FEDERAL RETURN





April 29, 2019

Turning Point Center (Formerly Rehab Mission, Inc.) 1701 Jacquelyn Houston, TX 77055

Enclosed is the organization's 2017 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2019.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Carr, Riggs & Ingram, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

September 30, 2018

Prepared For:

Turning Point Center (Formerly Rehab Mission, Inc.) 1701 Jacquelyn Houston, TX 77055

Prepared By:

Carr, Riggs & Ingram, LLC Two Riverway, 15th Floor Houston, TX 77056

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office using our secure file transfer website – https://cricpa.sharefile.com/share/filedrop. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2019

				ED TO AUGUST 15,		-	OMB No. 1545-0047
	0	90		nization Exempt F			
Forn	n J	30	Under section 501(c), 527, or 4947		•		
		of the Treasury		ecurity numbers on this form	-		Open to Public
		nue Service	I Go to www.ırs.gov ar year, or tax year beginning O	/Form990 for instructions and		EP 30, 2018	Inspection
					ending p		
D C a	heck if pplicable	<u>.</u>	f organization			D Employer identifie	ation number
	Addres		MERLY REHAB MISSIO	N TNC.)			
	Name Chang		usiness as			76-0	270436
	Initial return		and street (or P.O. box if mail is not de	livered to street address)	Room/suite		
		1701	JACQUELYN		110011/Julio		957-0099
L	⊥return/ termin ated	_	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	389,500.
	Ameno		TON, TX 77055			H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·
	Applic tion		nd address of principal officer: ISH	A SALAS DESSELLE	3		?
	pendir		AS C ABOVE			H(b) Are all subordinates in	
ΙT	ax-exe	empt status:	X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 🗌 527	1	list. (see instructions)
JV	Vebsit	te: 🕨 TURN	INGPOINTCENTER.ORG			H(c) Group exemption	n number 🕨
ΚF	orm of	organization:	X Corporation Trust A	ssociation 🔄 Other 🕨	L Year	of formation: 1988 N	I State of legal domicile: TX
Pa	rt I	Summary					
	1	Briefly describ	e the organization's mission or most	significant activities: SHEL	TER FO	R ELDERLY HO	DMELESS
uč,							
Governance	2	Check this bo	x 🕨 🛄 if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net ass	
Ň			ting members of the governing body				6
			lependent voting members of the go				6
Activities &			of individuals employed in calendar y				2
ivit			of volunteers (estimate if necessary)				750
Act			d business revenue from Part VIII, co				0.
	b	Net unrelated	business taxable income from Form	990-1, line 34	<u></u>		
	8	Cantributiona	and grants (Dart) (III line 1h)			Prior Year 191,461.	Current Year 152,009.
en						189,569.	236,875.
Revenue		0	come (Part VIII, column (A), lines 3, 4	and 7d)		686.	616.
Be			e (Part VIII, column (A), lines 5, 6d, 8c	-		0.	0.
			- add lines 8 through 11 (must equal			381,716.	389,500.
			milar amounts paid (Part IX, column (0.	0.
			to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,		0.	0.
s			r compensation, employee benefits (I			32,145.	34,715.
Expenses			undraising fees (Part IX, column (A), I			0.	0.
Del			ing expenses (Part IX, column (D), lin		34.		
۵	17	Other expense	es (Part IX, column (A), lines 11a-11d	, 11f-24e)		314,688.	304,896.
	18	Total expense	s. Add lines 13-17 (must equal Part I	X, column (A), line 25)		346,833.	339,611.
		Revenue less	expenses. Subtract line 18 from line	12		34,883.	49,889.
Net Assets or Fund Balances					Be	ginning of Current Year	End of Year
ssets	20					1,883,402.	1,931,936.
st As	21					361,318.	361,335.
			fund balances. Subtract line 21 from	line 20		1,522,084.	1,570,601.
	rt II			including occurrently washed to	and states	unto and to the hard of	unoulodge and half of this
	-		I declare that I have examined this return,				KIIOWIEUGE and belief, it is
true,	correc	n, and complete	. Declaration of preparer (other than office	er) is based on all information of wr	nch preparer	nas any knowledge.	
0:	_	Signature	e of officer			Date	
Sigr		-		RESIDENT		Buto	
Here	8		print name and title				
		Print/Type pre		Preparer's signature	- [Date Check	PTIN
				i toparor o orginarung a			

	Print/Type preparer's name	Preparer's signature			
Paid	KRISTEN SIMPSON	KRISTEN SIMPSON	04/29/19 self-employed P012684	82	
Preparer	Firm's name 🕒 CARR, RIGGS	& INGRAM, LLC	Firm's EIN ► 72-13966	21	
Use Only	Firm's address TWO RIVERWAY	, 15TH FLOOR			
	HOUSTON, TX	77056	Phone no. 713-621-809	0	
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)				
			000	•	

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

	TURNING POINT CENTER 990 (2017) (FORMERLY REHAB MISSION, INC.) 76-027(t III Statement of Program Service Accomplishments	0436	Page 2
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE MISSION PROVIDED HOUSING, FOOD, CLOTHING, AND WE COLLABORATI	E WITH	I
	VARIOUS AGENCIES TO PROVIDE SUPPORTIVE SERVICES IN ORDER TO HELD	P	
	ELDERLY HOMELESS INDIVIDUALS RETURN TO PRODUCTIVE SOCIETY.		
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	XNo
	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	XNo
	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 e	xpenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	penses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$290,723. including grants of \$) (Revenue \$)	236,8	
	THE MISSION PROVIDED HOUSING, FOOD, CLOTHING, AND WE COLLABORATI	<u>e with</u>	I
	VARIOUS AGENCIES TO PROVIDE MEDICAL SERVICES AND REHABILITATION		
	COUNSELING FOR ELDERLY HOMELESS INDIVIDUALS IN HOUSTON, TEXAS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-10	(oude) (Expenses #) (nevenue #) (nevenue #)		/
4.1	Other program convince (Decevine in Schedule C)		
4d	Other program services (Describe in Schedule O.)	`	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 290,723.	_)	
4e	Total program service expenses 290, 723.		90 (2017)
		Form 9	v (2017)
732002	2 11-28-17 2		
	4		

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Form	990 (2017) (FORMERLY REHAB MISSION, INC.) 76-0270	436	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ū	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
U		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	–		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	<i>If</i> "Yes," <i>complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		- 23
10		10		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u>-</u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G. Part III	19		X

Form 990 (2017)

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, 0	02/0400	Faue

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization nawer "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 I, Parts I and III 23 X 24a Did the organization invest any proceeds of 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 I, Part I 24a X 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d 24d 25a Di
20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule I</i> 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule I</i> 24a X b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(2), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes,
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 X 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 II 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization navee "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25a 24b 24b 24b 24b 24c 24d 24d 24d 24d 24d 24d 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a d
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? /f "Yes," complete Schedule I, Parts I and II 21 X 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? /f "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? /f "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? /f "Yes," answer lines 24b through 24d and complete Schedule I. Part I 24a X 24b I I III IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24a X c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25a
 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 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. 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Schedule L, Part I 25a X 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 person? If "Yes," complete
 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 b Is 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
 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? <i>If</i> "Yes," <i>complete Schedule J</i>. 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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i>. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 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? <i>If</i> "Yes," <i>complete Schedule L, Part 1</i> b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part 1</i> 25b X 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? <i>If</i> "Yes,"
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 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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a</i> b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," <i>complete Schedule L, Part 1</i> b Is the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part 1</i> 25b X 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? <i>If</i> "Yes,"
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X Schedule K. If "No", go to line 25a 24b 24b 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 24c 24c 24c 24d 25a 24d 25a XX 25b
Schedule K. If "No", go to line 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 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," 25b X
 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> b Is the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> 25b X 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? <i>If</i> "Yes,"
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 transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? /f "Yes," complete 25b X Schedule L, Part I 25b X 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? /f "Yes," If "Yes,"
Schedule L, Part I 25b X 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," 25b X
 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? <i>If</i> "Yes,"
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"
complete Schedule I. Part II. 26 X
complete Schedule L, Part II 26 A 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 0
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
 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
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X
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
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
contributions? If "Yes," complete Schedule M
31 Did the organization liquidate, terminate, or dissolve and cease operations?
If "Yes," complete Schedule N, Part I
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete
Schedule N, Part II
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
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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
If "Yes," complete Schedule R, Part V, line 2
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?
Note. All Form 990 filers are required to complete Schedule O

Form **990** (2017)

Form	990 (2017) (FORMERLY REHAB MISSION, INC.) 76-0270	436	Р	age 5
Fa				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		x
		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
ъ	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders N/A			
-	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
b				
40-	amounts due or received from them.)	10-		
	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 <u>N/A</u> <u>12b</u>	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <u>N/A</u>	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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Form **990** (2017)

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(FORMERLY REHAB MISSION, INC.) 76-0270436 Page 6 Form 990 (2017) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 6 **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 х 6 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? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 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 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	X
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	X
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	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		
	in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	X
b		15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
	taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
	exempt status with respect to such arrangements?	16b	
Sec	tion C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed NONE		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	
	for public inspection. Indicate how you made these available. Check all that apply.		

 X
 Own website
 X
 Upon request
 Other (explain in Schedule O)

 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.
 Other (explain in Schedule O)

20	State the name, address, and telephone number of the person who possesses the organization's books and records:
	TURNING POINT CENTER - 713-957-0099
	1701 JACQUELYN, HOUSTON, TX 77055

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732006 11-28-17

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Form **990** (2017)

Form 990 (2017) (FORMERLY REHAB MISSION, INC.)	76-0270436	Page 7								
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.										

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), re Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• 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.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd à d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	nens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ISHA SALAS DESSELLE	60.00				-					
CHAIRMAN		х		x				0.	0.	0.
(2) PHYLLIS GREEN	10.00									
COUNSELING DIRECTOR/SECRET		Х		Х				0.	0.	0.
(3) TROY EVANS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) DAVID STEHLIK	1.00									
TREASURER		Х		X				0.	0.	0.
(5) JEROME FERGUSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ANNALEE MATHIS MAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
				<u> </u>						
						-				
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Form **990** (2017)

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Form	990 (2017)	(FORMERLY									76-02	<u>2704</u>	436	Pa	age 8
Par	t VII Section A. Officers	, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title		(B) Average hours per week	verage Position (do not check more than one box, unless person is both an					an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga anc	oensa om the anizati I relate nizatie	e ion ed
								-+							
												-			
1b	Sub-total			<u> </u>	<u> </u>					0.		0.			0.
с	Total from continuation a Total (add lines 1b and 1	sheets to Part VI	, Section A							0.		0.			0.
2	Total number of individual compensation from the or		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			0
3	Did the organization list a	ny former officer,	director, or tru	ustee	e, ke	ey en	nplo	yee,	or	highest compensated er	nployee on	[Yes	No
4	line 1a? If "Yes," complete For any individual listed of												3		Х
5	and related organizations Did any person listed on li	greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	for such individual			4		X
	rendered to the organizati tion B. Independent Cont	on? <i>If</i> "Yes," com										<u></u>	5		Х
1	Complete this table for yo the organization. Report c	ur five highest cor										bensat	ion fro	m	
	<u> </u>	(A) me and business			ONE	0				(B) Description of s		c	(C omper		 n
2	Total number of independ \$100,000 of compensatio		0	ot lin	niteo	to t	thos (ted	above) who received mo	ore than		_ (000	
													Form S	7 UC	2017)

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Form 990 (2017)

(FORMERLY REHAB MISSION, INC.)

Pa	rt VII	Statement of Reven	ue					
		Check if Schedule O cont	ains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f <u>g</u>		1b 1c 1d ons) 1e ts, and /e 1a-1f: \$ REVENU	Business Code 624221	152,009. 236,875.	236,875.		
Pr					006 075			
	<u> </u>	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax	dividends, intere	est, and	236,875.			616.
	5	Royalties		ŕ F				
Other Revenue	b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line	g events (not of 1c). See	▶ 				
	с 9 а	Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	traising events tivities. See a) ▶				
	с	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances	ing activities . returns	▶				
	с	Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	s of inventory . e					
	b c							
		Total. Add lines 11a-11d						
73200	12 9 11-28	Total revenue. See instructions.		▶	389,500.	236,875.	0.	616. Form 990 (2017)

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Form 990 (2017)	(FORMERLY	REHAB	MISSION,	INC.)
Part IX Statement of F	unctional Expe	nses		

o not include amounts reported on l b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	his Part IX (B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
Grants and other assistance to dome					
and domestic governments. See Par					
2 Grants and other assistance to o					
individuals. See Part IV, line 22	·····				
Grants and other assistance to f	Ũ				
organizations, foreign governme					
individuals. See Part IV, lines 15					
Benefits paid to or for members					
5 Compensation of current officer					
trustees, and key employees					
6 Compensation not included above, to	· ·				
persons (as defined under section 4)					
persons described in section 4958(c		32,160.	32,160.		
Other salaries and wages		JZ,100.	54,100.		
B Pension plan accruals and contribution accruate	`				
section 401(k) and 403(b) employer	· · · ·				
Other employee benefits		2,555.	2,555.		
Payroll taxes		4,000.	4,000.		
Fees for services (non-employee	,				
a Management					
b Legal		7,600.		7 600	
c Accounting		7,000.		7,600.	
d Lobbying					
e Professional fundraising services. So					
f Investment management fees					
g Other. (If line 11g amount exceeds					
column (A) amount, list line 11g exp	· –				
2 Advertising and promotion		11 407	1 1 7 0	10 004	
3 Office expenses	· · · · · · · · · · · · · · · · · · ·	11,497.	1,179.	10,284.	3
Information technology					
5 Royalties				1 405	
Occupancy		77,481.	75,986.	1,495.	
7 Travel	·····	16,001.	16,001.		
B Payments of travel or entertainm	nent expenses				
for any federal, state, or local pu	blic officials				
Conferences, conventions, and	meetings				
) Interest		25,593.		25,593.	
Payments to affiliates					
2 Depreciation, depletion, and am	ortization	83,905.	82,227.	1,678.	
Insurance		31,803.	31,167.	636.	
Other expenses. Itemize expenses no above. (List miscellaneous expenses 24e amount exceeds 10% of line 25, amount, list line 24e expenses on So	in line 24e. If line column (A)				
a FOOD PANTRY		24,825.	24,825.		
b PROPERTY TAXES	-	16,559.	16,228.	331.	
c SUBSISTENCE ALLO	WANCES	8,395.	8,395.		
d LICENSE AND FEES		1,237.	.,	1,237.	
e All other expenses	-	_,,		_,,	
5 Total functional expenses. Add line	s 1 through 24e	339,611.	290,723.	48,854.	3
Joint costs. Complete this line only		,			3
	ů l				
reported in column (R) joint costs fr	om a comhined		I	1	
reported in column (B) joint costs fr educational campaign and fundraisir					

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Form **990** (2017)

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(FORMERLY REHAB MISSION, INC.) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line	in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		795,764.	1	852,692.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		29,297.	3	55,320.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officer				
		trustees, key employees, and highest compensated employ	ees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons	s (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			
s		employees' beneficiary organizations (see instr). Complete I	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		30,122.	9	24,365.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	2,527,910.			
	b	Less: accumulated depreciation 10b	1,544,730.	1,009,868.	10c	983,180.
	11	Investments - publicly traded securities		17,751.	11	16,379.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		600.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,883,402.	16	1,931,936.
	17	Accounts payable and accrued expenses		1,071.	17	1,088.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Se			21	
S	22	Loans and other payables to current and former officers, di	rectors, trustees,			
Liabilities		key employees, highest compensated employees, and disq	ualified persons.			
abi		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third pa			23	
	24	Unsecured notes and loans payable to unrelated third partie	es		24	
	25	Other liabilities (including federal income tax, payables to re	lated third			
		parties, and other liabilities not included on lines 17-24). Co	mplete Part X of			
		Schedule D		360,247.	25	360,247.
	26	Total liabilities. Add lines 17 through 25		361,318.	26	361,335.
		Organizations that follow SFAS 117 (ASC 958), check he	re ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.				
nce	27	Unrestricted net assets		1,451,234.	27	1,490,351.
ala	28	Temporarily restricted net assets		70,850.	28	80,250.
а Б	29	Permanently restricted net assets	<u></u> .		29	
Fun		Organizations that do not follow SFAS 117 (ASC 958), ch	neck here 🕨 🗌			
o		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fu	nd		31	
et /	32	Retained earnings, endowment, accumulated income, or ot		4 500 504	32	
z	33	Total net assets or fund balances		1,522,084.	33	1,570,601.
	34	Total liabilities and net assets/fund balances		1,883,402.	34	1,931,936. Form 990 (2017)

Form **990** (2017)

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Form 990 (2017)

	TURNING POINT CENTER								
Form	1990 (2017) (FORMERLY REHAB MISSION, INC.)	76-	02704	36	Pag	_{ge} 12			
Pa	rt XI Reconciliation 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				00.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		339	9,6	11.			
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	522	<u> </u>				
5	Net unrealized gains (losses) on investments	5		-1	L,3	72.			
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	1,	570),6	01.			
Pa	rt 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 X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	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	Х	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				37				
	review, or compilation of its financial statements and selection of an independent accountant?		····· -	2c	Х	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0	t			37			
	Act and OMB Circular A-133?		······ -	3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	000	(2017)			
				Form	39U)	(0017)			

SCHEDULE A	Dublic	Charity Status or	d Dublic S	unnort		OMB No. 1545-0047
(Form 990 or 990-EZ)		Charity Status ar e organization is a section 50				2017
		4947(a)(1) nonexempt cha				2017
Department of the Treasury Internal Revenue Service		Attach to Form 990 or I				Open to Public Inspection
Name of the organizati		/.irs.gov/Form990 for instructi เมตุ กรุงเตรอ	ons and the latest	nformation.	Employer	identification number
Name of the organizati		REHAB MISSION, I	NC.)			6-0270436
Part I Reason		atus (All organizations must c		ee instruction		0 02/0450
		e it is: (For lines 1 through 12, c				
		sociation of churches described				
		(A)(ii). (Attach Schedule E (Forr				
3 A hospital or	a cooperative hospital serv	ice organization described in s	ection 170(b)(1)(A)(iii).		
4 A medical res	earch organization operate	ed in conjunction with a hospita	described in section	on 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and stat						
	•	of a college or university owned	d or operated by a g	overnmental u	nit describe	ed in
	(b)(1)(A)(iv). (Complete Par			M-A		
		governmental unit described in			a gaparal r	ublic described in
· ·	b)(1)(A)(vi). (Complete Part	substantial part of its support f	rom a governmenta		ie general p	
		170(b)(1)(A)(vi). (Complete Par	t II.)			
		scribed in section 170(b)(1)(A)	-	unction with a	land-grant	college
-	-	of agriculture (see instructions).			-	•
university:						
		1) more than 33 1/3% of its sup				
		- subject to certain exceptions,				
		income (less section 511 tax) fro	om businesses acqu	ired by the org	ganization a	fter June 30, 1975.
	509(a)(2). (Complete Part I		foty Coo cootion F	(00(a)(4))		
	•	exclusively to test for public sa exclusively for the benefit of, to	-		rny out the	nurnoses of one or
0	•	lescribed in section 509(a)(1)	-		•	
		e type of supporting organizatio				
	-	rated, supervised, or controlled	-		-	giving
the suppor	ted organization(s) the pow	er to regularly appoint or elect a	a majority of the dire	ctors or truste	es of the su	ipporting
organizatio	n. You must complete Pa	rt IV, Sections A and B.				
b Type II. As	supporting organization sup	pervised or controlled in connec	tion with its support	ed organizatio	n(s), by hav	ing
	•	ing organization vested in the s	ame persons that co	ontrol or mana	ge the supp	ported
	n(s). You must complete I					
		pporting organization operated	,		lly integrate	d with,
	e	uctions). You must complete A supporting organization ope	-		ted organiz	vation(s)
		organization generally must sat			•	.,
	, ,	ust complete Part IV, Section	2	•		
		eived a written determination fro			II, Type III	
functionally	integrated, or Type III non	functionally integrated support	ng organization.			
f Enter the number	of supported organizations					
g Provide the follow (i) Name of supp	ing information about the s orted (ii) EIN		(iv) Is the organization listed	(v) Amount o	fmonetan	(vi) Amount of other
organization		(described on lines 1-10	in your governing document? Yes No	support (see in	-	support (see instructions)
		above (see instructions))				
			ļ			
			<u> </u>			
Total				L		
	duction Act Notice, see t	ne Instructions for Form 990 o	r 990-EZ. 732021 10	-06-17 Sche	dule A (For	m 990 or 990-EZ) 2017
		13				

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Schedule A	(Form 990 or 990-EZ) 2017 (C.)	76-027						
Part II	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)											
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization											
	fails to qualify under the tests listed below, please complete Part III.)											
Section /	Section A. Public Support											
Calendar ver	ar (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Tota					

Cale	ndar 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	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			1	1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		\ \				
	Gross receipts from related activities,		,				
13	First five years. If the Form 990 is for	0			5		
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (I			olumn (f))		14	%
	Public support percentage from 2016					15	<u> </u>
	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies	0					
b	33 1/3% support test - 2016. If the o		0				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•			
b	10% -facts-and-circumstances test	-		* • •	•		
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	
					Sche	edule A (Form 990	or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 (FORMERLY REHAB MISSION, INC.) 76

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	Stion A. Fublic Support						
Cale	ndar 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.")	116,690.	248,760.	218,626.	191,461.	152,009.	927,546.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	174,378.	171,739.	208,337.	189,569.	236,875.	980,898.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
-							
Э	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	291,068.	420,499.	426,963.	381,030.	388,884.	1908444.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons	15,000.	25,000.	35,000.	30,000.	5,000.	110,000.
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	15,000.		35,000.	20.000	5,000.	0.
	Add lines 7a and 7b	15,000.	25,000.	35,000.	30,000.	5,000.	110,000.
8	Public support. (Subtract line 7c from line 6.)						1798444.
		(-) 0010	(1-) 001 ((-) 0015	(1) 0010	(-) 0017	(f) T . t . l
	ndar year (or fiscal year beginning in)	(a) 2013 291,068.	(b) 2014 420,499.	(c) 2015 426,963.	(d) 2016 381,030.	(e) 2017 388,884.	(f) Total 1908444.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	901.	798.	487.	686.	616.	3,488.
l.	and income from similar sources	901.	190.	407.	000.	010.	5,400.
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	901.	798.	487.	686.	616.	3,488.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	901.	790.	407.	000.	010.	5,400.
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.)	291,969.	421,297.	427,450.	381,716.	389,500.	1911932.
14	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ation,
Sec	check this box and stop here	ic Support Per					>
	Public support percentage for 2017 (I		•	olumn (f))		15	94.06 %
	Public support percentage from 2016					16	92.88 %
	ction D. Computation of Inves						
17	Investment income percentage for 20)17 (line 10c, colur	nn (f) divided by lin	ne 13, column (f))		17	.18 %
18	Investment income percentage from					18	.19 %
19 a	33 1/3% support tests - 2017. If the					3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar						5 37
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo		
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th			
73202	23 10-06-17				Sche	edule A (Form 990) or 990-EZ) 2017
			15				

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Schedule A (Form 990 or 990-EZ) 2017 (FORMERLY REHAB MISSION, INC.)

1

2

3a

3b

3c

4a

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

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Schedule A (Form 990 or 990-EZ) 2017

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4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

16

	dule A (Form 990 or 990-EZ) 2017 (FORMERLY REHAB MISSION, INC .)	76-027043	6 Ра	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
<u>c</u>	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		
Sec	tion B. Type I Supporting Organizations	1		
			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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	Z		L
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	NO
	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
-	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		
Sec	tion 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 inst	ructions).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.			
а	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? <i>Provide details in</i> Part VI.	<u> </u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
70000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b A (Form 990 or 99	0.57	2017
132025	5 10-06-17 Schedule /	- (FOLUE 390 OF 99	/∪-EZ)	2017

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76-0)27	0436	Page 6
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	(Form 990 or 990-EZ) 2017					
Part V	Type III Non-Functio	nally Integrate	d 509(a)(3	3) Supporting	Organizatio	ns

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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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		
				-

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

Schedule A (Form 990 or 990-EZ) 2017

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TURNING POINT CENTER

Sche Par	dule A (Form 990 or 990 EZ) 2017 (FORMERLY REHA t V Type III Non-Functionally Integrated 509(6-0270436 Page 7
Secti	on D - Distributions		(****************	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	6		
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	ne 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			
	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
-	From 2014			
-	From 2015			
-	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
-	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
5				
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result 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:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

		TURNING P			TNO)	
Schedule A Part VI	Part IV, Section A, lines 1,	nation. Provide t 2, 3b, 3c, 4b, 4c, 5 ines 2 and 3; Part I	he explanat a, 6, 9a, 9b /, Section E	tions required by Pa , 9c, 11a, 11b, and 5, lines 1c, 2a, 2b, 3	art II, line 10; Part II, 11c; Part IV, Sectio 3a, and 3b; Part V, li	76-0270436 Page 8 , line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, any additional information.
732028 10-06-1	17			20		Schedule A (Form 990 or 990-EZ) 2017

15330429 794202 94-02384.001 2017.0505

TURNING POINT CENTER (FORMERLY REHAB MISSION, INC.)

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

76-0270436

2017

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

Payer's Name	2013 Amount	2014 Amount	2015 Amount	2016 Amount	2017 Amount
GEORGE & MARY HAMMAN					
FOUNDATION	5,000.	10,000.	20,000.	20,000.	0 .
EDWIN J JENNINGS III	0.	5,000.	5,000.	5,000.	5,000
WILLIAMS SONOMA	10,000.	10,000.	10,000.	5,000.	0 .
otal to Schedule A, Part III, Line 7a	15,000.	25,000.	35,000.	30,000.	5,000

723172 04-01-17

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

	URNING POINT CENTER						
	FORMERLY REHAB MISSION, INC.)	76-0270436					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable, etc., exclusively religious, exclusivel

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	rganization NG POINT CENTER	Employer identification number			
	ERLY REHAB MISSION, INC.)		76	-0270436	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution	
1	EDWIN J JENNINGS III 2 RIVERWAY HOUSTON, TX 77056	\$5,0	00.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	າຣ	(d) Type of contribution	
2	AC FAMILY PARTNERSHIP 12600 EXCHANGE DRIVE, SUITE 21 STAFFORD, TX 77477	\$10,0	00.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	າຣ	(d) Type of contribution	
3	INDO AMERICAN CHARITY FOUNDATION 2000 S DAIRY ASHFORD HOUSTON, TX 77077	\$10,000.		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution	
4	SENTINEL TRUST COMPANY 2001 KIRBY DRIVE, SUITE 1200 HOUSTON, TX 77019	\$ <u>8,500.</u>		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution	
5	SOUTHERN CORE SUPPLY 7911 FALLBROOK DR HOUSTON, TX 77064	\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)	

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723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2017)		Page S
	NG POINT CENTER		Employer identification number
	ERLY REHAB MISSION, INC.)		76-0270436
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	- Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
723453 11-01	-17	Schedule	B (Form 990, 990-EZ, or 990-PF) (2017)

lule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of orga			Page 4 Employer identification number
	G POINT CENTER RLY REHAB MISSION, INC		76-0270436
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	tributions to organizations described in a columns (a) through (e) and the followin us, charitable, etc., contributions of \$1,000 or les	section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. 			
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
			· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· _		(e) Transfer of gift	
_	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	., -	Relationship of transferor to transferee
· · ·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
723454 11-01-1	7		Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

15330429 794202 94-02384.001

SC	HEDULE D		al Financial Statements	i	OMB No. 1545-0047	
(Forr	Form 990) 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.					
	Partment of the Treasury ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
	e of the organization			1	Inspection r identification number	
	-	(FORMERLY REHAB MIS	SSION, INC.)	7	76-0270436	
Pa	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts.	Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds ar	nd other accounts	
1		nd of year				
2		f contributions to (during year)				
3 4		f grants from (during year) t end of year				
-+ 5		on inform all donors and donor advisors in v		d funds		
Ŭ	-	on's property, subject to the organization's	-		Yes No	
6		on inform all grantees, donors, and donor a				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferring		
	impermissible priva	ate benefit?			Yes No	
Pa	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.		
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·			
		n of land for public use (e.g., recreation or e		, ,		
		f natural habitat	Preservation of a certi	fied historic struct	ture	
•		n of open space	ind an experimentation of a state time in the former of	f	and the last	
2	day of the tax year	through 2d if the organization held a qualif	led conservation contribution in the form o		at the End of the Tax Year	
а	, ,	nservation easements				
b						
c	•	vation easements on a certified historic stru				
d		vation easements included in (c) acquired a				
		nal Register				
3		vation easements modified, transferred, rel			g the tax	
	year 🕨					
4		where property subject to conservation eas				
5	•	tion have a written policy regarding the per				
•	,	orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easement	s during the year	
7	Amount of expens	 es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on essements dur	ring the year	
'	► \$	ies incurred in morntoning, inspecting, nand		on easements du	ing the year	
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
)(4)(B)(ii)?			Yes No	
9		be how the organization reports conservation			lance sheet, and	
	include, if applicab	ble, the text of the footnote to the organizat	ion's financial statements that describes th	ne organization's a	accounting for	
	conservation ease	ments.				
Pa		ations Maintaining Collections of		ner Similar As	sets.	
		f the organization answered "Yes" on Form				
1a	0	elected, as permitted under SFAS 116 (AS			-	
		s, or other similar assets held for public exh		ce of public servic	ce, provide, in Part XIII,	
h		thote to its financial statements that descril		and balance shoot	works of art historical	
b	-	elected, as permitted under SFAS 116 (AS similar assets held for public exhibition, ec				
	relating to these ite		deation, or research in furtherance of public		e the following amounts	
	-	ded on Form 990, Part VIII, line 1		▶ \$		
2	. ,	received or held works of art, historical trea				
		unts required to be reported under SFAS 1				
а	Revenue included	on Form 990, Part VIII, line 1		> \$		
		Form 990, Part X				
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.	Sche	edule D (Form 990) 2017	
73205	10-09-17					
			26			

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Sche		LY REHAB M						270436	
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, o	r Other S	imilar Asse	ts _{(continu}	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	t are a signi	ficant use of its	collection it	ems
	(check all that apply):								
а	Public exhibition	d	I 🗌	Loan or exc	hange progra	ams			
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how th	ey further th	ne organizatio	on's exempt	t purpose in Pa	rt XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						_	Yes	No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa							,	
1a	Is the organization an agent, trustee, custod		iary for o	contribution	s or other as	sets not inc	luded		
	on Form 990, Part X?							Yes	No
h	If "Yes," explain the arrangement in Part XIII						L		
D D			lowing a					Amount	
~	Reginning balance						1c	Amount	
	Beginning balance						1d		
	Additions during the year						1e		
-	Distributions during the year						1f		
f	Ending balance							Vee	
	Did the organization include an amount on F					•		Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete								
I UI					1		Three years had		
4.	De sinsis e of completions of	(a) Current year	(D) P	rior year	(c) Two yea	IS DACK (C	Three years bac	K (e) Four y	ears back
	Beginning of year balance							-	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses							_	
g	End of year balance								
2	Provide the estimated percentage of the curr	•	e (line 1g	g, column (a))) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	red for the o	organization	_	
	by:							<u> </u>	res No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Se	chedule R?					
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.					
Par	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990), Part X, lin	e 10.		
	Description of property	(a) Cost or o basis (investr		• • •	t or other (other)		umulated eciation	(d) Book	value
1a	Land		-	19	5,420.			195	,420.
	Buildings				7,182.	74	1,238.		,944.
	Leasehold improvements				2,922.		6,999.		,923.
	Equipment				2,386.		6,493.		,893.
	Other				_,	,	- , _ , _ , _ , _ , _ , _ , _ , _ , _ ,		,
	. Add lines 1a through 1e. (Column (d) must e		Varber	am (D) 1: 1	00.1	1		983	,180.
TULA	- Aud Intes Ta through Te. (Column (a) must e	<u>qual Form 990, Part</u>	∧, colun	ווח (ש). ווne 1	<u>UC.J</u>		·····	202	, - 000

Schedule D (Form 990) 2017

732052 10-09-17

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Schedule D (Form 990) 2017 (FORMERLY R Part VII Investments - Other Securities.	EHAB MISSIO	N, INC.)	76-0270436 Page
		ing 11h Cas Farma 000 Dart V I	ine 10
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
		ing 11a, Cap Farma 000, Dart V.	ine 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV	ing 11d Soc Form 900 Part V	lino 15
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<u>e /5.)</u>		
Complete if the organization answered "Yes"	on Form 000 Part IV	ing 11g or 11f Sog Form 000 P	lart X lina 25
(a) Description of lightlity	on on on soo, raitiv,	(b) Book value	art X, inte 20.
(1) Federal income taxes (2) OBLIGATION UNDER CAPITAL	LEVCE	360,247.	
		500,211.	
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(7)		360,247.	

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 X

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Schedule D (Form 990) 2017

	TURNING POINT CENTER					
	edule D (Form 990) 2017 (FORMERLY REHAB MISSION				270436	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	388	,128.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-1,372.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,372.</u>
3	Subtract line 2e from line 1			3	389	,500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,500.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per R	eturn	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total expenses and losses per audited financial statements			1	339	<u>,611.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с						
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	339	,611.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>}_)</u>		5	339	,611.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, IS EXEMPT FROM

FEDERAL INCOME TAX. FURTHERMORE, THE INTERNAL REVENUE SERVICE HAS RULED

THAT THE ORGANIZATION IS A PUBLICLY-SUPPORTED ORGANIZATION AND IS NOT A

PRIVATE FOUNDATION.

THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS, WHEN IT IS MORE

LIKELY THAN NOT THAT SUCH AN ASSET OR LIABILITY WILL BE REALIZED. AS OF

SEPTEMBER 30, 2016, MANAGEMENT BELIEVES THERE WERE NO UNCERTAIN TAX

POSITIONS.

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		TURNING POINT CENTER	
Schedule D	(Form 990) 2017	(FORMERLY REHAB MISSION, INC.) formation (continued)	76-0270436 Page 5
Part All	Supplemental in	formation (continued)	
			Schedule D (Form 990) 2017
732055 10-09-	17		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

INC.)



Employer identification number 76-0270436

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

TURNING POINT CENTER

(FORMERLY REHAB MISSION,

THE RETURN IS REVIEWED AND SIGNED BY THE PRESIDENT OF THE ORGANIZATION,

ISHA SALAS DESSELLE. THE SIGNED RETURN IS THEN PRESENTED TO ALL BOARD

MEMBERS AT THE NEXT MEETING.

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

THE ORGANIZATION MAKES THESE FORMS AVAILABLE ON ITS WEBSITE, BY WRITTEN

REQUEST, AND THROUGH THIRD PARTY WEBSITES SUCH AS GUIDESTAR.

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

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Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17