SEEN FOR A FACE-TO-FACE APPOINTMENT WITHIN 14 CALENDAR DAYS OF BEING ADMITTED INTO THE PROGRAM (continued on schedule o)

4d Other program services (Describe in Schedule O)

(Expenses $ 26,119,030 including grants of $ 588,893) (Revenue $ 34,371,010)

4e Total program service expenses ▶ 39,774,334

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
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		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	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**	Yes	
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**	Yes	
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**	Yes	
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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**		No
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**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	232		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	817		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	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)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ 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**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
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**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section 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	10		
	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 in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Karen Dolce 3440 Viking Drive Sacramento, CA 95827 (916) 364-8395

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dave Fukui President	1 0	X		X				0	0	0
(2) Carol Ann Frezza Vice President	1 0	X		X				0	0	0
(3) Susan Stieber Secretary	1 0	X		X				0	0	0
(4) Roger Davis Treasurer	1 0	X		X				0	0	0
(5) Allen Wu Board Member	1 0	X						0	0	0
(6) Patty Blum Board Member	1 0	X						0	0	0
(7) Colleen Peschel Board Member	1 0	X						0	0	0
(8) Ron Ruff Board Member	1 0	X						0	0	0
(9) Tony DiGaetono Board Member	1 0	X						0	0	0
(10) Dawn Hayes Board Member	1 0	X						0	0	0
(11) Al Rowlett CEO	40 0			X				238,629	0	12,912
(12) Diana White COO	40 0			X				153,118	0	7,707
(13) Karen Dolce CFO	40 0			X				141,950	0	7,349
(14) Stuart Marshall IT Director	40 0				X			154,919	0	9,282
(15) Cynthia C Arnett Medical Director	40 0				X			364,983	0	31,730
(16) Amy Jensen Program Director -Nurse Practitioner	40 0					X		115,773	0	6,303
(17) David L Sisemore Physician	40 0					X		363,357	0	22,492

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Jevon J Johnson Physician	33 0					X		289,706	0	14,837
(19) Brenda A Burnett Nurse Practitioner	40 0					X		128,240	0	5,379
(20) Gabriel Castillo Physician	40 0					X		155,833	0	5,775
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,106,508	0	123,766

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 10

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	
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**		No

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	(B) Description of services	(C) Compensation
LS & Company 555 Byron St 105 Palo Alto, CA 94301	Rent	275,588
Carlos G Solis MD 9580 Oak Ave Pkwy 7-164 Folsom, CA 95630	Physician	250,351
Viking Builders 2500 Marconi Ave Suite 204 Sacramento, CA 95821	Construction	211,428
F Shirin Ghaheri MD 948 Tuscan Lane Sacramento, CA 95864	Physician	152,057
Mai Nguyen MD PO Box 10047 Truckee, CA 96162	Physician	151,315

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 8

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☑

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 251,495			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶	251,495			

Program Service Revenue	Business Code				
2a Program Fees	621990	46,334,590	46,334,590		
b Program Rent	621990	230,880	230,880		
c Employment Services	900099	7,625	7,625		
d					
e					
f All other program service revenue		0	0	0	0
g **Total.** Add lines 2a–2f . . . . ▶		46,573,095			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,059			1,059
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)	0 / 0				
d Net rental income or (loss) . . . . . ▶					
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory					
b Less cost or other basis and sales expenses					
c Gain or (loss)	0 / 0				
d Net gain or (loss) . . . . . ▶					
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities See Part IV, line 19 . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . . a	77,989				
b Less cost of goods sold . . b	52,256				
c Net income or (loss) from sales of inventory . . ▶		25,733	25,733		
Miscellaneous Revenue	Business Code				
11a Medical Claim Payment	900099	80,750	80,750		
b Psychiatry Services	900099	17,460	17,460		
c Contract Settlement	900099	440,172	440,172		
d All other revenue		18,800	0	0	18,800
e **Total.** Add lines 11a–11d . . . . . ▶		557,182			
12 **Total revenue.** See Instructions . . . . . ▶		47,408,564	47,137,210	0	19,859

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	38,692	38,692		
2 Grants and other assistance to domestic individuals See Part IV, line 22	550,201	550,201		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,945,175	1,945,175		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,984,327	19,131,027	2,853,300	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,262,033	1,109,348	152,685	
9 Other employee benefits	6,389,001	5,751,372	637,629	
10 Payroll taxes	1,848,362	1,631,628	216,734	
11 Fees for services (non-employees)				
a Management				
b Legal	75,859	49,929	25,930	
c Accounting	90,350		90,350	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,741,195	2,656,562	84,633	0
12 Advertising and promotion	21,345	20,301	1,044	
13 Office expenses	1,409,989	1,104,583	305,406	
14 Information technology				
15 Royalties . .				
16 Occupancy	1,665,492	1,556,638	108,854	
17 Travel	1,168,597	1,118,794	49,803	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	107,357	31,132	76,225	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	270,000	185,006	84,994	
23 Insurance . . .	423,736	300,960	122,776	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Client Assistance	1,336,220	1,336,220		
b Small equipment purchase	1,000,738	653,890	346,848	
c Repairs and Maintenance	434,233	383,046	51,187	
d Training	96,061	50,531	45,530	
e All other expenses	206,860	169,299	37,561	0
25 **Total functional expenses.** Add lines 1 through 24e	45,065,823	39,774,334	5,291,489	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,866,946	1	627,470
	2	Savings and temporary cash investments	508,630	2	509,342
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	5,686,960	4	6,974,414
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	110,089	9	252,982
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 14,833,753			
	b	Less accumulated depreciation — 10b: 4,605,852	8,903,754	10c	10,227,901
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	270,495	15	324,761
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	17,346,874	16	18,916,870
Liabilities	17	Accounts payable and accrued expenses	5,451,298	17	4,464,512
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	1,098,454
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	2,076,218	23	1,903,438
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	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	712,633	25	1,000
	26	**Total liabilities.** Add lines 17 through 25	8,240,149	26	7,467,404
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	6,465,208	27	7,719,900
	28	Temporarily restricted net assets	2,641,517	28	3,729,566
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33	Total net assets or fund balances	9,106,725	33	11,449,466
	34	Total liabilities and net assets/fund balances	17,346,874	34	18,916,870

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,408,564
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,065,823
3	Revenue less expenses Subtract line 2 from line 1	3	2,342,741
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,106,725
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,449,466

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 94-2609766
Name: Turning Point Community Programs

Form 990, Part III, Line 4a:

TURNING POINT COMMUNITY PROGRAMS OPERATES TWO FULL SERVICE PARTNERSHIP (FSP) INTEGRATED SERVICES AGENCIES (ISA), ONE IN SACRAMENTO COUNTY AND ONE IN STANISLAUS COUNTY ISA SERVICES GENERALLY INCLUDE THE PROVISION OF PSYCHOSOCIAL REHABILITATION AND RECOVERY SERVICES FOR ADULTS WITH PSYCHIATRIC DISABILITIES AND EXTENDED HISTORIES OF LONG-TERM HOSPITALIZATION THE GOAL IS TO HELP INDIVIDUALS "TAKE CHARGE OF THEIR LIVES" THROUGH INFORMED DECISION-MAKING ALONG WITH PSYCHIATRIC, REHABILITATIVE AND PSYCHOSOCIAL SUPPORT SERVICES ARE BASED ON THE INDIVIDUAL'S LONG-TERM GOALS AND DESIRED RESULTS THE ISA LOCATED IN MODESTO IS ESPECIALLY UNIQUE IN THAT STAFF WORK WITH A HIGHER POPULATION OF INDIVIDUALS WITHIN LOCKED FACILITIES AND FUNCTION AS CONSERVATORS WHILE WORKING CLOSELY WITH THE PUBLIC GUARDIAN'S OFFICE COMBINED, THE TWO ISA PROGRAMS SERVED A TOTAL OF 413 INDIVIDUALS WITHIN THE 17/18 FISCAL YEAR IN THAT REPORTING PERIOD, OF THE 413 INDIVIDUALS SERVED, 70 7% DID NOT ACCRUE PSYCHIATRIC HOSPITAL DAYS, 93 7% DID NOT ACCRUE INCARCERATION DAYS, 94 4% DID NOT ACCRUE HOMELESS DAYS, AND 69 5% DID NOT ACCRUE EMERGENCY INTERVENTIONS ON AVERAGE, THE TWO PROGRAMS RECEIVED AN OVERALL SATISFACTION RATE OF 80 2%

Form 990, Part III, Line 4b:

IN SACRAMENTO COUNTY, TPCP'S PATHWAYS TO SUCCESS AFTER HOMELESSNESS PROVIDES COMPREHENSIVE, INTEGRATED MENTAL HEALTH SERVICES INCLUDING HOUSING FOR 350 CHILDREN AND THEIR FAMILIES, TRANSITION AGED YOUTH, ADULTS, AND OLDER ADULTS PATHWAYS PROVIDES PERMANENT SUPPORTIVE HOUSING AND MENTAL HEALTH SERVICES FOR THOSE WITH PSYCHIATRIC DISABILITIES AND LONG-TERM OR CYCLICAL HOMELESSNESS STAFF USES A HARM-REDUCTION "WHATEVER IT TAKES" APPROACH TO SUPPORT MEMBERS IN MEETING THEIR DESIRED GOALS FAMILIES WITH CHILDREN ARE OFFERED CULTURALLY DIVERSE SUPPORTIVE SERVICES SO THEY CAN STAY TOGETHER AND BE PART OF THE COMMUNITY ALL ELIGIBLE GROUPS WILL MAINTAIN HOUSING, CHILDREN WILL ATTEND SCHOOL OR QUALITY DAY CARE AS APPROPRIATE, TRANSITION AGE YOUTH AND ADULTS WILL BE SUPPORTED TO IMPROVE THEIR QUALITY OF LIFE THROUGH EMPLOYMENT, EDUCATION, VOLUNTEERISM, AND AN IMPROVED SOCIAL SUPPORT SYSTEM, AND OLDER ADULTS WILL BE ACTIVELY ENGAGED IN WAYS THAT ENHANCE THEIR INDEPENDENCE AND DECREASE ISOLATION PATHWAYS IS ONE OF THE FIRST MAJOR PROP 63 MENTAL HEALTH SERVICES ACT FUNDED PROGRAMS TO BE LAUNCHED IN SACRAMENTO COUNTY IN THE 17/18 FISCAL YEAR, PATHWAYS SERVED A TOTAL OF 374 UNDUPLICATED INDIVIDUALS IN THAT TIME PERIOD, OF THE 374 INDIVIDUALS SERVED, THERE WAS A 40 1% REDUCTION IN PSYCHIATRIC HOSPITAL DAYS, A 10 8% REDUCTION IN JAIL DAYS, AND A 53 0% REDUCTION IN THE NUMBER OF EMERGENCY INTERVENTIONS PATHWAYS ALSO RECEIVED ON OVERALL SATISFACTION RATE OF 77 3% FROM ADULTS AND OLDER ADULTS, A 79 1% SATISFACTION RATE FROM YOUTH, AND A 77 9% SATISFACTION RATE FROM CAREGIVERS

Form 990, Part III, Line 4c:

FLEXIBLE INTEGRATED TREATMENT (FIT) PROGRAM, FORMERLY KNOWN AS FOCUS, HAS BEEN IN OPERATION SINCE 1999 AND WORKS WITH YOUTH WHO ARE EXPERIENCING EMOTIONAL AND BEHAVIORAL DIFFICULTIES THE THERAPIST/TREATMENT TEAM MEMBERS, PARTNER WITH YOUTH AND THEIR FAMILIES IN ADDRESSING THEIR STATED NEEDS UTILIZING A FAMILY-FOCUSED, STRENGTH-BASED APPROACH FIT IS ABLE TO INCREASE OR DECREASE CLINICAL SUPPORTS DEPENDING ON THE LEVEL OF NEED THE YOUTH HAS AT ANY GIVEN TIME THE PROGRAM PROVIDES INDIVIDUAL, FAMILY, AND GROUP THERAPY, SKILLS TRAINING, ADVOCACY, CASE MANAGEMENT, AND PSYCHIATRIC SUPPORTS THE PROGRAM ALSO INCORPORATES SPECIFIC EVIDENCE-BASED PRACTICES AS TREATMENT MODALITIES IN THE 17/18 FISCAL YEAR, 601 UNDUPLICATED CLIENTS WERE SERVED ACCORDING TO THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT (CANS), 55 6% OF PARTICIPANTS EXPERIENCED IMPROVED CONDUCT, 72 7% HAD A REDUCTION IN BEING A DANGER TO OTHERS, 60 0% IMPROVEMENT IN CAREGIVER KNOWLEDGE, AND A 40 0% IMPROVEMENT IN CAREGIVER SAFETY LASTLY, OF THE 358 DISCHARGES THAT OCCURRED WITHIN THE FISCAL YEAR, 40 4% (N=120) WERE DUE TO THE CLIENT COMPLETING SERVICES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135104909

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Turning Point Community Programs

Employer identification number
94-2609766

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 (For lines 1 through 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	381,538	162,061	726,076	358,024	251,495	1,879,194
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	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	0	0
4 **Total.** Add lines 1 through 3	381,538	162,061	726,076	358,024	251,495	1,879,194
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)						0
6 **Public support.** Subtract line 5 from line 4						1,879,194

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	381,538	162,061	726,076	358,024	251,495	1,879,194
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14	9	306	1,238	1,059	2,626
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	95,347	12,134	458,972	566,453
11 **Total support.** Add lines 7 through 10						2,448,273

12	Gross receipts from related activities, etc (see instructions)	12	187,621,962

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 2017 (line 6, column (f) divided by line 11, column (f))	14	76 76 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	89 33 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** 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 VI 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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a 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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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*	1		
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)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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*	3b		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
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*	4b		
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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) 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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
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*	10a		
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)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(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 government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) 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*	2a		
b	Did the activities described in (a) 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*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) 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? *Provide details in* ***Part VI.***	3a		
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*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section 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		

	Section 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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - , COLUMN B - , COLUMN C - 61539 0, COLUMN D - 12134 0, COLUMN E - 18800 0, COLUMN F - 92473 0, DESCRIPTION - CONTRACT SETTLEMENT, COLUMN A - , COLUMN B - , COLUMN C - 33808 0, COLUMN D - , COLUMN E - 440172 0, COLUMN F - 473980 0,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135104909

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Turning Point Community Programs

Employer identification number
94-2609766

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,595,900		1,595,900
b Buildings		7,788,000	2,098,872	5,689,128
c Leasehold improvements		1,502,537	793,407	709,130
d Equipment		877,843	719,974	157,869
e Other		3,069,473	993,599	2,075,874
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				10,227,901

Part VII **Investments—Other Securities.** 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 or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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 or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Line of Credit	1,000
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,000

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	47,408,564
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	47,408,564
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	0		
c	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	47,408,564

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	45,065,823
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	45,065,823
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	45,065,823

Part 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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 94-2609766
Name: Turning Point Community Programs

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Turning Point is a nonprofit corporation exempt from federal income taxes under Internal R evenue Code section 501(c)(3) and from State of California income taxes Therefore, these financial statements contain no provision for such taxes Informational returns are filed annually with federal and state taxing authorities Accounting principles generally accept ed in the United States of America prescribes recognition thresholds and measurement attri butes for the financial statement recognition and measurement of a tax position taken or e xpected to be taken in a tax return Tax benefits will be recognized only if a tax positio n is more-likely-than-not sustained in a tax examination, with a tax examination being pre sumed to occur The amount recognized will be the largest amount of tax benefit that is gr eater than 50% likely being realized on examination For tax positions not meeting the mor e-likely-than-not test, no tax benefit will be recorded Management has concluded that the y are unaware of any tax benefits or liabilities to be recognized at June 30, 2018 or 2017 Turning Point would recognize interest and penalties related to unrecognized tax benefit s in interest and income tax expense, respectively Turning Point has no amounts accrued f or interest or penalties for the year ended June 30, 2018 or 2017 Turning Point does not expect the total amount of unrecognized tax benefits to significantly change in the next 1 2 months

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135104909

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Turning Point Community Programs

Employer identification number
94-2609766

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CONSUMER SELF HELP CENTER 1851 HERITAGE LANE STE 187 SACRAMENTO, CA 95815	68-0221796	501(c)3	26,001				PARTNER FOR MENTAL HEALTH SERVICES
(2) NAMI SACRAMENTO 3440 VIKING DR STE 106 SACRAMENTO, CA 95827	94-2861509	501(c)3	12,691				PARTNER FOR MENTAL HEALTH SERVICES

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Hotel, utility, & moving expenses	304	448,563			HOUSING EXPENSES PAID ON BEHALF OF PROGRAM PARTICIPANTS
(2) Transportation	345	33,634			CLIENT TAXI/BUS PASS, CAR REGISTRATION, REPAIRS, AND FUEL
(3) Client assistance	655		68,004	COST	FURNITURE, FOOD, CLOTHING, PERSONAL ITEMS FOR HYGIENE
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Records are maintained as required by the government agency of issuance

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135104909

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Turning Point Community Programs

Employer identification number
94-2609766

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Al Rowlett	(i)	230,579	0	8,050	11,691	1,221	251,541	0
CEO	(ii)	0	0	0	0	0	0	0
2 Diana White	(i)	149,268	0	3,850	7,707	0	160,825	0
COO	(ii)	0	0	0	0	0	0	0
3 Stuart Marshall	(i)	154,919	0	0	7,391	1,891	164,201	0
IT Director	(ii)	0	0	0	0	0	0	0
4 Cynthia C Arnett	(i)	364,983	0	0	17,958	13,772	396,713	0
Medical Director	(ii)	0	0	0	0	0	0	0
5 David L Sisemore	(i)	363,357	0	0	17,073	5,419	385,849	0
Physician	(ii)	0	0	0	0	0	0	0
6 Jevon J Johnson	(i)	289,706	0	0	11,879	2,958	304,543	0
Physician	(ii)	0	0	0	0	0	0	0
7 Gabriel Castillo	(i)	155,833	0	0	5,775	0	161,608	0
Physician	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Turning Point Community Programs

Employer identification number
94-2609766

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d DESCRIPTION OF OTHER PROGRAM SERVICES - Continued	IN OCTOBER OF 2017, TPCP BEGAN SERVING INDIVIDUAL THROUGH ITS HOUSING ASSESSMENT TEAM (HAT) LOCATED IN STANISLAUS COUNTY'S OUTREACH AND ENGAGEMENT CENTER HOUSING ASSESSMENT TEAM (HAT) WORKS IN COLLABORATION WITH OTHER COMMUNITY PARTNERS, RECOGNIZING THAT A WHOLE-PERSON APPROACH IS REQUIRED IN ORDER TO SUPPORT AND ASSIST INDIVIDUALS OUT OF HOMELESSNESS HAT HAS FIRST CONTACT WITH INDIVIDUALS WHO WALK INTO THE PROGRAM, IDENTIFYING NEEDS, PROVIDING RESOURCE INFORMATION AND CONNECTING THEM TO LOCAL SERVICES HAT UTILIZES COORDINATED ENTRY TO IDENTIFY PRIORITIZED CLIENTS (WHO ARE THE MOST VULNERABLE) AND CONNECT THESE INDIVIDUALS WITH HOUSING INTERVENTIONS, AS WELL AS SUPPORT THEM WITH NAVIGATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 26,119,030 including grants of $ 588,893)(Revenue $ 34,371,010) THERAPEUTIC BE HAVIORAL SERVICES (TBS) IS AN INTENSIVE, ONE-TO-ONE SHORT-TERM OUTPATIENT MENTAL HEALTH TR EATMENT SERVICE THAT HAS BEEN IN OPERATION SINCE 2002 TBS IS DESIGNED FOR CHILDREN AND YO UTH WITH SERIOUS EMOTIONAL PROBLEMS WHO ARE EXPERIENCING A STRESSFUL TRANSITION OR LIFE CR ISIS AND NEEDING SPECIALIZED SUPPORT SERVICES TBS SERVICES UTILIZE AN INDIVIDUALIZED APPR OACH BUILDING ON YOUTH AND FAMILY STRENGTHS TO CREATE A BEHAVIOR PLAN THE FAMILY IS ABLE T O MAINTAIN AFTER SERVICES HAVE ENDED THIS PLAN IS DEVELOPED FROM A DETAILED FUNCTIONAL BE HAVIORAL ASSESSMENT WHICH INCLUDES ENVIRONMENTAL STRATEGIES, DEVELOPMENT OF SKILLS AND NEW BEHAVIORS, POSITIVE SUPPORTS, AND REACTIVE STRATEGIES SERVICES ARE PROVIDED UNTIL THE IN DIVIDUAL'S BEHAVIORS HAVE BEEN RESOLVED OR REDUCED TO AN ACCEPTABLE LEVEL, NO LONGER PLACI NG THEM AT RISK IN THE 17/18 FISCAL YEAR, 97 UNDUPLICATED CLIENTS WERE SERVED AT THE TIM E OF DISCHARGE, 87 1% OF PARTICIPANTS FELT THAT THEY KNEW WAYS TO KEEP THEMSELVES CALM, 86 4% FELT THAT THEY COULD TELL WHEN THEY BEGIN TO BECOME UPSET/OVERWHELMED, AND 86 1% FELT THAT THEY KNEW HOW TO STAY CALM SHOULD THEY BECOME UPSET OR OVERWHELMED AT ADMISSION, THE SE THREE EXACT ITEMS DID NOT SCORE ABOVE 77 5% SHOWING A CONSIDERABLE INCREASE AFTER SERVI CES HAD BEEN RECEIVED ADDITIONALLY, TBS RECEIVED A YOUTH SATISFACTION RATE OF 90 5% WHILE CAREGIVERS GAVE A RATING OF 94 6% IN 2014, TPCP BEGAN THE OPERATION OF A CHILDREN AND YO UTH COMMUNITY-BASED SERVICES/THERAPEUTIC BEHAVIORAL SERVICES [CBS/TBS] PROGRAM IN YOLO COU NTY IN ADDITIONAL TO THE TBS SERVICES MENTIONED PREVIOUSLY, CBS SERVICES INCLUDE WORKING WITH YOUTH EXPERIENCING EMOTIONAL AND BEHAVIORAL DIFFICULTIES THERAPIST/TREATMENT TEAM ME MBERS PARTNER WITH YOUTH AND THEIR FAMILIES IN ADDRESSING THEIR STATED NEEDS UTILIZING A F AMILY-FOCUSED, STRENGTH-BASED APPROACH CBS PROVIDES SERVICES IN THE HOME, SCHOOL AND COMM UNITY AT TIMES THAT MEET YOUTH AND FAMILY NEEDS CBS IS ABLE TO ADJUST CLINICAL SUPPORTS D EPENDING ON THE LEVEL OF NEED THE YOUTH HAS AT ANY GIVEN TIME THE PROGRAM PROVIDES INDIVI DUAL, FAMILY, AND GROUP THERAPY, SKILLS TRAINING, ADVOCACY, CASE MANAGEMENT, AND PSYCHIATR IC SUPPORTS WITHIN THE 17/18 FISCAL YEAR, 115 UNDUPLICATED INDIVIDUALS HAD BEEN SERVED IN THE CBS/TBS PROGRAM CBS CLIENTS HAD A SATISFACTION RATE OF 80 0% FOR YOUTH WHILE CAREGIV ERS RATED SERVICES AT 82 2% YOUTH WHO RECEIVED TBS SERVICES HAD A SATISFACTION RATE OF 83 9% WHILE CAREGIVERS HAD A SATISFACTION RATE OF 89 3% LASTLY, BETWEEN BOTH PROGRAMS, 51 4 % (N=18) OF DISCHARGES WERE THE RESULT OF A TRANSITION TO A LOWER LEVEL OF CARE WHILE 20 0 % (N=7) WERE THE RESULT OF THE CLIENT HAVING COMPLETED THE PROGRAM IN 2015, THE MENTAL HE ALTH SERVICES ACT (MHSA) CHILD AND YOUTH FULL SERVICE PARTNERSHIP (FSP), BRIDGES, BEGAN OP ERATING BRIDGES PROVIDES SERVICES TO UP TO TWENTY-FIVE (25) SERIOUSLY EMOTIONALLY DISTURB ED (SED) CHILDREN OR YOUTH UND

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	ER THE AGE OF 16 YEARS WHO ARE UNSERVED, UNDERSERVED OR INAPPROPRIATELY SERVED AND WHO OTH ERWISE LACK ACCESS TO MENTAL HEALTH TREATMENT SERVICES YOLO BRIDGES WORKS WITH YOUTH EXPE RIENCING EMOTIONAL AND BEHAVIORAL DIFFICULTIES THERAPIST/TREATMENT TEAM MEMBERS PARTNER W ITH YOUTH AND THEIR FAMILIES IN ADDRESSING THEIR STATED NEEDS UTILIZING A FAMILY-FOCUSED, STRENGTH-BASED APPROACH YOLO BRIDGES IS ABLE TO ADJUST CLINICAL SUPPORTS DEPENDING ON THE LEVEL OF NEED THE YOUTH HAS AT ANY GIVEN TIME THE PROGRAM PROVIDES INDIVIDUAL, FAMILY, A ND GROUP THERAPY, SKILLS TRAINING, ADVOCACY, CASE MANAGEMENT, AND PSYCHIATRIC SUPPORTS IN THE 17/18 FISCAL YEAR, BRIDGES SERVED A TOTAL OF 40 UNDUPLICATED INDIVIDUALS IN COMPARIS ON TO PRE-ENROLLMENT OUTCOMES COLLECTED THROUGH THE PARTNERSHIP ASSESSMENT FORM (PAF), THE RE WAS A 56 4% REDUCTION IN PSYCHIATRIC HOSPITAL DAYS, AND A 22 2% REDUCTION IN THE NUMBER OF EMERGENCY INTERVENTIONS ADDITIONALLY, BRIDGES RECEIVED AN OVERALL YOUTH SATISFACTION RATE OF 70 8% WHILE CAREGIVERS REPORTED A RATING OF 88 1% IN THE 17/18 FISCAL YEAR, TPCP OPERATED THREE CRISIS RESIDENTIAL PROGRAMS (CRP) IN THE SACRAMENTO AREA, ONE OF WHICH IS F UNDED AND USED SOLELY BY THE UNIVERSITY OF CALIFORNIA, DAVIS MEDICAL CENTER A FOURTH CRP BEGAN OPERATION IN THE 18/19 FISCAL YEAR CRISIS RESIDENTIAL PROGRAM (CRP) SERVICES ARE IN TENDED TO PROVIDE A SHORT-TERM ALTERNATIVE TO INPATIENT PSYCHIATRIC SERVICES FOR PERSONS E XPERIENCING AN ACUTE PSYCHIATRIC CRISIS SERVICES MAY ONLY BE USED TO AVERT A PSYCHIATRIC ADMISSION, OR TO SHORTEN THE LENGTH OF AN INPATIENT STAY CRP SERVICES ARE DESIGNED FOR PE RSONS WHO MEET PSYCHIATRIC INPATIENT ADMISSION CRITERIA OR ARE AT RISK OF ADMISSION, BUT W HO CAN BE APPROPRIATELY SERVED IN COMMUNITY SETTINGS SERVICES ARE PROVIDED IN A SUPPORTIV E ENVIRONMENT THAT MODELS AND ENCOURAGES HOPE, EMPOWERMENT, PERSONAL ACCOUNTABILITY, AND T HE DEVELOPMENT OF MEANINGFUL LIFE ROLES IN ORDER TO ADAPT TO THE EVOLVING CULTURES OF PER SONS SERVED, THE ENVIRONMENT IS PERMEABLE TO OUTSIDE FACTORS AND INDIVIDUAL NEEDS INDIVID UALS ARE REFERRED DIRECTLY FROM THE MENTAL HEALTH TREATMENT CENTER, SACRAMENTO COUNTY MENT AL HEALTH PLAN PROVIDERS, EMERGENCY DEPARTMENTS, THE CRESTWOOD PSYCHIATRIC HEALTH FACILITI ES, AND PRIVATE PSYCHIATRIC HOSPITALS WITHIN THE 17/18 FISCAL YEAR, TPCPS OLDEST CRP WHIC H OPENED IN 1992, SERVED A TOTAL OF 141 UNDUPLICATED INDIVIDUALS WHEN COMPARING THE CLIEN T'S ADMISSION AND DISCHARGE LIVING SITUATION, CRP STAFF WERE ABLE TO DECREASE HOMELESSNESS BY 58 2% ADDITIONALLY, 49 0% OF CLIENTS WERE DISCHARGED DO TO HAVING SUCCESSFULLY MET TH EIR GOALS LASTLY, THIS CRP RECEIVED AN OVERALL SATISFACTION RATE OF 87 1% THE RIO LINDA CRP SERVED 170 UNDUPLICATED INDIVIDUALS AND HAD AN OVERALL SATISFACTION RATE OF 86 7% THE UC DAVIS CRP (BENDER COURT) SERVED 110 UNDUPLICATED INDIVIDUALS AND HAD AN OVERALL SATISF ACTION RATING OF 89 0% TPCP ALSO PROVIDES UNIQUE SERVICES THROUGH ITS THREE TRANSITIONAL SUPPORT SERVICES (TSS) PROGRAM

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	S LOCATED WITHIN SACRAMENTO, SOLANO, AND BUTTE COUNTY TSS PROGRAMS PROVIDE COMMUNITY SUPP ORT SERVICES TO ADULTS CHALLENGED WITH CO-OCCURRING PSYCHIATRIC DISORDERS AND DEVELOPMENTA L DISABILITIES THE TYPE AND INTENSITY OF SERVICES PROVIDED WILL BE BASED ON THE MINIMUM L EVEL OF INTERVENTION NECESSARY TO MAINTAIN THE HEALTH/SAFETY OF THE INDIVIDUAL AND TO SUPP ORT PROGRESS TOWARD THEIR IDENTIFIED GOALS TSS IS DESIGNED TO MINIMIZE DEPENDENCY AND TO EFFECT THE MOST RAPID "NORMALIZATION" AND COMMUNITY INTEGRATION POSSIBLE THE CENTRAL ASPE CT OF THE TSS PROGRAM IS MEMBER CHOICE BEFORE AN INDIVIDUAL IS OFFERED TSS MEMBERSHIP, TH EY WILL BE HELPED TO UNDERSTAND THE TSS PHILOSOPHY TSS WILL HONOR EACH PERSON'S EXPRESSED GOALS IN THE 17/18 FISCAL YEAR, THE TSS LOCATED IN SOLANO SERVED 118 UNDUPLICATED INDIVI DUALS OF THOSE 118 INDIVIDUALS, 90 7% (N=107) ACCRUED ZERO PSYCHIATRIC HOSPITAL DAYS, 96 6% (N=114) ACCRUED ZERO JAIL DAYS, 91 5% (N=108) ACCRUED ZERO HOMELESS DAYS, AND 56 8% (N= 67) ACCRUED ZERO EMERGENCY INTERVENTIONS LASTLY, TSS SOLANO RECEIVED AN OVERALL SATISFACT ION RATE OF 90 4% NORTHGATE POINT REGIONAL SUPPORT TEAM (RST) IS A COMMUNITY-BASED, OUTPA TIENT MENTAL HEALTH CLINIC THAT SERVES ADULTS DIAGNOSED WITH CHRONIC AND PERSISTENT MENTAL DISABILITIES RST SERVICES INCLUDE BUT ARE NOT LIMITED TO MEDICATION MANAGEMENT, COORDINA TED CASE MANAGEMENT, SUPPORT WITH FAMILY ISSUES, CRISIS INTERVENTION, SSI AND MEDI-CAL ADV OCACY, SELF-HELP AND PEER SUPPORT GROUPS, ETC TREATMENT PLANNING TEAMS INCLUDE PSYCHIATRI STS, NURSES, CASE MANAGERS AND CLINICAL STAFF WHO MEET WEEKLY TO CONFER AND DEVELOP INDIVI DUALIZED TREATMENT PLANS RST ALSO WORKS IN COLLABORATION WITH SOUTHEAST ASIAN COMMUNITY C OUNSELING TO ENSURE THAT SERVICES PROVIDED ARE CULTURALLY APPROPRIATE AND DIVERSE FOR OUR MANY EASTERN EUROPEAN, ASIAN, AND PACIFIC ISLANDER CLIENTS BETWEEN JANUARY 1, 2018 AND JU NE 30, 2018, A TOTAL OF 1903 UNDUPLICATED INDIVIDUALS WERE SERVED THROUGH THE RST 73 0% O F PARTICIPANTS FELT THEY WERE ABLE TO ENGAGE IN ONGOING AND MEANINGFUL ACTIVITIES AS A RES ULT OF THE SERVICES THEY RECEIVED THROUGH THE RST ADDITIONALLY, 79 3% OF PARTICIPANTS REP ORTED IMPROVED FUNCTIONING IN EDUCATIONAL OR JOB TRAINING AND/OR EMPLOYMENT LASTLY, 97 7% WERE SEEN FOR A FACE-TO-FACE APPOINTMENT WITHIN 14 CALENDAR DAYS OF BEING ADMITTED INTO T HE PROGRAM (continued on schedule o)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 is sent to all individual board members for review and approval prior to filing with the IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	On an annual basis, the Board and its officers renew the conflict of interest statement for compliance Supervisory accounting staff are made aware of conflict of interest policies and expected to bring possible conflicts to management's attention An individual with a conflict of interest may be counted toward establishing a quorum for voting, but shall be ineligible to discuss, influence, or vote on the decision or transaction which is the subject matter of the conflict Any decision or transaction made in violation of the preceding prohibition is void as permissible by law

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Board of Directors has commissioned an independent survey, but currently uses other independent publicly available surveys to determine the CFO's compensation Additionally, the Board annually evaluates the CEO as part of its annual compensation review This was last performed in 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The Board of Directors has commissioned an independent survey for compensation of other officers of the organization, but currently uses other independent publicly available surveys to determine the compensation Additionally, the CEO annually evaluates the compensation review This was last performed in 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization's audited financial statement and Federal Form 990 are available upon request at Turning Point's administrative offices located at 10850 Gold Center Drive, Suite 325, Rancho Cordova, CA 95670

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Revenue - Total Revenue 18800, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 18800,