990 Form

Return of Organization Exempt From Income Tax

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

2010

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Internal	Revenue	Service	The organization may have to use a copy of this return to satisfy state repo	orting requirement	Inspec	ction
A Fo	r the 2	2010 calend	lar year, or tax year beginning 07-01 , 2010, and en	nding	06-30 ,20 11	
B ch	eck if app	plicable:	C Name of organization NORTHLAND FAMILY HELP CENTER		D Employer ident	ification no.
Ad	dress cha	ange	Doing Business As		86-035156	6
□ Na	me chan	ge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num	ber
i i Init	ial return		2532 N 4TH STREET	506	(928) 774-	4503
(1	minated		City or town, state or country, and 7IP + 4		1,276,	821
-	nended re		FLAGSTAFF, AZ 86004		G Gross receipts	\$
Ap	plication	pending	F Name and address of principal officer: STEVE HORTON	Like) is this a serve	a b a f	
			4074 S ALISA WAY, Flagstaff, AZ 86001	H(a) Is this a grou affiliates?	p return for ! —	Yes X No
I Ta	x-exempt	status: X	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	H(b) Are all affiliat	es included?	Yes No
J W	ebsite:	► WWW	, NORTHLANDFAMILY, ORG	H(c) Group exem	es included? n a list. (see instructions ofton number	s)
K Fo	rm of org	anization: X	Corporation Trust Association Other L Year of formation: 1	996 M State of	legal domicile: AZ	
Par	1	Summar	V			
	1 E	Briefly descr	ibe the organization's mission or most significant activities: TO PROVIDE A SAF	E HAVEN, EDU	CATION, ADVO	CACY,
	Z	AND COUN	SELING TO PROMOTE AND RESTORE HEALTHY RELATIONSHIPS			
e G						
t o						
v e	2 (Check this b	oox ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets.		
t n			oting members of the governing body (Part VI, line 1a)	The state of the s	3	10
e n	4 1	Number of it	ndependent voting members of the governing body (Part VI, line 1b) • • • • • • •		4	10
\$ C	5	Total numbe	er of individuals employed in calendar year 2010 (Part V, line 2a)		5	45
& e	6	Total numbe	er of volunteers (estimate if necessary) · · · · · · · · · · · · · · · · · · ·		6	
	7a 1	Total unrela	ted business revenue from Part VIII, column (C), line 12 • • • • • • • • • • • • • • • • • •		7a	0
	b l	Net unrelate	d business taxable income from Form 990-T, line 34 · · · · · · · · · · · · · · · · · ·		7b	0
_				Prior Year	Current	Year
R e	8 (Contribution	s and grants (Part VIII, line 1h)	1,181,	923 1,	270,891
٧	9 1	Program se		0		
п	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d) · · · · · · · · · · · · · · ·	5,	262	5,930
u e	11 (Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,187,	185 1,	276,821
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3) · · · · · · · · · · · · · · ·			0
E	14	Benefits pai	d to or for members (Part IX, column (A), line 4) · · · · · · · · · · · · · · · ·			0
X	15	Salaries, of	ner compensation, employee benefits (Part IX, column (A), lines 5-10) · · · · · ·	862,	587	849,021
P	16a	Professiona	If fundraising fees (Part IX, column (A), line 11e)			0
n	b '	Total fundra	nising expenses (Part IX, column (D), line 25) 39, 334			
E	17	Other exper	nses (Part IX, column (A), lines 11a-11d, 11f-24f)	380,	381	428,512
5	18	Total expen	ses, Add lines 13-17 (must equal Part IX, column (A), line 25)	1,242,	968 1,	277,533
	19	Revenue le	ss expenses. Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·	(55)	783)	(712
Net				Beginning of Current Y		
Assets	20	Total assets	s (Part X, line 16)	2,751,		,820,386
Fund	21	Total liabiliti	ies (Part X, line 26)	90,	486	67,874
Bal- ances	22	Net assets	or fund balances. Subtract line 21 from line 20 - · · · · · · · · · · · · · · · ·	2,660,	867 2,	,752,512
Pai	tII	Signatu	ire Block			
Under	penalties	of perjury, I de	sclare that I have examined this return, including accompanying schedules and statements, and to the best of adj.complete. Declaration of preparer (other than officer) is based on all information of which preparer has any l	my knowledge knowledge,		
and be	ilei, it is i	irde, correct, ar	Complete. Decision of prepared (dues intell officer) to about of all information of which property and		1/1/10	
		1	Trackfort		1/10/10	
Sig	n	Signat	re of office ? A 10 1		Date	
Her	6	_	John C. Surkhalles			
		Type o	r print name and title			
		Print/Type p	reparer's name (reparer's signature)	Check	if PTIN	
Paid	i	Johann	a Klomann, CPA ON WAY TOMUM CA2-15-2011	self-employe	d	
	parer	Firm's name	Johanna Klomann CPA HLIC	Firm's EIN		
	Only		ess 19 W Aspen Ave	Phone no. 92	8-774-8995	
			Flagstaff AZ 86001			
May	the IRS	discuss the	is return with the preparer shown above? (see instructions)		Yes	XNo

	(Code:) (Expenses \$ 159,633 including grants of \$) (Revenue \$ 84,048)
	COUNSELING SERVICES ARE PROVIDED TO SELF-IDENTIFIED VICTIMS OF CRIME,
	INTERPERSONAL/RELATIONSHIP VIOLENCE AND SEXUAL ASSUALT. THESE SERVICES ARE PROVIDED FREE OF
	CHARGE TO BOTH SHELTER RESIDENTS AND COMMUNITY MEMBERS. NUMBER OF SESSIONS AND LENGTH OF
	SERVICE IS DECIDED ON A CASE BY CASE BASIS. LEGAL ADVOCACY PROVIDES LEGAL SUPPORT TO
	INDIVIDUALS ASSISTING THEM WITH ORDERS OF PROTECTION, DIVORCE AND CUSTODY PAPERWORK, AND
	SUPPORT IN VARIOUS COURTROOM PROCEEDINGS.
ī	Other program services. (Describe in Schedule O.)

201,010

(Expenses \$

40

Total program service expenses

including grants of \$

1,079,349

166,266)

) (Revenue \$

Part IV

Pa	rt IV	Checklist of Required Schedules			-3
				Yes	No
1	is the	e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1603	140
		plete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the	e organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3		the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	-2	
		lidates for public office? If "Yes," complete Schedule C, Part I · · · · · · · · · · · · · · · · · ·	3		3.7
4		tion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	-	X
		tion in effect during the tax year? If "Yes," complete Schedule C, Part II	4		*
5		e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	-4		X
		milar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6		he organization maintain any donor advised funds or any similar funds or accounts where donors have	3		
		ight to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
		plete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		Х
7		he organization receive or hold a conservation easement, including easements to preserve open space,			27
		environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II · · · · · · · ·	7		X
8		he organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			73
	com	plete Schedule D, Part III · · · · · · · · · · · · · · · · ·	8		X
9	Did t	the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			5 h
	X; or	provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	com	plete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		X
10	Did t	the organization, directly or through a related organization, hold assets in term, permanent, or			
	quas	si-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the	e organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	11		
		VIII, IX, or X as applicable.		1	
a		the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
		edule D, Part VI · · · · · · · · · · · · · · · · · ·	11a	X	
b		the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
		s total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII · · · · · · · · · · · · · · · · · ·	11b	X	
C		the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
		s total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
C		the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
		rted in Part X, line 16? If "Yes," complete Schedule D, Part IX · · · · · · · · · · · · · · · · · ·	11d		X
е		the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Lacarres .		
		organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a		the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	45		
		edule D, Parts XI, XII, and XIII	12a	X	
b		s the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401		**
42		organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13		the organization maintain an office, employees, or agents outside of the United States?			X
14a		the organization maintain an office, employees, or agents outside or the United States?	14a		X
b		iness, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		v
15		the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	_	X
15		anization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16		the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	10		Δ
10		idividuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV · · · · · · · · · · · · · · · · · ·	16		X
17		the organization report a total of more than \$15,000 of expenses for professional fundraising services	- 10		Δ
		Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18		the organization report more than \$15,000 total of fundraising event gross income and contributions on			2.5
		t VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18		X
19		the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		'es," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		X
20a	Did	the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
Ŀ		'es" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form	m 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II · · · · · · · · · · · · · · · · · ·	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), fine 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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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,	- T	TO SE	Ton S
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			133
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
-	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			. 6.2
02	Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- 61
30	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, Parts II,			- 4.5
J-4	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a		1	
a	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 · · · · · · · · · · · · · · · · · ·			
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
36	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		X
97	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		Δ
37	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 11 and	-		1
30	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
	19: HOLD AND LOUIS AND HIGH RIP HOLD REAL PROPERTY OF THE PROP	30	1 4	

16 Enter the number reported in Box 3 of Form 1996. Enter of- if not applicable 1 b 0 0 0 1				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to windors and reportable gaming (gaming) withings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year endings with or within the year covered by this return. 2 b If at least one is reported on line 28, did the organization field in organize decard employment tax returns? 2 b If at least one is reported on line 28, did the organization field in organize decard employment tax returns? 2 b If west, in as if field a Form 590-T for this year? If No., provide an explanation in Schedule O. 3 b If "Yes," has if field a Form 590-T for this year? If No., provide an explanation in Schedule O. 3 b If "Yes," in all field a Form 590-T for this year? If No., provide an explanation in Schedule O. 3 b If "Yes," in all field a Form 590-T for this year? If No., provide an explanation in Schedule O. 3 b If "Yes," in all field a Form 590-T for this year? If No., provide an explanation in Schedule O. 3 b If "Yes," in all field a Form 590-T for this year? If No., provide an explanation in Schedule O. 4 b If "Yes," in all field a Form 590-T for this year? If No., provide an explanation in Schedule O. 5 b If "Yes," in all field a Form 590-T for this year? If No., provide an explanation of the Internation of the Greign country. If Yes, if Internation of the Greign country. If Yes, if Internation is the Internation of the Greign country. If Yes, if Internation is a provided tax sheller transaction at any time during that year. 5 b If "Yes," in all field a Form 590-T for this year of a prohibited tax sheller transaction? 5 c If Yes, if Internation is a field a Form 590-T for this year of a prohibited tax sheller transaction? 5 c If Yes, if Internation of the Comparization field Form 590-T for this year. 5 c If Yes, if Internation is a field a Form 590-T for this year. 5 c If Yes, if Internation is a field of the Internation is a contribution on proper	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			2
gaming (gambling) winnings to prize winners? Sitterments, fleaf for the calendar year anoting with or within the year covered by this return Ja 45 If at least one is reported on line 2a, did the organization file at required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to effect, level instructions? Als A hary time during the calendar year, did the organization file and the company of the organization of the things of the organization and the company of the organization or the organization	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable · · · · · · · · · · 1b	o E		
2a Enter the number of employees reposted on Form W-3, Transmittal of Wage and Tax Statements, filed for the calabratry year anding who within the year covered by this return 2a 45 b if all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, If this sum of lines 1a and 2a is greater than 250, you may be required to effect, like industriants. 3a X b if "Fest," reas if illed a frorm 960-T for this year? If "No," provide an explanation in Schedule O 3b if when, a set illed a frorm 960-T for this year? If "No," provide an explanation in Schedule O 3b A ran yrite during the calender year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry over, a financial accountry in a security of the organization that may receive deductible contributions under section 170(c). If "Yes," include the number of Forms 8292 field during the year If "Yes," include the number of Forms 8292 field during the year If "Yes," include the number of Forms 8292 field during the year If "Yes," include the	C	A STATE OF THE PARTY OF THE PAR			4.00
Statements, flied for the calendar year ending with or within the year covered by this return 2a 44 Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) Mote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) Mote or a sum of the calendar year, did the organization as part you are presented in scould be calendar year. Mote organization are organization or an are presented as account, or a signature or other authority over, a financial account in a foreign country. Mote organization seed that the sum of the foreign country. Mote organization seed the part of presented that the sum of the foreign country. Mote organization seed the part of presented that the sum of the organization seed that the way of a partition that the sum of the organization solid, any contributions that It was or is a party to a prohibited tax shelter transaction?			1c	X	
b If all least one is reported on line 2a, did the organization file ell required feedinal employment tax returns? Note. If the sum of lines 1a and 2a is graeter than 250, you may be required to effice, cen instructions) 3b If "res", his sum of lines 1a and 2a is graeter than 250, you may be required to effice, cen instructions) 4c At any time during the calendar year, did the organization have an explanation in Schedule O 4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country 5d If "Yes," enter the name of the foreign country 5e instructions for filing requirements for Form TD F 60-22.1, Report of Foreign Bank and Financial Accounts. 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization and your organization file Form 888-7? 5d Does the organization involve with every solicitation an express statement that such contributions or gits were not tax deductible? 6d Does the organization receive deductible contributions under section 170(c). 7d Did the organization receive a payment in excess of 575 made party as a contribution and party for goods and services provided to the payor? 7d If "Yes," include the number of Forms 882 filed during the year. 7e Did the organization exceeve a payment in excess of 575 made party as a contribution and party for goods and services provided to the payor? 7d If "Yes," include the number of Forms 882 filed during the year. 7e Did the organization exceeve a payment in excess of 575 made party as a contribution and party for goods and services provided to the payor? 7d If "Yes," include the number of Forms 882? 7d Did the organization network any funds, directly in indirectly, to pay prem	2a				J. 11
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, Ges instructions) 3 bill the organization have unrelated business gross income of \$1,000 or more during the year? 3 A rany time during the calendar year, did the organization in have an interest in, or a signiture or other authority over, a timanical account in a foreign country (such as a bank account, or other financial account)? 4 A rany time during the calendar year, did the organization in a have an interest in, or a signiture or other authority over, a timanical account in a foreign country. 5 Per instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Per instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Per instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Per instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Per instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Per instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Per instructions for Filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Per instructions for Filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Per instructions for Filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Per instructions for Filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Per instructions foreign for the organization filing fer promised foreign Bank and Financial Accounts. 5 Per instructions foreign foreign structions foreign foreign Bank and Financial Accounts. 5 Per instructions foreign foreign foreign Report foreign Bank and Financial Accounts. 5 Per instructions forei			100		
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders		Initiation fees and capital contributions included on Part VIII, line 12			150
a Gross income from members or shareholders					1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Section 501(c)(12) organizations. Enter:			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	D	amounts due or received from them)		-	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		12a		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 1da Did the organization receive any payments for indoor tanning services during the tax year? 14a X			ne i		
a Is the organization licensed to issue qualified health plans in more than one state?					1
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		Is the organization licensed to issue qualified health plans in more than one state?	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 1da Did the organization receive any payments for indoor tanning services during the tax year?	a				100
the organization is licensed to issue qualified health plans	h				-
c Enter the amount of reserves on hand					25
14a Did the organization receive any payments for indoor tanning services during the tax year?	C	Enter the amount of reserves on hand			-
	0.00		14a		X
			14b		

Part VI

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

Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · 1a 10		177	
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	100		
_	any other officer, director, trustee, or key employee?	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			80
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	-		
		7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? • • • • • • • • • • • • • • • • • • •	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following: The governing body?		- 15	
a		8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			***
2	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_		120
40-	Dane the arganization have lead shorters branched or offlictes?	10a	Yes	No
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	Tua	-	X
b		401		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			**
		11a		X
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	1.	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · · · · · · · · · · · · · ·	12a	X	
р	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	404		
		12b	X	-
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40	.,	
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	-
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a				
	with a taxable entity during the year?	16a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure	-	-	
17	List the states with which a copy of this Form 990 is required to be filed AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			1
	organization: ► SONJA BURKHALTER (928)774-4503			
	2532 N 4TH STREET SUITE 506 Flagstaff, AZ 86004			

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

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.

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)		ion (c	01	K e y	Highest ed		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) CHRISTINE BROWN MEMBER	1.00	X						0	0	(
(2) DAN MUSSELMAN MEMBER	1.00	X						0	0	
(3) JOHN R McCLURE MEMBER	1.00	X						0	0	(
(4) RADMILLA CODY MEMBER	1.00	X						0	0	
(5) ZENAIDA BAUMGARTNER MEMBER	1.00	X						0	0	
(6) BRENDA SILVEUS TREASURE	1.00			×				C	0	8
(7) KIM KALAS SECRETARY	1.00			×				C	0	
(8) LEAH MEREDITH	40.00			>				35,312	0	
(9) LINDA CHAN PRESIDENT	1.00			>				C	0	
(10)SONJA BURKHALTER EXECUTIVE DIRECTOR	40.00			>				68,325	0	
(11)STEVE HORTON VICE PRESIDENT	1.00			>					0	
(12)										
(13)										
(14)										
(15)										
(16)										

.,	VII Section A. Officers, Directors, Trustee (A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and Title	Average hours per week	Positi I t d n r i d u r	l t	heck		H c e	F	Reportable compensation from	Reportable compensation from related	an	stimated nount of other	
		(describe hours for related organizations in Schedule O)	i se vi co i e to de o u r	t s i t	Ce	e m p l o y e e	gmployee testsee ted	m e r	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensatio rom the panization d related anization	n 1
(17)													
(18)													
(19)											-		
(20)					-							+	
(21)													
(22)													
(23)													
(24)													
(25)													
(26)					+	-							
(27)						-							
(28)													
	Sub-total · · · · · · · · · · · · · · · · · · ·		·					F				-	
	Total from continuation sheets to Part VII, Secti Total (add lines 1b and 1c)								103,637	0			0
2	Total number of individuals (including but not limite												14
_	reportable compensation from the organization			_						0		Yes	No
3	Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule	or trustee, ke	ey emp	loye	e, o	r hig	hest o	com	pensated		3		X
4	For any individual listed on line 1a, is the sum of re										3	154	
7	the organization and related organizations greater t	han \$150,000	? If "Y	es,"	con	nple	te Sch	edu	le J for such				
	individual										4		X
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"								tion or individual		5		X
-	tion B. Independent Contractors Complete this table for your five highest compensa								more than \$100.00	NO of			
1	compensation from the organization.	tea inaepena	ent cor	mai	2015	IIId	Liecei	veu	more than \$100,00	70 01			
	(A) Name and business addr	220							(B) Description of	services	Como	(C) pensation	n
	France and positions during										74744		
-													
2	Total number of independent contractors (including	but not limite	ed to th	nose	liste	ed a	bove)	who	received				
	more than \$100,000 in compensation from the org	anization >											

					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · · ·	1a					
	b	Membership dues · · · · · · · ·	1b					
iontri- utions.	C	Fundraising events · · · · · · ·	1c					
fis,	d	Related organizations · · · · · · ·	1d					
ants nd	е	Government grants (contributions) · ·	1e	1,121,478				
ther	f	All other contributions, gifts, grants,						
milar mounts		and similar amounts not included above	1f	149,413				
HOLITES	g	Noncash contributions included in lines 1a-	-1f: \$	27,716				
	h	Total. Add lines 1a-1f · · · · · · · ·		▶	1,270,891			
				Business Code				
	2a		_					
rogram	b							
ervice	C							
evenue	d							
	e			_				
		All other program service revenue · · · ·	_					
	g	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·						
	3	Investment income (including dividends, interother similar amounts)			4,648			4,64
		Income from investment of tax-exempt bond						
	5	Royalties · · · · · · · · · · · · · · · · · · ·		• • • • • •				
		(ī) Real		(ii) Personal				MARKET
	6a	Gross Rents · · · · · ·						
	b	Less: rental expenses • • • •						
	C	Rental income or (loss) · · ·						
	ď	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities	s	(ii) Other				
		assets other than inventory		1,282				Silv Silver
	b	Less: cost or other basis			m 2 7 - 5 1			
0		and sales expenses · · · ·		4 000			The State of the S	
t	1	Gain or (loss)		1,282	1 200			1.00
h e		Net gain or (loss)			1,282			1,28
•	8a	Gross income from fundraising						
R		events (not including \$	-					MEES LEVI
0		of contributions reported on line 1c). See Part IV, line 18 · · · · · · · · · · · · · · · · · ·						
v e	ь	Less: direct expenses	-					
n		Net income or (loss) from fundraising event	_					
u e		Gross income from gaming activities.	Γ					
•	Ja	See Part IV, line 19 · · · · · · · · · · ·						
	h	Less: direct expenses · · · · · · · · ·	-					
	(1.55)	Net income or (loss) from gaming activities	-					
			F					
	10a	Gross sales of inventory, less returns and allowances	. a					
	b	Less: cost of goods sold · · · · · · ·						
		Net income or (loss) from sales of inventor						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue · · · · · · · · · · · · · · · · · · ·						
	e	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,276,821		d	0 5,93

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations mus	t complete column (A) bu	at are not required to complete	columns (B), (C), and (D),

Do not include amounts reported on li 7b, 8b, 9b, and 10b of Part VIII.	ines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to gover	rnments and			THE RESIDENCE	All-to Hall the
organizations in the U.S. See Part IV	, line 21 · · · ·				
2 Grants and other assistance to indivi-	duals in				N. F. S. S. S.
the U.S. See Part IV, line 22 · · · ·					
3 Grants and other assistance to gover	rnments,				
organizations, and individuals outside	e the				
U.S. See Part IV, lines 15 and 16 ·					
4 Benefits paid to or for members - •					
5 Compensation of current officers, directly					
trustees, and key employees · · ·		103,637	87,225	13,461	2,951
6 Compensation not included above, to	o disqualified				
persons (as defined under section 49	958(f)(1)) and				
persons described in section 4958(c))(3)(B) · · · · ·				
7 Other salaries and wages	-	623,297	524,592	80,958	17,747
8 Pension plan contributions (include s	section 401(k)				
and section 403(b) employer contribu					
9 Other employee benefits · · · ·		122,087	98,064	20,229	3,794
10 Payroll taxes · · · · · · · · · ·					
11 Fees for services (non-employees):					
a Management · · · · · · · · · · · · · · · · · · ·					
b Legal · · · · · · · · · · · · · · · · · · ·					
c Accounting					
d Lobbying · · · · · · · · · · · · · · · · · · ·					
e Professional fundraising services. Se	ee Part IV, line 17 -				
f Investment management fees · · ·					
g Other · · · · · · · · · · · · · · · · · · ·		161,187	159,285	1,225	677
12 Advertising and promotion					
13 Office expenses · · · · · · ·		1,787	1,517	155	115
14 Information technology · · · · ·					
15 Royalties · · · · · · · · · · · · · · · · · · ·					
16 Occupancy · · · · · · · · · · · · · · · · · · ·		70,777	54,934	15,179	664
17 Travel		7,042	6,815		227
18 Payments of travel or entertainment	expenses				
for any federal, state, or local public	officials · · · ·				
19 Conferences, conventions, and mee					
20 Interest		1,517	287	1,130	100
21 Payments to affiliates · · · · · ·					
22 Depreciation, depletion, and amortiz		41,599	40,794	805	
23 Insurance · · · · · · · · ·		24,162	23,233	929	
24 Other expenses Itemize expenses					
above (List miscellaneous expenses					
line 24f amount exceeds 10% of line			REDERINGE		
(A) amount, list line 24f expenses or					
a ACTIVITIES	.,	1,709	1,629	80	
b COMMUNICATION		15,886	13,960	1,647	279
c EQUIPMENT LEASE AND RENT	PAL	717	137	138	442
		23,876	22,817	1,059	
e LICENSES, FEES, MEMBERSH	HIPS	8,590	7,940	564	86
f All other expenses · · · · · · ·		69,663	36,120	21,291	12,252
25 Total functional expenses. Add lin		1,277,533	1,079,349	158,850	39,334
26 Joint Costs. Check here		-11000	1,5,5,1-15	/	
SOP 98-2 (ASC 958-720). Complete					
only if the organization reported in o	column				
(B) joint costs from a combined edu					
campaign and fundraising solicitation	OR				Form 990 (201

art X	Balance Sheet	(A)		/P\
		(A) Beginning of year		(B) End of year
	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	952,696	1	702,208
		2000	2	
		102,543	3	154,88
	Accounts receivable, net		4	204700.
	employees, and highest compensated employees. Complete Part II of			
	Schedule L · · · · · · · · · · · · · · · · · ·		5	
			3	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		No. 1	
	employees' beneficiary organizations (see instructions)		6	
			7	
			8	
		6,291	9	16,28
- 11	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D · · · · · 10a 1,915,759			
	b Less: accumulated depreciation · · · · · · · · · 10b 570,681	1,180,251	10c	1,345,07
1	And the second s		11	
1		509,572	12	601,92
1			13	
1			14	
1			15	
1		2,751,353	16	2,820,38
1		81,417	17	61,30
1	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
1	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
2	Tax-exempt bond liabilities		20	
2	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified			
	persons. Complete Part II of Schedule L		22	
2	Secured mortgages and notes payable to unrelated third parties - · · · · · · ·	9,069	23	6,51
2	Unsecured notes and loans payable to unrelated third parties		24	
2	Other liabilities. Complete Part X of Schedule D		25	
2		90,486	26	67,81
	Organizations that follow SFAS 117, check here▶ X and			
F	complete lines 27 through 29, and lines 33 and 34.			
u n	7 Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	2,140,229	27	2,234,53
d 2	3 Temporarily restricted net assets	17,200	28	14,5
В	Permanently restricted net assets	503,438	29	503,43
a	Organizations that do not follow SFAS 117, check here			
1	and complete lines 30 through 34.			
a n	Capital stock or trust principal, or current funds		30	
c ;			31	
e s	Retained earnings, endowment, accumulated income, or other funds		32	
	3 Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	2,660,867	33	2,752,51
	4 Total liabilities and net assets/fund balances	2,751,353	34	2,820,38

Pa	rt XI	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			<u> </u>		
1	Total reve	nue (must equal Part VIII, column (A), line 12) · · · · · · · · · · · · · · · · · · ·	1,2	276,8	321		
2							
3							
4	Net asset	or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,6	60,8	367		
5	Other cha	nges in net assets or fund balances (explain in Schedule O)		92,3	357		
6		or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (E))	2,7	752,5	512		
Pa	rt XII F	inancial Statements and Reporting neck if Schedule O contains a response to any question in this Part XII					
	B 43 -	g method used to prepare the Form 990: Cash X Accrual Other		Yes	No		
1			4				
	Schedule	nization changed its method of accounting from a prior year or checked "Other," explain in O.					
2a	Were the	organization's financial statements compiled or reviewed by an independent accountant?	2a		X		
b	Were the	organization's financial statements audited by an independent accountant?	2b	X			
С	If "Yes" to	line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit,	review, or compilation of its financial statements and selection of an independent accountant?	2c	X			
	If the orga	nization changed either its oversight process or selection process during the tax year, explain in O.	The second				
d	If "Yes" to	line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on	a separate basis, consolidated basis, or both:					
	X Sepa	ate basis Consolidated basis Both consolidated and separate basis		1919			
3a	As a resu	t of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single	Audit Act and OMB Circular A-133?	3a	X			
b	If "Yes,"	id the organization undergo the required audit or audits? If the organization did not undergo the					
	required a	udit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X			
		EEA	Form	990	(2010)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number Name of the organization 86-0351566 NORTHLAND FAMILY HELP CENTER Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(lii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated b Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vii) Amount of (i) Name of supported (m) Type of organization (N) Is the organization (v) Did you notify (vi) Is the organization in col. (i) listed in your the organization in organization in col. support (described on lines 1-9 col. (i) of your (i) organized in the above or IRC section governing document? support? 1157 (see instructions) \ No Yes No Yes No Yes (A) (B) (C) (D) (E) Total

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 II

Part III. If the organization fails to	qualify under the tests listed below.	please complete Part III.)
--	---------------------------------------	----------------------------

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from ln 4						
	tion B. Total Support			D. D. VIIVE D.			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4 · · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 (Exptain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)			12	
13	First five years, If the Form 990 is for the organization, check this box and stop here	organization's fire	st, second, third, fo	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
Sec	tion C. Computation of Public Su	pport Percer	ntage				
14	Public support percentage for 2010 (line 6,						%
15	Public support percentage from 2009 Sche						%
16a	33 1/3% support test - 2010. If the organiz						
	and stop here. The organization qualifies a						• • • • • •
b	33 1/3% support test - 2009. If the organiz						
	box and stop here. The organization qualif						
17a	10%-facts-and-circumstances test - 2010 more, and if the organization meets the "fa	cts-and-circums	tances" test, check	this box and sto	here. Explain in	Part IV how the	
	organization meets the "facts-and-circumst						
b	10%-facts-and-circumstances test - 2009 more, and if the organization meets the "fa	cts-and-circums	tances" test, check	this box and sto	p here. Explain in	Part IV how the	
	organization meets the "facts-and-circumst						
18	Private foundation. If the organization did	not check a box	con line 13, 16a, 1	6b, 17a, or 17b, c	heck this box and	see instructions .	

Schedule A (Form 990 or 990-EZ) 2010 Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,205,241	1,347,225	1,242,873	1,181,923	1,270,891	6,248,153
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · ·	1,205,241	1,347,225	1,242,873	1,181,923	1,270,891	6,248,153
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·		_				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · ·						
8	Public support (Subtract line 7c from line 6.)						6,248,153
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · Gross income from interest, dividends,	1,205,241	1,347,225	1,242,873	1,181,923	1,270,891	6,248,153
10a	payments received on securities loans, rents, royalties and income from similar sources	41,537	37,674	26,441	6,834	4,648	117,134
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · ·	41,537	37,674	26,441	6,834	4,648	117,134
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 IV.)	20,453	(2,338)		1,282	19,397
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,267,231	1,382,561	1,269,314	1,188,757	1,276,821	6,384,684
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c	:)(3)	
	ction C. Computation of Public Su Public support percentage for 2010 (line 8, c	pport Percent	age	(F))		15	97.86 %
15 16	Public support percentage for 2010 (line 8, c					16	%
-	ction D. Computation of Investmen	-					70
17	Investment income percentage for 2010 (line	10c, column (f) o	livided by line 13, o	column (f)) · · ·		17	1.83 %
18	Investment income percentage from 2009 S					18	%
19a	a 33 1/3% support tests - 2010. If the organize 17 is not more than 33 1/3%, check this box	ation did not chec and stop here. T	k the box on line 1 he organization qu	4, and line 15 is malifies as a publicly	nore than 33 1/3%, y supported organi	and line zation	▶⊠
t	33 1/3% support tests - 2009. If the organiz line 18 is not more than 33 1/3%, check this	ation did not chec box and stop her	k a box on line 14 e. The organization	or line 19a, and lir n qualifies as a pu	ne 16 is more than blicly supported or	33 1/3%, and ganization	
20	Private Foundation: If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	ons · · · · ·	

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number Name of the organization NORTHLAND FAMILY HELP CENTER 86-0351566 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
NORTHLAND FAMILY HELP CENTER

Employer identification number 86-0351566

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPT OF HEALTH AND HUMAN SERVICE 200 INDEPENDENCE AVE SW Washington, DC 20201	\$ 202,242	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	AZ DEPT OF ECONOMIC SECURITY 1789 W JEFFERSON 940A Phoenix, AZ 85007	\$ 16,413	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Phoenix, AZ 85005	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	AZ DEPT OF HEALTH SERVICES 150 N 18TH AVE STE D-1 Flagstaff, AZ 86004	\$\$	Person X Payroll C Noncash C (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	UNITED WAY OF NORTHERN ARIZONA 1515 E CEDAR AVE STE D-1 Flagstaff, AZ 86004	\$ 93,254	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	NAVAJO NATION PO BOX 4590 Window Rock, AZ 86515	\$ 105,654	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
NORTHLAND FAMILY HELP CENTER

Employer identification number 86-0351566

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	AZ BAR FOUNDATION 4201 N 24TH STREET SUITE 200 Phoenix, AZ 85016	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	ARIZONA CRIMINAL JUSTICE COMISSION 1110 W WASHINGTON SUITE 230 Phoenix, AZ 85007	\$9,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	AZ DEPT OF ECONOMIC SECURITY - CSA PO BOX 6123 Phoenix, AZ 85005	\$ 280,523	Person Payroll Noncash (Complete Part II if there is, a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	OPEN INN INC PO BOX 5766 Tucson, AZ 85703	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	NORTH COUNTRY HEALTH CARE NACASA 2920 N 4TH STREET Flagstaff, AZ 86004	\$19,578	Person .X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	NORTHERN ARIZONA REGIONAL BEHAVIORA L HEALTH AUTHORITY 1300 S YALE Flagstaff, AZ 86001	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization NORTHLAND FAMILY HELP CENTER Page 3 of 3 of Part1 Employer identification number 86-0351566

Ham	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	CHARLES PALMER FAMILY FOUNDATION NEED AN ADDRESS	\$\$	Person Xi Payroll
	Flagstaff, AZ 86001		a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	WALTON FAMILY FOUNDATION INC		Person X
	PO 2030	\$5,000	Payroll Noncash (Complete Part II if there is
	Bentonville, AR 72712		a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	FLAGSTAFF COMMUNITY FOUNDATION		Person X
	150 W DALE AVENUE SUITE 3	\$	Payroll
	Flagstaff, Az 86001		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16	ESTATE OF IVA FRANCES KRAUSS BENJAMIN H CRAINE PERSONAL REP 31313 NORTHWESTERN HWY STE 116	\$ 5,517	Person X Payroll 3 Noncash 3
	FARMINGTON HILLS, MI 48334		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17	ARIZONA DEPARTMENT OF EDUCATION CHILD AND ADULT FOOD PROGRAM 1535 W JEFFERSON BIN 7	\$6,671	Person X Payroll Noncash
	Phoenix, AZ 85007		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Employer identification number

2010

Open to Public Inspection

NORTHLAND FAMILY HELP CENTER 86-0351566 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year -5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Par						sets (co	ntinue	a)
3	Using the organization's acquisition, accession, at	nd other records, ch	eck any of the follo	owing that are a s	ignificant use of its			
	collection items (check all that apply):							
а	Public exhibition	d [Loan o	or exchange progra	ms				
b	Scholarly research	e Other						
С	Preservation for future generations							
4	Provide a description of the organization's collecti	ons and explain how	w they further the o	rganization's exe	mpt purpose in			
	Part XIV.							
5	During the year, did the organization solicit or rece	eive donations of ar	t, historical treasure	es, or other simila	ar			
	assets to be sold to raise funds rather than to be	maintained as part	of the organization'	s collection? · ·		· · [:Ye	es	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an amount of			answered "Yes"	to Form 990,			
1a	Is the organization an agent, trustee, custodian or			other assets not				
	included on Form 990, Part X? - · · · · ·					FIY	es [No
b	If "Yes," explain the arrangement in Part XIV and						77.	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3		Arr	nount		
С	Beginning balance				1c	1		
ď	Additions during the year · · · · · · · · ·							
e	Distributions during the year - · · · · · · ·							
f	Ending balance · · · · · · · · · · · · · · · · · · ·							
2a	Did the organization include an amount on Form					Ty	es	No
b	If "Yes," explain the arrangement in Part XIV.	300,1 01174, 1110 21						1100
Par		the organization and	swered "Yes" to Fo	rm 990. Part IV.	line 10.	1-1	-	
I al	Lindownient Funds.	(a) Current year	(b) Prior year	(c) Two years back		(e) Four	vears h	nack
1a	Beginning of year balance	509,572	446,430	(b) The years basis	(a) Thee years been	(0) 100	yours	- Laur
b	Contributions	5.00	1,600	-				1.2
c	Net investment earnings, gains, and losses -	96,243	64,322					
d	Grants or scholarships	,						
e	Other expenditures for facilities							
-	and programs · · · · · · · · · · · · · · · · · · ·							
	Administrative expenses	3,886	2,780					
1	End of year balance	601,929	509,572					
g	Provide the estimated percentage of the year end	7.557.52.53	303/3/2					
2	Board designated or quasi-endowment	%						
a	Permanent endowment > %	70						-2
b	Term endowment \> %							
C n-		a of the organization	a that are hold and	administered for	tho			
3a	Are there endowment funds not in the possession	i or the organization	I that are new and	administered for	(rie	1	Yes	Ma
	organization by:					11	res	No
	(i) unrelated organizations · · · · · · · · ·				<i></i>	3a(i)		-
	(ii) related organizations · · · · · · · · · ·					3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations list					3b	Щ.	
4	Describe in Part XIV the intended uses of the org						-	
Pa	rt VI Land, Buildings, and Equipn	nent. See Form s	990, Part X, line 10.					
	Description of investment	(a) Cost or other (investmen		st or other s (other)	(c) Accumulated depreciation	(d) Boo	k value	
1a	Land	• •		339,282			_	,282
b	Buildings		1	,273,113	326,116		_	5,997
C	Leasehold improvements · · · · · · · · · · · · · · · · · · ·	• •		81,365	54,697		26	668
d	Equipment		1	221,999	189,868		32	2,131
е	Other	•						
Tota	I. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X	, column (B), line 1	0(c).) · · · ·		1	,345	,078
				FEA	S	chedule D (Ea	vvv 000	1 2010

					rage :
Part VII	Investments - Other Securit	ies. See For	m 990, Part X, line 12.		
	(a) Description of security or category {including name of security}		(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
1) Financial de	rivatives				
2) Closely-held	equity interests				
3) Other					
(A) ACF EN	DOWMENT		601,929	FMV	
(B)					
(C)					
(D)					
(E)		_			
(F)					
(G)					
(H)					
(1)					
	must equal Form 990, Part X, col. (B) line 12.)	>	601,929		VISE LEVEL SERVICE
Part VIII	Investments - Program Rela		rm 990, Part X, line 13.		
Lair Atti	(a) Description of investment type	iteu.	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				235 G. Olid Ol'your History Value	
(2)					
(3)					12-12-12-12-12-12-12-12-12-12-12-12-12-1
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(10) Total. (Column (b)) must equal Form 990, Part X, col. (B) line 13.)	art V line 15			
(10)) must equal Form 990, Part X, col. (8) line 13.) Other Assets. See Form 990, Pa	art X, line 15.			
(10) Total. (Column (b)			ion		(b) Book value
(10) Total. (Column (b) Part IX (1)		art X, line 15.	ion		(b) Book value
(10) Total. (Column (b) Part IX (1) (2)		art X, line 15.	ion		(b) Book value
(10) Total. (Column (b) Part IX (1) (2) (3)		art X, line 15.	ion		(b) Book value
(10) Total. (Column (b) Part IX (1) (2) (3) (4)		art X, line 15.	ion		(b) Book value
(10) Total. (Column (b) Part IX (1) (2) (3) (4) (5)		art X, line 15.	ion		(b) Book value
(10) Total. (Column (b) Part IX (1) (2) (3) (4) (5) (6)		art X, line 15.	ion		(b) Book value
(10) Total. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7)		art X, line 15.	ion		(b) Book value
(10) Total. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8)		art X, line 15.	ion		(b) Sook value
(10) Total. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)		art X, line 15.	ion		(b) Book value
(10) Total. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Pa	art X, lìne 15. (a) Descript	ion		(b) Book value
(10) Total. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column	Other Assets. See Form 990, Part X, col.	(a) Descript			(b) Book value
(10) Total. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Pa	(a) Descript			(b) Book value
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(10) Total. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal in (2) (3) (4)	Other Assets. See Form 990, Part X, col. Other Liabilities. See Form 990, (a) Description of liability	(a) Descript			(b) Book value
(10) Total. (Column (b) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5)	Other Assets. See Form 990, Part X, col. Other Liabilities. See Form 990, (a) Description of liability	(a) Descript			(b) Book value
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Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,276,821
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,277,533
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(712)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(712)
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,369,178
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	831	
а	Net unrealized gains on investments		
b	Donated services and use of facilities · · · · · · · · · · · · · · · 2b		
¢	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV.) · · · · · · · · · · · · · · · · · 2d		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	92,357
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	1,276,821
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 XIV.)		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,276,821
-	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retur	
1	Total expenses and losses per audited financial statements	1	1,277,533
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 · · · · · · · · · · · · · · · · · · ·	188	
C	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1	3	1,277,533
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	-4-5	
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,277,533
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete	3	
this	part to provide any additional information.		
_			
_			
_			

SCHEDULE M (Form 990)

Noncash Contributions

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

Open to Public Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No. 1545-0047

2010

Inspection

Par	Types of Property							
Tr.		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) thod of det sh contribu		_
1	Art-Works of art							
2	Art-Historical treasures · · · · ·							
3	Art-Fractional interests · · · · ·							
4	Books and publications - · · ·							
5	Clothing and household							
	goods · · · · · · · · · · · ·	x		22,490	FAIR	MARKET	VALU	E
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				1			
19	Food inventory · · · · · ·	X	1	5,226	FAIR	MARKET	VALU	TE.
20	Drugs and medical supplies · · ·							
21	Taxidermy · · · · · · · · · · · ·							
22	Historical artifacts				-			
23	Scientific specimens - · · · ·							
24	Archeological artifacts · · · · ·							
25	Other ►(_			_
26	Other (_	
	Other (
27								_
28	Other ()		ing during the key upon for gont	ibutions for	+			
29	Number of Forms 8283 received by				- 00			
	which the organization completed I	roim 6263, Pa	It IV, Dollee Acknowledgement		29		- V	Ma
20-	During the year did the agree instig	en sonaius bu o	antileutian anu aranatu sasata	d in Doct L lines 4-29 that			Yes	No
30a	During the year, did the organization					100	BEGG	
	it must hold for at least three years					-	0.7	
	used for exempt purposes for the e		eriod? · · · · · · · · · ·			30:	a	X
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a			-			1 1/4	
	contributions?					31		X
32a	Does the organization hire or use t							
	contributions?					32	а	X
b	If "Yes," describe in Part II.							17
33	If the organization did not report ar	amount in col	umn (c) for a type of property for	or which column (a) is checked	d,			1
	describe in Part II.							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Employer identification number

2010

Open to Public Inspection

NORTHLAND FAMILI HELP CENTER	86-0331366
01. Form 990 governing body review (Part VI, line 11)	
NO REVIEW WAS OR WILL BE CONDUCTED.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
THE BOARD OF DIRECTORS SIGNS A DISCLOSURE FORM ANNUALY, EACH EMPLOYEE ALS	O SIGNS THE
CONFLICT OF INTEREST POLICY AT THE TIME THEY ARE HIRED.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
FOR THE EXECUTIVE DIRECTOR'S POSITION, MARKET COMPENSATION RESEARCH IS PR	ESENTED TO THE
BOARD OF DIRECTORS, WHO CONDUCT A PERFORMANCE REVIEW AND DECIDE ON AN ANN	UAL INCREASE.
04. Other officer or key employee compensation (Part VI, line 15b	
MARKET COMPENSATION RESEARCH IS PRESENTED TO THE BOARD OF DIRECTORS, WHO	CONDUCT A
PERFORMANCE REVIEW AND DECIDE ON AN ANNUAL INCREASE.	
05. Governing documents, etc, available to public (Part VI, line 19)	
ALL DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST	
06. Explanation of other changes in net assets or fund balances (Part XI,	line 5)
UNREALIZED INTEREST INCOME ON ENDOWMENT FUND EARNED.	

Statement of Program Service Accomplishments

2010

01

Your Social Security Number

Name(s) as shown on return

NORTHLAND FAMILY HELP CENTER

86-0351566

Form 990, Part III(d)

Program Service Code

Program Service Expenses \$201010

Grants and allocations included in above expense \$0

Program Services Revenue \$166266

Explanation
PROVIDING THE COMMUNITY WITH EDUCATION RELATING TO RELATIONSHIP VIOLENCE BY OFFERING
EDUCATION PROGRAMS AND TRAINING WORKSHOPS FOR COMMUNITY MEMBERS AND LOCAL YOUTH. THE
PROGRAMS ARE DESIGNED TO FACILITATE UNDERSTANDING, PREVENTION, AND AWARENESS ON A VARIETY OF
TOPICS RELATING TO DOMESTIC VIOLENCE.