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Amended

AMENDED RETURN

0806

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2007

Open to Public Inspection

No Statute issue

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
NORTHLAND HEALTHCARE ALLIANCE

Number and street (or P O box if mail is not delivered to street address) 3811 LOCKPORT ST STE 3

Room/suite

City or town, state or country, and ZIP + 4 BISMARCK, ND 58503

D Employer identification number 91-1845296

E Telephone number 701-250-0709

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website: ▶WWW.NORTHLANDHEALTH.COM

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

I Group Exemption Number ▶ N/A

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 591,129.

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	288,786.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ 288,786. noncash $)			1e 288,786.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3 109,999.
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5 11,293.
	6 a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶ SEE STATEMENT 1)			7 127,105.
	8 a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 53,946.
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 591,129.
Expenses	13	Program services (from line 44, column (B))			13 230,135.
	14	Management and general (from line 44, column (C))			14 111,213.
	15	Fundraising (from line 44, column (D))			15 26,412.
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 367,760.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18 223,369.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 1,237,051.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3			20 <105,558.>
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21 1,354,862.

STATUTE UNIT RECEIVED NOV 17 2011 ACCOUNTS MANAGEMENT OGDEN

RECEIVED NOV 15 2011 457 IRS-OSC OGDEN, UT

SCANNED NOV 25 2011

723001 12-27-07 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

Form 990 (2007)

AMENDED GL

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	50,721.	25,361.	12,680.	12,680.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	95,742.	38,384.	43,626.	13,732.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	6,025.		6,025.	
32 Legal fees	32	874.		874.	
33 Supplies	33	4,971.	4,971.		
34 Telephone	34	4,925.	1,084.	3,841.	
35 Postage and shipping	35	1,241.		1,241.	
36 Occupancy	36	60,546.	57,912.	2,634.	
37 Equipment rental and maintenance	37	378.	378.		
38 Printing and publications	38	1,099.		1,099.	
39 Travel	39	14,600.	8,171.	6,429.	
40 Conferences, conventions, and meetings	40	2,766.	1,328.	1,438.	
41 Interest	41	6,464.	1,972.	4,492.	
42 Depreciation, depletion, etc. (attach schedule)	42	30,927.	29,060.	1,867.	
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	86,481.	61,514.	24,967.	
44 **Total functional expenses** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	367,760.	230,135.	111,213.	26,412.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A , (ii) the amount allocated to Program services $ N/A , (iii) the amount allocated to Management and general $ N/A , and (iv) the amount allocated to Fundraising $ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 9

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

a SEE STATEMENT 5

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 197,479.

b SEE STATEMENT 6

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 26,790.

c SEE STATEMENT 7

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 4,970.

d SEE STATEMENT 8

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 896.

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ 230,135.

Form **990** (2007)

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12-27-07

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Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		59,239.	45	39,714.
	46 Savings and temporary cash investments			46	64,441.
	47 a Accounts receivable	47a 287,884.			
	b Less: allowance for doubtful accounts	47b	229,971.	47c	287,884.
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	288,786.
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable	51a 70,000.			
	b Less allowance for doubtful accounts	51b	70,000.	51c	70,000.
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54 a Investments - publicly-traded securities STMT 12 ▶ [X] Cost [ ] FMV		70,090.	54a	58,890.
	b Investments - other securities ▶ [ ] Cost [ ] FMV			54b	
	55 a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation	55b		55c	
	56 Investments - other SEE STATEMENT 10		800,987.	56	805,869.
	57 a Land, buildings, and equipment: basis	57a 315,098.			
	b Less: accumulated depreciation STMT 11	57b 137,727.	88,246.	57c	177,371.
	58 Other assets, including program-related investments (describe ▶)			58	
	59 **Total assets** (must equal line 74) Add lines 45 through 58		1,318,533.	59	1,792,955.
Liabilities	60 Accounts payable and accrued expenses		81,482.	60	149,307.
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees			63	
	64 a Tax-exempt bond liabilities			64a	
	b Mortgages and other notes payable			64b	
	65 Other liabilities (describe ▶ LINE OF CREDIT)		0.	65	288,786.
	66 **Total liabilities.** Add lines 60 through 65		81,482.	66	438,093.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		1,237,051.	67	1,354,862.
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		1,237,051.	73	1,354,862.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73		1,318,533.	74	1,792,955.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	485,571.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	<11,200.>		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	<11,200.>
c	Subtract line b from line a			c	496,771.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): SEE STATEMENT 13	d2	94,358.		
	Add lines d1 and d2			d	94,358.
e	**Total revenue** (Part I, line 12). Add lines c and d		▶	e	591,129.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	367,760.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	0.
c	Subtract line b from line a			c	367,760.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	0.
e	**Total expenses** (Part I, line 17) Add lines c and d		▶	e	367,760.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 14		45,705.	5,016.	0.

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Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 20		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 15	75b X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization " SEE STATEMENT 16	75c X	
	If "Yes," attach a statement that includes the information described in the instructions.		
d	Does the organization have a written conflict of interest policy?	75d X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a X	
b	If "Yes," enter the name of the organization ▶ NORTHLAND MANAGEMENT SERVICE and check whether it is ☐ exempt or ☒ nonexempt		
81 a	Enter direct and indirect political expenditures (See line 81 instructions.) 81a 0.		
b	Did the organization file **Form 1120-POL** for this year?	81b	X

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Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations.* Enter a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b	X	
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	89g		
90 a	List the states with which a copy of this return is filed ▶ ND				
b	Number of employees employed in the pay period that includes March 12, 2007	90b	25		
91 a	The books are in care of ▶ NORTHLAND HEALTHCARE ALLIANCE Telephone no ▶ 701-250-0709 Located at ▶ 3811 LOCKPORT STREET, SUITE 3, BISMARCK, ND ZIP + 4 ▶ 58503				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.		91b		X

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Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶ N/A		
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					109,999.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	11,293.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income	562000	120,811.	14	6,294.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MANAGEMENT SERV/COMM	561000	53,607.			
b MISCELLANEOUS			01	339.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		174,418.		17,926.	109,999.
105 **Total** (add line 104, columns (B), (D), and (E))				▶	302,343.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	MEMBERSHIP DUES FOR THE SUPPORT OF THE MEDICAL PROFESSION.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 17	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

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Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	NORTHLAND MANAGEMENT SERVICES 3811 LOCKPORT ST SUITE #3 BISMARCK, ND 58503	45-0452840	SEE STATEMENT 19	3,561.
b	RECOVERY RESOURCES LLC 3811 LOCKPORT ST SUITE #3 BISMARCK, ND 58503	41-1924537		58,371.
c				
	Totals			61,932.

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	NORTHLAND MANAGEMENT SERVICES 3811 LOCKPORT ST SUITE #3 BISMARCK, ND 58503	45-0452840	SEE STATEMENT 20	371,232.
b	RECOVERY RESOURCES LLC 3811 LOCKPORT ST SUITE #3 BISMARCK, ND 58503	41-1924537		406,382.
c				
	Totals			777,614.

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

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

Please Sign Here

Signature of officer — Date 11/7/14

OFFICER Timothy C. Cox PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
LISA CHAFFEE, CPA	10/13/11		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIDE BAILLY LLP, PO BOX 1914, BISMARCK, ND 58502

EIN ▶

Phone no ▶ 701-255-1091

Form **990** (2007)

AMENDED

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization

NORTHLAND HEALTHCARE ALLIANCE

Employer identification number

91 1845296

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RYAN ELKIN 3811 LOCKPOST ST, STE 3, BISMARCK, ND	MRI TECHNICIAN 40.00	86,127.	14,585.	
CHARLES BRANDENBERG 3811 LOCKPOST ST, STE 3, BISMARCK, ND	MRI TECHNICIAN 40.00	75,006.	7,888.	
MARK SEIBOLD 3811 LOCKPOST ST, STE 3, BISMARCK, ND	OPERATIONS MANAGER 40.00	58,000.	13,908.	
SHANNON GOETZ 3811 LOCKPOST ST, STE 3, BISMARCK, ND	MRI TRUCK DRIVER 40.00	58,332.	13,084.	
TOM SCHOFFSTALL 3811 LOCKPOST ST, STE 3, BISMARCK, ND	CHIEF TECHNICIAN 40.00	69,742.	4,374.	
Total number of other employees paid over $50,000 ▶	2			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶ 0		

AMENDED

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ $ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ 0			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ N/A			
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0.			
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶ 0.			

AMENDED

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

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

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Schedule A (Form 990 or 990-EZ) 2007

723121
12-27-07

AMENDED

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	0.	242,267.	441,161.	568,921.	1,252,349.
16 Membership fees received	107,589.	121,169.	133,240.	133,240.	495,238.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	0.	16,778.	5,975.	11,229.	33,982.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	64,100.	12,877.	17,541.	12,159.	106,677.
19 Net income from unrelated business activities not included in line 18	<12,102.>	<10,918.>	<15,553.>	<17,018.>	<55,591.>
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	202,794.	182,588.	SEE STATEMENT 21 203,996.	98,956.	688,334.
23 Total of lines 15 through 22	362,381.	564,761.	786,360.	807,487.	2,520,989.
24 Line 23 minus line 17	362,381.	547,983.	780,385.	796,258.	2,487,007.
25 Enter 1% of line 23	3,624.	5,648.	7,864.	8,075.	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ 26a 49,740.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 0.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 2,487,007.

d Add Amounts from column (e) for lines 18 106,677. 19 <55,591.> 22 688,334. 26b ▶ 26d 739,420.

e Public support (line 26c minus line 26d total) ▶ 26e 1,747,587.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 70.2687%

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year N/A

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year N/A

(2006) (2005) (2004) (2003)

c Add Amounts from column (e) for lines 15 16 17 20 21 ▶ 27c N/A

d Add Line 27a total and line 27b total ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

NONE

AMENDED

Part V **Private School Questionnaire** (See page 9 of the instructions) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

AMENDED

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

N/A

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

AMENDED

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

AMENDED

FORM 990 OTHER INVESTMENT INCOME STATEMENT 1

DESCRIPTION	AMOUNT
GAIN ON INVESTMENT IN UNCONSOLIDATED ENTITY	6,294.
INVESTMENT IN RECOVERY RESOURCES LLC	122,838.
INVESTMENT IN NORTHLAND ENVIRONMENTAL SOLUTIONS LLC	<2,027.>
TOTAL TO FORM 990, PART I, LINE 7	127,105.

FOOTNOTES STATEMENT 2

THE FORM 990 IS BEING AMENDED TO PROPERLY REFLECT
PASS-THROUGH INCOME FROM AMENDED SCHEDULE K-1S
RECEIVED FROM RECOVERY RESOURCES LLC (EIN: 41-1924537)
AND NORTHLAND ENVIRONMENTAL SOLUTIONS LLC (EIN: 26-1481812)
SEE ATTACHED STATEMENT FOR ITEMS THAT CHANGED ON THE
FORM 990.

AMENDED

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<11,200.>
BOOK INCOME FROM NORTHLAND ENVIRONMENTAL SOLUTIONS LLC	<1,412.>
TAX INCOME FROM NORTHLAND ENVIRONMENTAL SOLUTIONS LLC	2,027.
BOOK INCOME FROM RECOVERY RESOURCES LLC	30,000.
TAX INCOME FROM RECOVERY RESOURCES LLC	<124,973.>
TOTAL TO FORM 990, PART I, LINE 20	<105,558.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTINUING EDUCATION	3,746.	2,386.	1,360.	
MARKETING / ADVERTISING	13,521.	6,743.	6,778.	
INSURANCE	8,664.		8,664.	
OFFICE EXPENSE	12,563.	7,607.	4,956.	
LICENSES AND DUES	19,497.	17,575.	1,922.	
PROFESSIONAL FEES	1,287.		1,287.	
CONSULTING	27,203.	27,203.		
TOTAL TO FM 990, LN 43	86,481.	61,514.	24,967.	

AMENDED

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

PACE SERVICES
THE PACE SERVICES IS AN ALL INCLUSIVE SET OF SERVICES TO MEET THE HEALTHCARE NEEDS OF THE FRAIL ELDERLY AS DEFINED BY CMS IN THE PACE REGULATIONS. THOSE SERVICES INCLUDE BUT ARE NOT LIMITED TO PRIMARY AND PREVENTIVE CARE, SPECIALTY CARE, VISION AND DENTAL CARE, PHARMACEUTICALS, NUTRITION, MENTAL AND SOCIAL HEALTH, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES AND OTHER SERVICES TO MAINTAIN THE HEALTH OF THE PLAN PARTICIPANTS. THE PROJECT TARGET POPULATION IS THE FRAIL ELDERLY OVER 55 POPULATION WHICH AVERAGES 15-35% OF THE SERVICE AREA'S POPULATION. THE PROJECT IS DESIGNED TO DEVELOP A NETWORK-BASED PACE PROGRAM IN SEVEN RURAL AREAS IN THREE PHASES OVER A PERIOD OF THREE YEARS. WHILE PACE HAS MOSTLY BEEN IMPLEMENTED IN URBAN COMMUNITIES NATIONALLY, THIS PACE PROJECT WILL USE A SOPHISTICATED TELEHEALTH CONFERENCING SYSTEM AND AN ELECTRONIC MEDICAL RECORD SYSTEM TO LAUNCH THIS RURAL HEALTH PROJECT IN COORDINATION WITH LOCAL PROVIDERS TO DELIVER A FULL SPECTRUM OF HEALTH CARE SERVICES TO THIS FRAIL ELDERLY POPULATION IN THE SEVEN RURAL AREAS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		197,479.

AMENDED

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE TWO

TELEMEDICINE SERVICES
NORTHLAND PROVIDES MEMBERS THE OPPORTUNITY TO PARTICIPATE IN TELECONFERENCE CALL CAPABILITIES FOR ONE-ON-ONE CONSULTS OR GROUP MEETINGS OF UP TO 50 LOCATIONS. MEMBERS CAN TAKE ADVANTAGE OF THESE SERVICES FOR EDUCATIONAL PURPOSES AS WELL AS ADMINISTRATIVE MEETINGS. TELEMEDICINE IS THE FIRST STEP OF A MULTI-STEP APPROACH OF BRINGING CONNECTIVE INFORMATION TECHNOLOGY TO ALL MEMBER SITES. INDIVIDUALS IN MEMBER COMMUNITIES APPRECIATE BEING ABLE TO STAY IN THEIR HOMETOWN TO RECEIVE MANY SPECIALTY SERVICES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		26,790.

AMENDED

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE THREE

BIO-TERRORISM
THE BIOTERRORISM NETWORK (HOSPITAL PREPAREDNESS PROGRAM) IS A GROUP EFFORT BETWEEN THE NORTH DAKOTA DEPARTMENT OF HEALTH, NORTH DAKOTA HEALTHCARE ASSOCIATION, AND THE HOSPITALS WITHIN THE STATE. THESE GROUPS WORK TOGETHER TO PREPARE FOR DISASTER EVENTS, INCLUDING THOSE INVOLVED IN RESPONDING TO BIOLOGICAL DISASTER EVENTS. THESE GROUPS WORK TOGETHER ON A MONTHLY BASIS TO BE PREPARE HOSPITALS FOR ALL DISASTERS. THIS PROGRAM IS PART OF A FEDERALLY FUNDED GRANT.

AS PART OF THIS PROGRAM, EQUIPMENT HAS BEEN SET UP IN ALL FACILITIES SO ALL PARTIES CAN COMMUNICATE. THE MOST COMMON FORM OF COMMUNICATION IS TELECONFERENCE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		4,970.

AMENDED

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE FOUR

EDUCATION AND ROUNDTABLES
THE ABILITY TO WORK WITH OTHER FACILITIES AND INDIVIDUALS TO EXPAND AVAILABLE RESOURCES IS JUST ONE BENEFIT OF NETWORK MEMBERSHIP. NORTHLAND CAPITALIZES ON THIS AND BRINGS TOGETHER TASK FORCES TO SHARE INFORMATION AND, IN MANY CASES, TO DEVELOP PROGRAMS OR PRODUCTS RELATING TO THEIR RESPECTIVE INTERESTS. THE 15 TASK FORCES INCLUDE THE FOLLOWING GROUPS:

- BEHAVIORAL HEALTH
- CAPITAL EQUIPMENT
- COMMUNITY HEALTH NEEDS ASSESSMENT
- CRITICAL ACCESS HOSPITAL
- EDUCATION
- FINANCIAL SERVICES
- INFORMATION TECHNOLOGY
- HIPAA
- HUMAN RESOURCES
- MARKETING
- MEDICAL RECORDS
- MEMBERSHIP-NEW MEMBER RECRUITMENT
- PHYSICIAN SERVICES
- PLANT SERVICES
- QUALITY IMPROVEMENT

NORTHLAND SPONSORS AN ONGOING LEADERSHIP DEVELOPMENT COURSE FOR MIDDLE MANAGERS. THIS COURSE COVERS A COMPREHENSIVE SET OF TRAINING MODULES ADDRESSING STRATEGIC PLANNING, PROBLEM SOLVING, COMMUNICATION, BUDGETING, CONDUCTING MEETINGS AND CONFLICT RESOLUTION.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		896.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 9

EXPLANATION

TO ADVANCE THE DELIVERY OF HEALTHCARE IN LOCAL COMMUNITIES IN SUPPORT OF ENHANCING ACCESS TO AND QUALITY OF HEALTHCARE SERVICES, WHILE MAINTAINING PROVIDER'S FINANCIAL STABILITY.

AMENDED

FORM 990 OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENTS IN RECOVERY RESOURCES	COST	50,000.
INVESTMENT IN MONDAK IMAGING	COST	757,281.
INVESTMENT IN NORTHLAND ENVIROMENT SOLUTIONS	COST	<1,412.>
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		805,869.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	315,098.	137,727.	177,371.
TOTAL TO FORM 990, PART IV, LN 57	315,098.	137,727.	177,371.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	COST	58,890.			58,890.
TO FORM 990, LINE 54A, COL B		58,890.			58,890.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
INVESTMENT INCOME FROM RECOVERY RESOURCES LLC	94,973.
INVESTMENT INCOME FROM NORTHLAND ENVIRONMENTAL SOLUTIONS LLC	<615.>
TOTAL TO FORM 990, PART IV-A	94,358.

AMENDED

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TIM COX 3811 LOCKPOST ST STE 3 BISMARCK, ND 58503	PRESIDENT 40.00	45,705.	5,016.	0.
KEVIN GREFF 1839 EAST CAPITOL AVENUE BISMARCK, ND 58501-2152	BOARD CHAIR 1.00	0.	0.	0.
CHARLES NYHUS, MD 922 LINCOLN AVENUE HARVEY, ND 58341	VICE CHAIR 1.00	0.	0.	0.
DARROLD BERTSCH 802 2ND STREET NORTHWEST BOWMAN, ND 58623	SECRETARY 1.00	0.	0.	0.
GARY MILLER 900 EAST BROADWAY - BOX 5510 BISMARCK, ND 58506-5510	TREASURER 1.00	0.	0.	0.
SISTER MARGARET ROSE PFEIFER PO BOX 10007 FARGO, ND 58106	DIRECTOR 1.00	0.	0.	0.
KIMBER WRAALSTAD 213 SECOND AVENUE NE ROLLA, ND 58367	DIRECTOR 1.00	0.	0.	0.
AARON K ALTON PO BOX 10007 FARGO, ND 58106	DIRECTOR 1.00	0.	0.	0.
JEFFREY DROP 4816 AMBER VALLEY PARKWAY, SUITE 105 FARGO, ND 58104	DIRECTOR 1.00	0.	0.	0.
DENNIS GOEBEL 1301 15TH AVENUE WEST WILLISTON, ND 58801-3896	DIRECTOR 1.00	0.	0.	0.

AMENDED

SISTER SUSAN LARDY 900 EAST BROADWAY - BOX 5510 BISMARCK, ND 58506-5510	DIRECTOR 1.00	0.	0.	0.
ANDREW L WILSON 900 E BROADWAY - BOX 5510 BISMARCK, ND 58502	DIRECTOR 1.00	0.	0.	0.
NANCY WILLIS 900 E BROADWAY - BOX 5510 BISMARCK, ND 58502	DIRECTOR 1.00	0.	0.	0.
SISTER CLAUDIA RIEHL 503 EAST 3RD STREET, SUITE 400 DULUTH, MN 55805	DIRECTOR 1.00	0.	0.	0.
JON FRANTSVOG 851 4TH AVENUE EAST DICKINSON, ND 58601	DIRECTOR 1.00	0.	0.	0.
DALE THOMPSON 1995 EAST RUM RIVER DRIVE SOUTH CAMBRIDGE, MN 55008	DIRECTOR 1.00	0.	0.	0.
KATHY HOEFT 612 CENTER AVENUE NORTH ASHLEY, ND 58413	DIRECTOR 1.00	0.	0.	0.
ANGELIA K SVIHOVEC 1401 10TH AVENUE WEST MOBRIDGE, SD 57601	DIRECTOR 1.00	0.	0.	0.
JIM K LONG 1000 HIGHWAY 12 HETTINGER, ND 58639-7530	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		45,705.	5,016.	0.

AMENDED

FORM 990 EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B STATEMENT 15

INDIVIDUAL'S NAME	TITLE OR ROLE
AARON ALTON	DIRECTOR
SR. MARGARET PFEIFER	DIRECTOR

EXPLANATION OF RELATIONSHIP

AARON ALTON IS THE CEO OF THE COMPANY THAT SR. MARGARET PFEIFER IS AN EMPLOYEE OF.

INDIVIDUAL'S NAME	TITLE OR ROLE
DALE THOMPSON	DIRECTOR
KEVIN GREFF	BOARD CHAIR

EXPLANATION OF RELATIONSHIP

DALE THOMPSON IS THE CEO OF THE COMPANY THAT KEVIN GREFF IS AN EMPLOYEE OF.

AMENDED

INDIVIDUAL'S NAME	TITLE OR ROLE
AARON ALTON	DIRECTOR
KIMBER WRAALSTAD	DIRECTOR

EXPLANATION OF RELATIONSHIP

AARON ALTON IS THE CEO OF SMP HEALTH SYSTEMS. KIMBER WRAALSTAD IS THE CEO OF PRESENTATION MEDICAL CENTER WHICH IS A MEMBER OF SMP HEALTH SYSTEMS.

INDIVIDUAL'S NAME	TITLE OR ROLE
GARY MILLER	DIRECTOR
ANDREW WILSON	DIRECTOR

EXPLANATION OF RELATIONSHIP

GARY MILLER IS THE CFO OF THE SAME COMPANY THAT ANDREW WILSON IS THE CEO OF.

AMENDED

INDIVIDUAL'S NAME	TITLE OR ROLE
NANCY WILLIS	DIRECTOR

INDIVIDUAL'S NAME	TITLE OR ROLE
ANDREW WILSON	DIRECTOR

EXPLANATION OF RELATIONSHIP

ANDREW WILSON IS THE CEO OF THE THE COMPANY THAT EMPLOYEES NANCY WILLIS.

INDIVIDUAL'S NAME	TITLE OR ROLE
NANCY WILLIS	DIRECTOR

INDIVIDUAL'S NAME	TITLE OR ROLE
GARY MILLER	DIRECTOR

EXPLANATION OF RELATIONSHIP

GARY MILLER IS THE CFO OF THE THE COMPANY THAT EMPLOYEES NANCY WILLIS.

AMENDED

FORM 990 PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS STATEMENT 16

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
TIM COX	137,115.	15,049.	0.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
NORTHLAND MANAGEMENT SERVICES	45-0452840

RELATIONSHIP BETWEEN ORGANIZATIONS

TAXABLE SUBSIDIARY

COMPENSATION DESCRIPTION

TIM COX' SALARY IS PAID 25% BY NORTHLAND HEALTHCARE ALLIANCE AND 75% BY NORTHLAND MANAGEMENT SERVICES.

AMENDED

FORM 990 PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES STATEMENT 17

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

RECOVERY RESOURCES, LLC

ADDRESS

3811 LOCKPOST ST, BISMARCK, ND 58503

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
41-1924537	60.00%	COLLECTION SERVICES	905,655.	433,362.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

NORTHLAND MANAGEMENT SERVICES

ADDRESS

3811 LOCKPOST ST, BISMARCK, ND 58503

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
45-0452840	100.00%	MANAGEMENT OF MEDICAL EQUIPMENT	1,545,098.	1,228,695.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

NORTHLAND ENVIRONMENTAL SOLUTIONS LLC

ADDRESS

3811 LOCKPOST ST, BISMARCK, ND 58503

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
26-1481812	50.00%	HEALTHCARE WASTE COLLECTION SERVICES	0.	443,300.

AMENDED

990 LINES 42 & 57B
DEPRECIATION

DEPRECIATION IS CALCULATED USING THE STRAIGHT LINE METHOD OVER THE ESTIMATED USEFUL LIFE OF THE ASSET.

AMENDED

FORM 990 DESCRIPTION OF TRANSFER PART XI, LINE 106 STATEMENT 19

NAME OF CONTROLLED ENTITY	EMPLOYER ID
NORTHLAND MANAGEMENT SERVICES	45-0452840

DESCRIPTION OF TRANSFER

OPERATING EXPENSES REIMBURSEMENT

NAME OF CONTROLLED ENTITY	EMPLOYER ID
RECOVERY RESOURCES LLC	41-1924537

DESCRIPTION OF TRANSFER

SALARIES AND BENEFITS EXPENSES REIMBURSEMENT.

AMENDED

FORM 990 DESCRIPTION OF TRANSFER PART XI, LINE 107 STATEMENT 20

NAME OF CONTROLLED ENTITY	EMPLOYER ID
NORTHLAND MANAGEMENT SERVICES	45-0452840

DESCRIPTION OF TRANSFER

PAYROLL EXPENSE, BIOMED EXPENSES, OCCUPANCY, OFFICE EXPENSE REIMBURSEMENT

NAME OF CONTROLLED ENTITY	EMPLOYER ID
RECOVERY RESOURCES LLC	41-1924537

DESCRIPTION OF TRANSFER

PAYROLL EXPENSE, MANAGEMENT FEE, INSURANCE, OCCUPANCY, OPERATIONAL EXPENSES

SCHEDULE A OTHER INCOME STATEMENT 21

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	2,510.	918.	3,386.	1,366.
GAIN ON INVESTMENT OF UNCONSOLIDATED SUBSIDIARY	200,284.	181,670.	200,610.	97,590.
TOTAL TO SCHEDULE A, LINE 22	202,794.	182,588.	203,996.	98,956.

AMENDED

FORM 990, SCHEDULE A, PART I
COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES
EMPLOYEES LISTED ON SCHEDULE A ARE TECHNICALLY EMPLOYED BY NORTHLAND HEALTHCARE ALLIANCE, BUT THEIR SALARIES AND BENEFITS ARE REIMBURSED ACCORDING TO THE FOLLOWING ARRANGEMENTS:

TOM SCHOFFSTALL - 100% REIMBURSEMENT BY NORTHLAND MANAGEMENT SERVICES, A CONTROLLED TAXABLE SUBSIDIARY.

MARK SEIBOLD - 100% REIMBURSEMENT BY RECOVERY RESOURCES, LLC, IN WHICH THE ORGANIZATION HOLDS A 60% OWNERSHIP INTEREST.

RYAN ELKIN - 100% REIMBURSEMENT BY MONDAK IMAGING SERVICES, LLC.

CHUCK BRANDENBERG - 100% REIMBURSEMENT BY MONDAK IMAGING SERVICES, LLC.

SHANNON GOETZ - 100% REIMBURSEMENT BY MONDAK IMAGING SERVICES, LLC.

AMENDED

Reasons for Amending Form 990, 990-T, and ND40

Organization: Northland Healthcare Alliance and Subsidiaries
TIN: 91-1845296
Tax Year Ended: June 30, 2008

Form 990

Page	Part	Line	Line Name	As Filed	Amended	Reason
1	I	5	Dividends and Interest	39,158	11,293	Correct posting of taxable interest from pass-throughs based on amended Schedule K-1s received
1	I	7	Other Investment Income	4,882	127,105	Correct posting of taxable income from pass-throughs based on amended Schedule K-1s received
1	I	12	Total Revenue	496,771	591,129	
1	I	18	Excess or (Deficit) for the year	129,011	223,369	
1	I	20	Other Changes In Net Assets	(11,200)	(105,558)	Correct posting of taxable income from pass-throughs based on amended Schedule K-1s received
5	IV-A	d2	Other Revenue Included on Form 990	-	94,358	Correct posting of taxable income from pass-throughs based on amended Schedule K-1s received
8	VII	96(D)	Dividends and Interest	39,158	11,293	Correct posting of taxable interest from pass-throughs based on amended Schedule K-1s received
8	VII	99(B)	Other Investment Income	-	120,811	Correct posting of taxable income from pass-throughs based on amended Schedule K-1s received
8	VII	99(D)	Total Revenue	4,882	6,294	

ATTACHMENT AMENDED