CHERRY BEKAERT LLP 221 W. 6th Street, Ste 1900 Austin, TX 78701

> Bay Area Turning Point, Inc. PO Box 58537 Webster, TX 77598

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CLIENT'S COPY



October 13, 2020

Ms. Leigh Ann Fry Bay Area Turning Point Inc. PO Box 58537 Webster, TX 77598

Dear Ms. Fry:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 16, 2020.

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.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Norman Trubee

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Bay Area Turning Point, Inc. PO Box 58537 Webster, TX 77598

Prepared By:

CHERRY BEKAERT LLP 221 W. 6th Street, Ste 1900 Austin, TX 78701

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 been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 16, 2020.

Form	88	79-	EO
FOUL		•••	

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or fiscal year beginning ______, 2019, and ending ______

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

76-0353058

, 20

Bay Area Turning Point, Inc.

Name and ti	tle of offic	cer					
Leigh	Ann	F	сy				
Presid	lent	&	CEO				
Part I	Ту	pe	of Ret	urn ar	nd Returi	n Information	(Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,242,837.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize CHERRY BEKAERT LLP	to enter my PIN 85035
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed r is being filed with a state agency(ies) regulating charities as part of the I enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on indicated within this return that a copy of the return is being filed with a program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	70786785035 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2019 confirm that I am submitting this return in accordance with the requirements of P <i>e-file</i> Providers for Business Returns.	, , , , , , , , , , , , , , , , , , , ,
ERO's signature CHERRY BEKAERT LLP	Date 10/13/20
ERO Must Retain This Form Do Not Submit This Form to the IRS I	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2019)

923051 10-03-19

Form JJU
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

0040

Extended to November 16, 2020 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



AI	or the	and and a second a secon	enaing					
Ba	Check if applicable	c Name of organization		D Employer identific	ation number			
	Addre	e Bay Area Turning Point, inc.						
	Name Chang	e Doing business as		76-03530	58			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return/	PO Box 58537		281-338-7600				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,278,872.			
	Ameno	Webster, IA //596		H(a) Is this a group re	turn			
	Applic tion	F Name and address of principal officer: DELGII AIIII FLY		for subordinates	? Yes 🗶 No			
	pendir	⁹ same as C above		H(b) Are all subordinates in	cluded? Yes No			
11	Tax-exe	empt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 🗌 527	If "No," attach a	list. (see instructions)			
<u>ا ا</u>	Nebsit	te:▶ www.bayareaturningpoint.org		H(c) Group exemption	n number 🕨			
KF	orm of	organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 1991 N	State of legal domicile: TX			
Pa	art I	Summary						
•	1	Briefly describe the organization's mission or most significant activities: Assis	<u>st vic</u>	tims of dome	estic			
nce n		violence and sexual assault.						
Governance	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)			<u> </u>			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	independent voting members of the governing body (Part VI, line 1b)					
es és	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	60			
Activities &	6	Total number of volunteers (estimate if necessary)		6	960			
∖cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.			
				Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)		2,903,931.	3,148,252.			
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,302.	10,020.			
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		140,431.	84,565.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,047,664.	3,242,837.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,165,142.	2,092,080.			
en se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	35.					
ш	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,088,084.	<u>1,180,123.</u> 3,272,203.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					
		Revenue less expenses. Subtract line 18 from line 12		-205,562.	-29,366.			
S OL			Be	ginning of Current Year	End of Year			
t Assets d Balanc	20	Total assets (Part X, line 16)		2,474,067.	2,502,065.			
it As		Total liabilities (Part X, line 26)		59,110.	90,154.			
ER.		Net assets or fund balances. Subtract line 21 from line 20		2,414,957.	2,411,911.			
I P2	art II	Signature Block						

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

Sign	Signature of officer	Date					
Here	Leigh Ann Fry, President & CEO						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check DTIN					
Paid	Norman Trubee Norman Trubee	10/13/20 self-employed P00962119					
Preparer	Firm's name CHERRY BEKAERT LLP	Firm's EIN ▶ 56-0574444					
Use Only	Firm's address 🕨 221 W. 6th Street, Ste 1900						
	Austin, TX 78701	Phone no. $512 - 479 - 6000$					
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 99							

Par	990 (2019) Bay Area Turning Point, Inc. 76-0353058 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Assist Victims of Domestic Violence and Sexual Assault.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 1,074,781. including grants of \$) (Revenue \$
	and snacks were served and children in shelter received 8,424 hours of structured childcare services. Most clients reported feeling an increased sense of safety while in shelter due to developing safety
	plans, having BATP programs and staff as supports, having a safe place to go when needing to escape violence and abuse, and knowing that services were available after exiting shelter.
4b	<pre>(Code:)(Expenses\$ 1,290,233. including grants of \$) (Revenue \$) (Rev</pre>
4c	(Code:) (Expenses \$290,941. including grants of \$) (Revenue \$) 2019 Self-Reliance Program includes:
	Services offered to provide restoration services to adult and child victims of domestic violence and/or sexual violence. This includes work towards eliminating domestic and sexual violence through prevention efforts and education services within the community. Caseworkers and Housing Specialists provided 1,710 hours of case management services. The counselors provided 1,365.75 of therapeutic counseling. Staff provided 1,785.25 hours of support, that included therapeutic support groups and parenting classes. 93 community education activities were held that reached 3,072 participants.
	Other program services (Describe on Schedule O.) (Expenses \$ 139,114. including grants of \$) (Revenue \$) Total program service expenses \$ 2,795,069.
	(Expenses \$ 139,114. including grants of \$) (Revenue \$)

orm	990	(2019))

Form 990 (2019) Bay Area Turning Point, Inc.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		-11	
U		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	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		
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	0000	Х
3200	3 01-20-20	Form	990 ((2019)

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2019.04030 BAY AREA TURNING POINT, I BATP0__1

Form	990	(2019)	
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 Form 990 (2019)
 Bay Area Turning Point, Inc.
 76-0353058
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	A	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
932004	01-20-20	Form	990	(2019)
	Δ			

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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 60 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 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 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) a foreign country [such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country [see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a	Page 5
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 60 2b X 1 1 1 1 1 2 0 2 X Note: If the sum of line 2a, did the organization file al required defael employment tax returns? 2b X 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a-line</i> (see instructions) 3a 3b 1	
The calendar year ending with or within the year covered by this return 2 60 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e_rije (see instructions) 3e 3e 3d Did the organization have unrelated business gross income of \$1,000 or more during the year? 3e 3e 16 If 'Yes,' inst file a form 900 for this year? 5d 3e 3e 3e 5d Was the cognization a part by to a prohibide tax shelter transaction at any time during the tax with a stank account, securities account, or other financial account? 5e 5d Was the organization a part by to a prohibide tax shelter transaction at any time during the tax with the organization that was or is a party to a prohibide tax shelter transaction at any time during the tax with a stank account is form 88867? 5e 6d Dees the organization have ennual gross receipts that are normally greater than \$100,000, and did the organization solutit any contributions that were not tax deductible as chattable contributions? 5e 16 If 'Yes,'' did the organization include with were yould:tation and party for goods and services provided? 7a X 16 If 'Yes,'' did the organization adult party were solutistation and party for pods and services provided? 7b X 16 If 'Yes,'' did the organization include with were yould:tation an ape	No
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c Enter the amount of reserves on hand	
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 on Schedule O	+
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1
excess parachute payment(s) during the year?	x
If "Yes," see instructions and file Form 4720, Schedule N.	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	X
If "Yes," complete Form 4720, Schedule O.	

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
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Bay Area Turning Point, Inc.

76-0353058 Page 6

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

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 Da Did the b If "Yes, and bra 1a Has the b Describ 2a Did the b Were off c Did the in Sche 3 Did the 4 Did the 5 Did the persons a The org b Other of If "Yes, in joint exempt 	organization have local chapters, branches, or affiliates? " did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,	10a	
 b If "Yes, and bra and bra Has the b Describ 2a Did the b Were off c Did the <i>in Sche</i> 3 Did the 4 Did the 5 Did the 6a The org b Other of if "Yes" 5a Did the taxable b If "Yes, in joint exempt 	did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,	10a	Ye
 b If "Yes, and bra and bra Has the b Describ 2a Did the b Were off c Did the <i>in Sche</i> 3 Did the 4 Did the 5 Did the 6a The org b Other of if "Yes" 5a Did the taxable b If "Yes, in joint exempt 	did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,	10a	Te
and bra ha Has the b Describ 2a Did the b Were off c Did the in Sche 3 Did the 4 Did the 5 Did the persons a The org b Other o If "Yes" 5a Did the taxable b If "Yes, in joint ection C.				
 Has the b Describ Describ Describ Describ Describ Describ Describ Were off Did the <i>in Sche</i> Did the Did the Did the Did the persons The org Other or of "Yes" Did the taxable If "Yes, in joint exempt 	inches to ensure their operations are consistent with the organization's exempt purposes?		10	
 b Describ 2a Did the b Were off c Did the in Sche 3 Did the 4 Did the 5 Did the persons a The org b Other o of "Yes" 6a Did the taxable b If "Yes", in joint exempt 			10b	
 2a Did the b Were off c Did the in Sche 3 Did the 4 Did the 5 Did the persons a The org b Other o If "Yes" 6a Did the taxable b If "Yes, in joint exempt 	e organization provided a complete copy of this Form 990 to all members of its governing body	y before filling the form?	11a	X
 b Were off c Did the in Sche 3 Did the 4 Did the 5 Did the 6 Did the 6 Other of 16 "Yes" 6 If "Yes, 6 If "Yes, in joint exempt 	e in Schedule O the process, if any, used by the organization to review this Form 990.			77
 c Did the in Sche 3 Did the 4 Did the 5 Did the persons a The org b Other of If "Yes" 6a Did the taxable b If "Yes, in joint exempt 	organization have a written conflict of interest policy? If "No," go to line 13		12a	X
in Sche Did the Did the persons a The org b Other org b Other org f "Yes" 6a Did the taxable b If "Yes, in joint exempt ection C.	icers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X
 Bid the Did the Did the Did the persons The org Other org Other org Other org Other org If "Yes" Did the taxable If "Yes, in joint exempt 	organization regularly and consistently monitor and enforce compliance with the policy? If " $\!$	Yes," describe		
 4 Did the persons a The org b Other org b If "Yes" case of the org b If "Yes, in joint exempted 	dule O how this was done		12c	_
 Did the persons The org Other on the org Other on the org Other on the org Did the taxable If "Yes, in joint exempt 	organization have a written whistleblower policy?		13	X
a The org b Other o If "Yes" 6a Did the taxable b If "Yes, in joint exempt	organization have a written document retention and destruction policy?		14	X
a The org b Other o If "Yes" 6a Did the taxable b If "Yes, in joint exempt ection C.	process for determining compensation of the following persons include a review and approva	, ,		
 b Other of If "Yes" 6a Did the taxable b If "Yes, in joint exempt 	s, comparability data, and contemporaneous substantiation of the deliberation and decision?			
If "Yes" 6a Did the taxable b If "Yes, in joint exempt ection C.	anization's CEO, Executive Director, or top management official		15a	X
 Did the taxable If "Yes, in joint exempt 	fficers or key employees of the organization		15b	X
taxable b If "Yes, in joint exempt ection C.	to line 15a or 15b, describe the process in Schedule O (see instructions).			
b If "Yes, in joint exempt ection C.	organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a		
in joint exempt ection C.	entity during the year?		16a	
exempt ection C.	did the organization follow a written policy or procedure requiring the organization to evaluat	te its participation		
ection C.	venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's		
	status with respect to such arrangements?		16b	
7 List the	Disclosure			
	states with which a copy of this Form 990 is required to be filed None			
B Section	6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (Section 501(c)(3)s only)	ava
for pub				
XC	ic inspection. Indicate how you made these available. Check all that apply.	n on Schedule O)		
9 Describ			d finan	cial
	wn website Another's website X Upon request Other (explain			
	wn website Another's website X Upon request Other <i>(explain</i> e on Schedule O whether (and if so, how) the organization made its governing documents, co	oks and records		
	why website Another's website X Upon request Other (explain e on Schedule O whether (and if so, how) the organization made its governing documents, co ents available to the public during the tax year.	oks and records 🕨		
2006 01-20-20	wwn website Another's website X Upon request Other <i>(explain</i> e on Schedule O whether (and if so, how) the organization made its governing documents, co ents available to the public during the tax year.	oks and records 🕨		n 99

Form 990 (2019)	Bay Area Turning Point, Inc.	76-0353058 Page 7							
Part VII Compensa	ation of Officers, Directors, Trustees, Key Employees, High								
Employee	Employees, and Independent Contractors								
Check if Sche	Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									

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

• List all of the organization's current key employees, if any. See 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.

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

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

(1) Carla Medlenka Chair (2) Cheryl Germain Vice Chair (3) Elaine Renola Secretary (4) Daniel Garrison Treasurer (5) Jim Overman Assistant Treasurer	hours per week (list any hours for related	offic	, unles cer an				compensation	compensation	amount of
(1)Carla MedlenkaChair(2)Cheryl GermainVice Chair(3)Elaine RenolaSecretary(4)Daniel GarrisonTreasurer(5)Jim Overman	(list any hours for	ector			r/trus1	ee)	•	•	
Chair (2) Cheryl Germain Vice Chair (3) Elaine Renola Secretary (4) Daniel Garrison Treasurer (5) Jim Overman	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(2) Cheryl GermainVice Chair(3) Elaine RenolaSecretary(4) Daniel GarrisonTreasurer(5) Jim Overman	1.00								
Vice Chair (3) Elaine Renola Secretary (4) Daniel Garrison Treasurer (5) Jim Overman		Х					0.	0.	0.
<pre>(3) Elaine Renola Secretary (4) Daniel Garrison Treasurer (5) Jim Overman</pre>	1.00								
Secretary (4) Daniel Garrison Treasurer (5) Jim Overman		Х					Ο.	0.	0.
(4) Daniel GarrisonTreasurer(5) Jim Overman	1.00								
Treasurer (5) Jim Overman		Х					0.	0.	0.
(5) Jim Overman	1.00								
		Х					0.	0.	0.
Assistant Treasurer	1.00								
		Х					0.	0.	0.
(6) Presley Broussard	1.00								
Board Member		Х					0.	0.	0.
(7) LaRinda Horan	1.00								
Board Member		Х					0.	0.	0.
(8) Shannon Newkirk	1.00								
Board Member		Х					0.	0.	0.
(9) Sherrie Matula	1.00								
Immediate Past Chair		Х					0.	0.	0.
(10) Leigh Ann Fry	40.00								
President and CEO				Х			114,949.	0.	0.
(11) Brenda Sykes	40.00								
Vice President and COO				Х			97,650.	0.	0.
(12) Peggy Cooper	35.00								
Chief Financial Officer				Х			96,885.	0.	0.
(13) Wykesha Dixon	40.00								
SRP Program Director				Х			77,366.	0.	0.
(14) Sybil Winters-Little	40.00								
Operations Director				Х			81,681.	0.	0.
(15) Corey Phillips	40.00							_	
Compliance Director				X			49,244.	0.	0.

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Form 990 (2019)

76-0353058

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	a Turning	ΓP	oi	nt	,	Ind	c.		76-03	53058	Pa	age 8
Part VII Section A. Officers, Directors, T	rustees, Key Emp	ploye	es,	and	Hig	ghest	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	not ch unles	s pers	tion nore t son is	than oi s both r/truste	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount o other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;) f org ar	npensat from the ganizati nd relate anizatio	e on ed
1b Subtotal							•	517,775.).		0.
c Total from continuation sheets to Par d Total (add lines 1b and 1c)	t VII, Section A						> >	0. 517,775.).).		0.
2 Total number of individuals (including bu compensation from the organization		ose li	isteo	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable		Yes	1 No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for										3	Tes	X
 For any individual listed on line 1a, is the and related organizations greater than \$ 	e sum of reportabl	e cor	npe	nsat	ion	and	oth	ner compensation from th	ne organization			х
5 Did any person listed on line 1a receive rendered to the organization? <i>If</i> "Yes." of Section B. Independent Contractors	-				-			-		5		Х
Complete this table for your five highest the organization. Report compensation	•	•							•	nsation fr	om	
(A) Name and busin		NO						(B) Description of s			C) ensatior	ı
							_					
							┥					
2 Total number of independent contractor \$100,000 of compensation from the org	· ·	ot lim	nited	to t	hos 0		ed	above) who received mo	ore than			
										Form	990 (2	2019)

932008 01-20-20

	n 990 (ing Point	z, Inc.		76-0353	058 Page 9
Pa	rt VII						
		Check if Schedule O contains a response	or note to any line		(D)		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ις N	1 a	Federated campaigns					
ant	b	Membership dues 1b					
Ū, Č	с	Fundraising events 1c	130,143.				
ar A	d	Related organizations 1d					
s, Milo	е	Government grants (contributions) 1e 2,	089,260.				
rion	f	All other contributions, gifts, grants, and					
ibut		similar amounts not included above 1f	928,849.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f					
<u>ਹ ਸ</u>	h	Total. Add lines 1a-1f	1	3,148,252.			
			Business Code				
/ice	2 a						
Serv	b c						
že č	d						
Program Service Revenue	e						
Pro	f	All other program service revenue					
	g						
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		10,020.			10,020.
	4	Income from investment of tax-exempt bond p	1				
	5	Royalties					
	_	(i) Real	(ii) Personal				
		Gross rents <u>6a</u> Less: rental expenses 6b					
	b c	Less: rental expenses 6b Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2 , 879 .					
	b	Less: cost or other basis					
ne		and sales expenses					
venue	с	Gain or (loss)		-			
Re		Net gain or (loss)	····· 🕨	0.			
Other Ro	8 a	Gross income from fundraising events (not including \$ 130,143. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a Less: direct expenses 8b					
		Less: direct expenses8b Net income or (loss) from fundraising events	55,150.	-33,156.			-33,156.
		Gross income from gaming activities. See		55,150.			55,150.
	5 a	Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	>				
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10k					
	С	Net income or (loss) from sales of inventory	▶				
sr		Pecale Shop	Business Code 453310	104,826.	104,826.		
Jeor Ue	11 a ⊾	Resale Shop Fees and Service Charg	900099	6,461.	6,461.		
Miscellaneous Revenue	a	Other Income	900099	6,434.	6,434.		
Be	с Ч	All other revenue		0,434.	0,131.		
Σ	e	Total. Add lines 11a-11d		117,721.			
	12	Total revenue. See instructions		3,242,837.	117,721.	0.	-23,136.
93200	9 01-20						Form 990 (2019)

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Form 990 (2019) Bay Area Turning Point, Inc. Part IX Statement of Functional Expenses

Do not include amour 7b, 8b, 9b, and 10b c	t if Schedule O contains a response to the second s	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Issistance to domestic organizations		expenses	general expenses	expenses
	ernments. See Part IV, line 21				
•	r assistance to domestic				
individuals. See					
	r assistance to foreign				
	preign governments, and foreign				
-	Part IV, lines 15 and 16				
	or for members				
	of current officers, directors,				
	y employees	517,775.	420,776.	68,287.	28,712
	included above to disqualified				- /
-	d under section 4958(f)(1)) and				
	in section 4958(c)(3)(B)				
	nd wages	1,226,784.	992,097.	165,218.	69,469
	uals and contributions (include				• • •
	1 403(b) employer contributions)				
()	benefits	189,184.	152,993.	25,478.	10,713
		158,337.	128,047.	21,324.	<u> 10,713</u> 8,960
	s (nonemployees):		-		
a Management					
	aising services. See Part IV, line 17				
f Investment man	agement fees				
g Other. (If line 11g	amount exceeds 10% of line 25,				
column (A) amour	nt, list line 11g expenses on Sch O.)	93,902.	73,431.	9,197.	11,274
2 Advertising and	promotion				
3 Office expenses					
4 Information tech	nology				
5 Royalties					
6 Occupancy					
7 Travel		22,976.	19,164.	1,732.	2,080
B Payments of tra	vel or entertainment expenses				
for any federal, s	state, or local public officials				
9 Conferences, co	nventions, and meetings				
D Interest					
1 Payments to aff	liates				
2 Depreciation, de	pletion, and amortization	82,304.	78,354.	3,836.	114
Insurance		31,131.	28,937.	2,074.	120
	emize expenses not covered				
	laneous expenses on line 24e. If kceeds 10% of line 25, column (A)				
amount, list line 2	4e expenses on Schedule O.) 🔪 🗌	<u> </u>		10.000	
	Donations Used	399,524.	385,585.	13,939.	
	<u>ce to Individua</u>	163,144.	156,009.	7,135.	
c <u>Resale S</u>	hop	128,389.	128,389.		
d <u>Rent</u>		90,446.	82,502.	6,132.	1,81
e All other expens		168,307.	148,785.	10,097.	9,42
	xpenses. Add lines 1 through 24e	3,272,203.	2,795,069.	334,449.	142,68
	lete this line only if the organization				
-	n (B) joint costs from a combined				
	ign and fundraising solicitation.				
Check here 🕨 📃	if following SOP 98-2 (ASC 958-720)				Form 990 (20

10 2019.04030 BAY AREA TURNING POINT, I BATP0__1

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2,414,957.

2,474,067.

0.

28

29

30

31

32

33

83,650.

2,411,911.

2,502,065.

Form 990 (2019)

Beginning of year End of year 120,708. 11,712. 1 1 Cash - non-interest-bearing 468,474. 439,257. Savings and temporary cash investments 2 2 376,033. 376,128. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 19,947. 13,013. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other <u>2,939,</u>292. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 1,398,267. 1,593,851. 1,541,025. 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 10,984. 5,000. 15 15 Other assets. See Part IV, line 11 2,474,067. 2,502,065. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 59,110. 90,154. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 59,110. 90,154. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33. 2,414,957. 27 2,328,261. 27 Net assets without donor restrictions

Bay Area Turning Point, Inc.

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

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

(B)

(A)

Form 990 (2019)
Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

28

29

30

31

32

33

	<u>1990 (2019)</u> Bay Area Turning Point, Inc.	76-03	353058	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	3,242					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,27		<u>03.</u> 66.			
3								
4								
5								
6								
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10								
	column (B))	10	2,41	1,9:	<u>11.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X			
				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	О.						
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	b Were the organization's financial statements audited by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a	Х	<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X				

Form **990** (2019)

SCHEDUL	E A.
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

Nar	ne of t	ine organization	Хисс Пууль і	na Doint To	-						
D	art I	Bay . Beason for Public (Area Turnii Charity Status	ng Point, Ind	C •	:		/	6-0353058		
		Reason for Public C					ee instructions	S.			
	organ	ization is not a private found									
1		A church, convention of chu					1)(A)(i).				
2		A school described in secti									
3		A hospital or a cooperative	1 0					····· - ·			
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for		llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov	0				.,				
7	X	An organization that normal		ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	oublic described in		
		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org									
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10		An organization that normal									
		activities related to its exem									
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	janization a	inter June 30, 1975.		
44		See section 509(a)(2). (Cor		volute test for public es	fatu Caa	ocation El	00(~)(4)				
11 12	\square	An organization organized a An organization organized a	•					rn out the	nurnance of one or		
12		more publicly supported or	-	•	-			-			
		lines 12a through 12d that									
a		Type I. A supporting orga	• •			-		-	aivina		
		the supported organizatio			• • •	-					
		organization. You must c			indjointy o				pporting		
k	,	Type II. A supporting orga	-		ion with its	s supporte	ed organizatio	n(s), by hay	vina		
		control or management of	-				•		•		
		organization(s). You mus						5			
c	;	Type III functionally inte			in connect	tion with, a	and functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.				
c	1	Type III non-functionally	vintegrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .				
e	•	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
<u>ç</u>		vide the following information			(iv) is the oros	anization listed					
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No					
Tot	ai										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 Bay Area Turning Point, Inc. Part II

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2242570.	2571106.	2877517.	2806173.	3014209.	<u>13511575.</u>
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 \dots						
4	Total. Add lines 1 through 3	2242570.	2571106.	2877517.	2806173.	3014209.	13511575.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						13511575.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2242570.	2571106.	2877517.	2806173.	3014209.	13511575.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	3,093.	2,144.	4,143.	3,302.	10,020.	22,702.
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.)	45,696.	171,659.	64,467.	63,377.		442,186.
11	Total support. Add lines 7 through 10						13976463.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	88,199.
13	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	1 501(c)(3)	
Sec	organization, check this box and stop tion C. Computation of Publi	o here c Support Per	centage				
	Public support percentage for 2019 (I			olumn (f))		14	96.67 %
	Public support percentage from 2018					15	96.97 %
	33 1/3% support test - 2019. If the o					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l				
	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						
18	Private foundation. If the organization			-	• • • •		<u>s</u>
							or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Bay Area Turning Point, Inc. 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
74	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	tax year as a section	n 501(c)(3) org	ganization,
	check this box and stop here	~			-		
Sec	tion C. Computation of Publi	c Support Per	rcentage				, <u> </u>
15	Public support percentage for 2019 (I	ine 8. column (f). c	livided by line 13.	column (f))		15	%
16	Public support percentage from 2018	Schedule A. Part	III. line 15			16	%
	tion D. Computation of Inves					• •	· · · · · ·
	Investment income percentage for 20			ine 13 column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2019. If the					· · · · · · · · · · · · · · · · · · ·	
.54	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2018. If the						►
5	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 09-25-19		<u></u>	a, or rob, oncor i			n 990 or 990-EZ) 2019
30202			15	5	501		

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Schedule A (Form 990 or 990 EZ) 2019 Bay Area Turning Point, Inc.

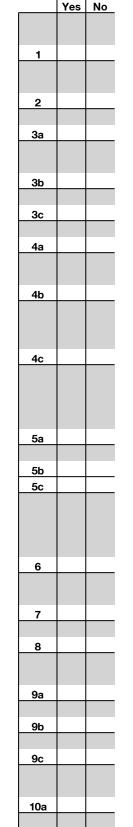
Part IV Supporting Organizations

(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")? *If* "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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 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 disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **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) 2019

10b

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Schedule A (Form 990 or 990 EZ) 2019Bay Area Turning Point, Inc.76-0353058Page 5Part IVSupporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec			Vee	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	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 instructions).			
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 (see instr	uctions)		
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 Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2019

	(Form 990 or 990-EZ) 2019					
Part V	Type III Non-Function	onally	Integrat	ed 509(a)(3)	Supporting	Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	v integrated	Type III supporting orga	nization (see

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Bay Area Turning Point, Inc. 76-0353058 Page 7

	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
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 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	1	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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chedule A (Part VI	Form 990 or 990-EZ) 2019	Bay Area	a Turning	g Point,	Inc.	76-0353058 Page
	Section D, lines 5, 6, and	lines 2 and 3; Pa	art IV, Section E,	lines 1c, 2a, 2b	, 3a, and 3b; Part V	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V, or any additional information.
	(See instructions.)					

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

► Attach

OMB No. 1545-0047

2019

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

Employer identification number

	Bay Area Turning Point, Inc.	76-0353058
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private found	lation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1
	501(c)(3) taxable private foundation	

Schedule of Contributors

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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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.

Name of organization

Employer identification number

76-0353058

Bay Area Turning Point, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1 </u>	Texas Health and Human Services P.O. Box 13247 Austin, TX 78711-3247	\$ <u>533,675.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Texas Office of the Attorney General 300 W 15th StPO Box 12548 Austin, TX 78711-2548	\$243,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Child Care Council Greater Houston PO BOX 572043 Houston, TX 77257	\$203,785.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 United Way of Greater Houston 50 Waugh Drive Houston, TX 77007	Total contributions \$ 167,500.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Office of the Governor 1100 San Jacinto Blvd. Austin, TX 78701	\$832,832.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Turce of contribution
<u>No.</u>	Name, address, and ZIP + 4 Texas Department of Housing and Community Development 221 East 11th St Austin TX 78701	Total contributions \$ 205,493.	Type of contribution Person X Payroll
	Austin, TX 78701		noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

22

2019.04030 BAY AREA TURNING POINT, I BATP0__1

Name of organization

Employer identification number

76-0353058

Bay Area Turning Point, Inc.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

23

08281014 134652 BATP0

Name of or	rganization		Employer identification number
Bay Ar	rea Turning Point, Inc.		76-0353058
Part III	Exclusively religious, charitable, etc., contributor, complete columns	utions to organizations described in sec (a) through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	, charitable, etc., contributions of \$1,000 or le al space is needed.	ess for the year. (Enter this info. once.) 🕨 \$
(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,	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,	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,	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,		Relationship of transferor to transferee
923454 11-06-	-19		Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

08281014 134652 BATP0

24 2019.04030 BAY AREA TURNING POINT, I BATPO__1

	Supplemental Financial Statements		OMB No. 1545
SCHEDULE D (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.		201
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.		Open to P Inspection
Name of the organization	1	Employer	r identification
	Bay Area Turning Point, Inc.	7	6-035305
Part I Organizat	ions Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts.	Complete if the
organization	answord "Yos" on Form 990, Part IV, line 6		

	organization answered "Yes" on Form 990, Part IV, line					
	-	(a) Donor advis	ed funds	(b) Fur	nds and other acco	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets h	eld in donor advised fur	nds		
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes	No No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose confe	rring		
	impermissible private benefit?		· · ·		Yes	No
Par						
1	Purpose(s) of conservation easements held by the organizatio					
	Preservation of land for public use (for example, recreat		Preservation of a his	toricallv	important land ar	ea
	Protection of natural habitat	, <u> </u>	Preservation of a cer	-	-	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of a c	onserva	tion easement on	the last
-	day of the tax year.				Held at the End of	
а				2a		
b						
c	Number of conservation easements on a certified historic stru					
				20		
u	listed in the National Register	,		2d		
3	Number of conservation easements modified, transferred, rele				during the tax	
U	year		terminated by the organ	inzation	during the tax	
4	Number of states where property subject to conservation ease	omont is located				
5	Does the organization have a written policy regarding the period		tion bandling of			
5	violations, and enforcement of the conservation easements it	U 1			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		nd onforcing consonvat			
6		ianuling of violations, a	ind enforcing conservation	ion ease	ements during the	year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and a	oforcing concernation of		to during the year	
7	S	ing of violations, and e	morcing conservation e	asemen	its during the year	
8	Does each conservation easement reported on line 2(d) above	a satisfy the requiremen	ts of section $170(h)(A)(F$	2) <i>(</i> i)		
0	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservatio					
9	balance sheet, and include, if applicable, the text of the footnot		•			
	organization's accounting for conservation easements.	ote to the organization		iai uesi		
Par	t III Organizations Maintaining Collections of	Art. Historical Tre	easures. or Other	Simila	r Assets.	
	Complete if the organization answered "Yes" on Form	•	·····, ·· · ····			
1a	If the organization elected, as permitted under FASB ASC 958		enue statement and ba	lance s	heet works	
	of art, historical treasures, or other similar assets held for publ	, 1				
	service, provide in Part XIII the text of the footnote to its finance				public	
h	If the organization elected, as permitted under FASB ASC 958			o shoot	works of	
b	art, historical treasures, or other similar assets held for public	•				
		exhibition, education, c		e oi pu	DIIC SEIVICE,	
	provide the following amounts relating to these items:				¢	
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
•			acasta far financial acin		\$	
2	If the organization received or held works of art, historical trea			provide	e	
-	the following amounts required to be reported under FASB AS	-			¢	
	Revenue included on Form 990, Part VIII, line 1				\$	
				🚩	\$ Schodulo D (Eor	m 000\ 0040
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (For	iii 990j 20 19
932051	1 10-02-19	25				

2019.04030 BAY AREA TURNING POINT, I BATP0__1

OMB No. 1545-0047

Open to Public Inspection

19

Employer identification number 76-0353058

Sche	dule D (Form 990) 2019 Bay Are	a Turning 1	<u>Point,</u>	Inc	•				53058		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, or	Other	[·] Simila	r Assets	s (continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check an	y of the f	following that	make sig	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 Loa	an or exc	hange progra	m					
b	Scholarly research	e			0.0						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they t	further th	ne organizatio	n's exem	oarua tar	se in Part	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										<u>,</u>
	reported an amount on Form 990, Pa							, · u. · · · ,			
	Is the organization an agent, trustee, custodi		liary for con	tribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII									L] 110
			nowing table						Amount		
с	Beginning balance						1c		Amount		
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.								163]
Par							0				<u>_</u>
					(c) Two years			voare back		loare	hack
10	Paginning of year balance	(a) Current year	(b) Prior	year	(C) Two years	S DALK		Cars Dack		150/	DAUK
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	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, co	olumn (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that ar	e held ar	nd administere	ed for the	e organiza	ation	Г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment func	ls.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lir	ne 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or c			or other	• •	ccumulate	ed	(d) Book	value	Э
		basis (investr	,	basis	(other)	dep	preciation				
1a	Land	125,							125		
b	Buildings	2,246,	028.				915,30		1,330		
	Leasehold improvements						343,02		-343		
	Equipment	403,				1	L39,9:	34.	263		
	Other	1 1 1 1	536.						164		
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. column (i	B), line 1	0c.)				1,541	, 02	25.

Schedule D (Form 990) 2019

932052 10-02-19

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market	t value
I) Financial derivatives			
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.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	t value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"			
	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 15.)</u>		
	an Farma 000 David IV/ lines	11a av 116 Cas Farm 000 Bart V line 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	(b) Book	value
			value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		

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

Schedule D (Form 990) 2019

X

932053 10-02-19

Sche	dule D (Form 990) 2019 Bay Area Turning Point, Ir.	.c.		76-0	0353058	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re			0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,269	,157.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	26,320.			
b	Donated services and use of facilities	. 2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	26	<u>,320.</u>
3	Subtract line 2e from line 1			3	3,242	<u>,837.</u>
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.)					
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	3,242	<u>,837.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	3,272	<u>,203.</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	2 b		_		
С	Other losses	. 2c		_		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,272	<u>,203.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				-
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,272	,203.
Pa	t XIII Supplemental Information.					

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

Part X, Line 2:

BATP is exempt from federal income taxes under Section 501(c)(3) of the
IRC. BATP is also exempt from Texas state franchise tax. Accordingly,
there is no provision or liability for federal or state income taxes in
the accompanying financial statements. U.S. GAAP requires recognition and
disclosure of uncertain tax positions in the financial statements and
footnotes. Management of BATP believes it has no material uncertain tax
positions and, accordingly, it has not recognized any liability for
unrecognized tax benefits. The Organization is subject to examination for
its prior three years of information returns but has not received any such
notice from the Internal Revenue Service

28

932054 10-02-19

Part XIII	Supplei	mental Info	rmation	looptinus		-	
Schedule D	(Form 990)	2019	Bay	Area	Turning	Point,	Inc.

Part V, Line 4

To raise monies to fund operations of Bay Area Turning Point, Inc.

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on l organization entered more than \$15				or 19,	or if the	2019
Department of the Treasury	U	Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		a Turning Point, In	nc.				Employer id	entification number
Part I Fundrais		Complete if the organization answe		es" or	n Form 990, Part IV, I	ine 1		
· · ·	complete this part							
a Mail solicitat	-	ed funds through any of the following e Solicitat	-		overnment grants			
b Internet and	email solicitations			•	nment grants			
c Phone solici		g 📃 Special	fundra	lising	events			
d In-person so		r oral agreement with any individual	(includ	ling of	ficers directors true	toos	or	
•		art VII) or entity in connection with pr	•	•		1003,	Ye	s 🗌 No
	•	viduals or entities (fundraisers) pursua	ant to a	agreei	ments under which th	he fur	ndraiser is to b	e
compensated at le	ast \$5,000 by the	organization.	1		1	1		
(i) Name and addres	s of individual		(iii) fundr	Did aiser	(iv) Gross receipts	(v)	Amount paid or retained by)	(vi) Amount paid
or entity (func	Iraiser)	(ii) Activity	have con or con contribu	trol of	from activity		fundraiser , ted in col. (i)	to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit c	ontrib		or has been notified	itic	exempt from r	
or licensing.	ch the organizatio		Ontho		or has been notified	11 15 1	exempt nom n	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2019

932081 09-11-19

76-0353058 Page 2

 Schedule G (Form 990 or 990-EZ) 2019 Bay Area Turning Point, Inc.
 76-0353058 Page

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Dogs and	Friends	None	(add col. (a) through
			Divas	Holiday Part		col. (c)
e			(event type)	(event type)	(total number)	
	1	Gross receipts	76,889.	53,254.		130,143
	2	Less: Contributions	76,889.	53,254.		130,143
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Ulrect Expenses	6	Rent/facility costs	19,838.	8,826.		28,664
Lect E	7	Food and beverages				
Ī	8	Entertainment				
	9	Other direct expenses		1,200.		4,492
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	33,156
	<u>11</u> rt I	Net income summary. Subtract line 10 from	line 3, column (d)		►	-33,156
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1	Gross revenue				
ses	2	Cash prizes				
Lixper	3	Noncash prizes				
nirect Experises	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
	E a t					
		er the state(s) in which the organization conc he organization licensed to conduct gaming a		states?		Yes N
		No," explain:				·
а						
a b	lf "I		revoked suspended or to	erminated during the tax w	-ar?	
a b)a	lf "I	re any of the organization's gaming licenses Yes," explain:			ear?	Yes N
a b)a	lf "I	re any of the organization's gaming licenses			ear?	Yes

Sch	nedule G (Form 990 or 990-EZ) 2019 Bay Area Turning Point, Inc.	76-0	353058	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	• An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			/0
17		15.		
	Name			
	Address			
15.	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ves	No
152	a Does the organization have a contract with a third party north whom the organization receives gaming revenue?			
L				
Ľ	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	Junt		
	of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
	organization's own exempt activities during the tax year 🕨 💲			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
9320	83 09-11-19 Schedule	G (Forn	n 990 or 990	-EZ) 2019
J	32			,

Schedule G (Form 990 or 990-EZ)	Bay	Area	Turning	Point,	Inc.
Part IV Supplemental Info	rmation	(continue	ed)		

Schedule G (Form 990 or 990-EZ)

932084 04-01-19

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

9

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

Employer identification number

ſ

/

	Bay Area Tur	ning P	oint, Inc	•		76-0	353	058	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d) Method of de noncash contribu	etermin		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		313,96	3.FM	V			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X		56,91	2.FM	V			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (Supplies, Equ)	X	0	48,16	2.FM	J			
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement 29					
	°							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 thr	ough 28	, that it			
	must hold for at least three years from the date		• • • • •		-				
	exempt purposes for the entire holding period?)	-				30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contr	butions	?	31		х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell nonca	sh				
	contributions?		•				32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is c	hecked,				
	describe in Part II.			.,					
			-						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

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

Schedule M (Form 990) 2019 932142 09-27-19 35

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 9 Open to Public Inspection

Bay Area Turning Point, Inc.

Employer identification number 76-0353058

Form 990, Part VI, Section B, line 11b:

Form 990 Review Process

The form is reviewed by the Board of Directors, Finance Committee and then

presented to the rest of the Board for discussion

Form 990, Part VI, Section B, Line 12c:

Board members and employees who can make financial decisions review and

sign a confidentiality and conflict of interest statement annually

Form 990, Part VI, Section B, Line 15:

Compensation for President/CEO is determined by the Board of Directors and

compensation of officers and employees is determined by the President/CEO

after performing a search of average salaries for the specific positions.

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Form 990, Part VI, Section C, Line 19:

Disclosure is made on our website and upon request.

Form 990, Part XII, Line 2c:

No change in process from prior year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

Type or				Taxpayer identification number (TIN)		
print	Bay Area Turning Point, Inc.			76-0353058		
File by the due date fo filing your			tions.		10 03	
return. See instructions		foreign add	ress, see instructions.			
Enter the Return Code for the return that this application is for (file a separate application for each return)					01	
Application Return Application					Return	
Is For		Code	Is For	Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) Leigh Ann Fry	06	Form 8870			12
 If this box 1 1 1 the <l< th=""><th>organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the or X calendar year 2019 or tax year beginning the tax year entered in line 1 is for less than 12 months, Change in accounting period</th><th>t Group Exe and atta Nover ganization's , an</th><th>mption Number (GEN) uch a list with the names and TINs of nber 16, 2020, to file return for: Id ending</th><th>If this is fo all memb</th><th>r the whole of ers the exter npt organiza</th><th>group, check this nsion is for.</th></l<>	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the or X calendar year 2019 or tax year beginning the tax year entered in line 1 is for less than 12 months, Change in accounting period	t Group Exe and atta Nover ganization's , an	mption Number (GEN) uch a list with the names and TINs of nber 16, 2020 , to file return for: Id ending	If this is fo all memb	r the whole of ers the exter npt organiza	group, check this nsion is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 472 y nonrefundable credits. See instructions.	0, or 6069, e	enter the tentative tax, less	3a	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
estimated tax payments made. Include any prior year overpa		rpayment all				0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			h this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). Se	ee instructio	ns.	3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawa	al (direct deb	bit) with this Form 8868, see Form 8	453-EO an	d Form 8879	9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see instru	ictions.		Form 8	8868 (Rev. 1-2020)