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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

A For the 2010 calendar year, or tax year beginning , and ending

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

C Name of organization
TRUE NORTH OF COLUMBIA, INC.
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 P. O. BOX 1367
 City or town, state or country, and ZIP + 4
 COLUMBIA MO 65205

D Employer identification number
43-1483863

E Telephone number
573-875-0503

F Name and address of principal officer
BARBARA HODGES
PO BOX 1367
COLUMBIA MO 65205

G Gross receipts \$ 929,346

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ TRUENORTHOF COLUMBIA.ORG

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

L Year of formation 1987 **M** State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Schedule O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **3** 8

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 8

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) **5** 32

6 Total number of volunteers (estimate if necessary) **6** 114

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a**

7b Net unrelated business taxable income from Form 990-T, line 34 **7b**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	718,186	720,222
9 Program service revenue (Part VIII, line 2g)	171,414	177,333
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	795	615
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,887	31,176
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	892,282	929,346
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,234	57,043
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	637,032	665,430
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 79,495		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	205,383	172,707
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	897,649	895,180
19 Revenue less expenses Subtract line 18 from line 12	-5,367	34,166

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	830,121	888,769
21 Total liabilities (Part X, line 26)	190,489	214,971
22 Net assets or fund balances Subtract line 21 from line 20	639,632	673,798

Part II Signature Block

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

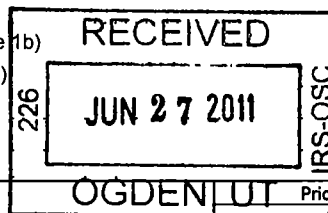
Sign Here Signature of officer *Barbara Hodges* Date 6-12-11
 BARBARA HODGES EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if PTIN
 JAMES R. MCGINNIS James R. McGinnis, CPA 06/16/11 self-employed P00529082
 Firm's name ▶ Gerding, Korte & Chitwood, PC, CPA's Firm's EIN ▶ 43-1260512
 Firm's address ▶ 20 South Fifth Street Phone no 573-449-1599
 Columbia, MO 65201

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

917-18

SCANNED JUL 11 2011
Activities & Governance
Revenue



Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code) (Expenses \$ 655,606 including grants of \$ 36,400) (Revenue \$)

The agency's emergency shelter served 208 women and children in 2010, providing over 5,951 nights of emergency shelter and 2,122 hours of supportive advocacy services including counseling, case management, crisis intervention, domestic violence/sexual assault education, safety planning, financial assistance, court and hospital advocacy, parenting sessions, individual child sessions, assistance in completing Ex Parte orders of protection, support group services (including life skills sessions), and victim advocacy. (CONTINUED ON SCHEDULE O)

4b (Code) (Expenses \$ 22,634 including grants of \$ 20,643) (Revenue \$)

The agency provided scattered site Transitional Living services in 2010 for 10 families (10 women and 8 children), providing 1,749 nights of transitional housing and 176 hours of transitional supportive services including intensive case management, crisis intervention, counseling, individual child sessions, court-related assistance, support groups and life skills classes. The average length of stay for families in 2010 was 148 days.

Transitional Living Outcomes: The primary goal of the Transitional Living Program (TLP) is to foster successful independent living for victims of (CONTINUED ON SCHEDULE O)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 678,240

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Part 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		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), line 2? If "Yes," complete Schedule I, Parts I and III	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		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		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
25b 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		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		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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

☐ Yes ☒ No

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 4		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 32		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	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.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

☒**Section A. Governing Body and Management**

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

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b 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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ 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 organization ► BARBARA HODGES
P.O. BOX 1367
COLUMBIA MO 65205

573-875-0503

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA CROUCH PRESIDENT	5.00	X						0	0	0
(2) SHARON GINSBURG ADVISORY BOARD	1.00	X						0	0	0
(3) ERIN ELLIOTT SECRETARY	5.00	X						0	0	0
(4) KATHI BETZ DIRECTOR	1.00	X						0	0	0
(5) KATHY FELTS DIRECTOR	1.00	X						0	0	0
(6) MARY JO HENRY DIRECTOR	1.00	X						0	0	0
(7) FRANKIE MINOR DIRECTOR	1.00	X						0	0	0
(8) HALEY SCHWARZ ADVISORY BOARD	1.00	X						0	0	0
(9) KIM STONECIPHER-FISHER VP	5.00	X						0	0	0
(10) MEGAN TOALSON TREASURER	5.00	X						0	0	0
(11) BARBARA HODGES EXEC DIR.	40.00			X				65,962	0	4,828
(12) JENNIFER GRAVES FISCAL MANAGER	40.00			X				43,016	0	4,828
(13)										
(14)										
(15)										
(16)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								108,978		9,656
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								108,978		9,656

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 51,188				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 550,432				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 118,602				
	g Noncash contributions included in lines 1a-1f \$	4,000				
	h Total. Add lines 1a-1f		720,222			
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Busn. Code	177,333	177,333		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		177,333			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		615		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a 30,775				
b Less direct expenses		b				
c Net income or (loss) from fundraising events			30,775			
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a MISCELLANEOUS		401	401			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		401				
12 Total revenue. See instructions		929,346	177,734	0	615	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	57,043	57,043		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	108,978	32,981	75,997	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	438,972	374,027	13,764	51,181
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	61,118	51,079	5,540	4,499
10 Payroll taxes	56,362	45,031	7,042	4,289
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	13,739	9,190	4,549	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	4,614	684	930	3,000
13 Office expenses	9,816	8,039	1,021	756
14 Information technology				
15 Royalties				
16 Occupancy	39,974	33,160	6,671	143
17 Travel	6,913	6,793	91	29
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,339	3,036	216	87
20 Interest	10,243		10,243	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,804	16,717	7,087	
23 Insurance	17,357	16,891	466	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SUPPLIES	21,614	5,123	1,278	15,213
b COMMUNICATIONS PROJECT	11,165	11,165		
c LEASED EQUIPMENT	4,645	2,786	1,859	
d Supplies	3,786			3,786
e FOOD	1,673	1,537	77	59
f All other expenses	25	2,958	614	-3,547
25 Total functional expenses. Add lines 1 through 24f	895,180	678,240	137,445	79,495
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	45,594	1	8,113
	2 Savings and temporary cash investments	48,142	2	67,980
	3 Pledges and grants receivable, net	26,209	3	12,725
	4 Accounts receivable, net	46,721	4	120,093
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,835	9	7,126
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 945,312		
	b Less accumulated depreciation	10b 320,196		
		609,281	10c	625,116
	11 Investments—publicly traded securities	47,339	11	47,616
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	830,121	16	888,769	
Liabilities	17 Accounts payable and accrued expenses	20,004	17	50,772
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	170,485	23	164,199
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	190,489	26	214,971
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	625,729	27	659,847
	28 Temporarily restricted net assets	13,903	28	13,951
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	639,632	33	673,798
	34 Total liabilities and net assets/fund balances	830,121	34	888,769

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	929,346
2	Total expenses (must equal Part IX, column (A), line 25)	2	895,180
3	Revenue less expenses Subtract line 2 from line 1	3	34,166
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	639,632
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	673,798

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

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

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

Name of the organization

TRUE NORTH OF COLUMBIA, INC.

Employer identification number

43-1483863

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- 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).
- f 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 ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) 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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Calendar 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.")	879,283	773,602	779,507	718,186	720,222	3,870,800
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	879,283	773,602	779,507	718,186	720,222	3,870,800
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 line 4						3,870,800

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	879,283	773,602	779,507	718,186	720,222	3,870,800
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,931	8,126	6,643	795	615	25,110
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,110	-837	-18,222	1,887		-11,062
11 Total support. Add lines 7 through 10						3,884,848
12 Gross receipts from related activities, etc. (see instructions)						208,509
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.64%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.61%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

OTHER INCOME	\$	-11,062
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**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**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

2010Open to Public
Inspection

Name of the organization

TRUE NORTH OF COLUMBIA, INC.

Employer identification number

43-1483863

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

1 Total number at end of year

2 Aggregate contributions to (during year)

3 Aggregate grants from (during year)

4 Aggregate value at end of year

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

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

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part 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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
 b Permanent endowment ▶ %
 c Term endowment ▶ %

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

- (i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		53,766		53,766
b Buildings				
c Leasehold improvements				
d Equipment		891,546	320,196	571,350
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				625,116

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	929,346
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	895,180
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	34,166
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	34,166

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

1	Total revenue, gains, and other support per audited financial statements	1	929,346
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	929,346
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	929,346

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	895,180
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	895,180
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
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	895,180

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2010

Open To Public
Inspection

Name of the organization

TRUE NORTH OF COLUMBIA, INC.

Employer identification number

43-1483863

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from
registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>LITTLE BLACK DR</u>	<u>PURSE PASSION</u>	<u>None</u>	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	16,609	10,031		26,640
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	16,609	10,031		26,640
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				
11 Net income summary Combine line 3, column (d), and line 10					26,640

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

9a ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☐ No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TRUE NORTH OF COLUMBIA, INC.

Employer identification number

43-1483863

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

☒ Yes ☐ No

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II

can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

DAA

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	AID TO INDIVIDUALS	139	36,400			
2	AID TO INDIVIDUALS	27	20,643			
3						
4						
5						
6						
7						
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

TRUE NORTH PROVIDES FUNDS TO ASSIST INDIVIDUALS TO PAY RENT, DEPOSITS AND PROVIDE UTILITY ASSISTANCE. ALL REQUESTS FOR ASSISTANCE MUST INCLUDE ADEQUATE SUPPORTING DOCUMENTATION AS REQUIRED BY THE PROGRAMS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

TRUE NORTH OF COLUMBIA, INC.

Employer identification number

43-1483863

Form 990 - Organization's Mission or Most Significant Activities

Our mission is twofold as follows: 1) To provide a safe environment by educating, empowering, and advocating for victims of domestic violence and sexual assault; and 2) To affect social change by providing opportunities for individuals to realize and participate in the community's responsibility to end domestic and sexual violence.

Form 990, Part III, Line 4a - First Achievement

True North Shelter Outcomes: The primary goal of the True North Emergency Shelter is to keep victims of domestic violence and sexual assault safe by providing a secure and confidential residence for victims fleeing dangerous (and sometimes lethal) situations and ensure that every victim of domestic violence or sexual assault leaves our program safer than when he/she arrived. Resident destinations often serve as one indicator of program effectiveness. In 2010, 69.5% of those exiting the emergency shelter left the program for safe, permanent (or extended transitional - 2+ years) housing. 22.2% moved to safe, temporary locations. 8% moved back into an unsafe situation.

Of those leaving the program and completing exit surveys, 86.7% reported they knew more about community resources after receiving services; 93.3% knew more about their options; 93.6% knew more ways to plan for their safety; 93.3% were more confident; 90% were more hopeful about the future; and 100% reported their children now have a better understanding of what

Name of the organization

TRUE NORTH OF COLUMBIA, INC.

Employer identification number

43-1483863

has been happening at home.

True North's non-residential services program served 589 victims of domestic violence or sexual assault in 2010, providing over 2,450 hours of supportive advocacy services including individual and group counseling, crisis intervention, case management, domestic violence/sexual assault education, safety planning, financial assistance, court and hospital advocacy, parenting sessions, child education sessions, and assistance in completing Ex Parte and Full orders of protection.

Advocacy Services Outcomes: The primary goal of non-residential services is to empower victims of domestic violence or sexual assault through education. In 2010, 97.2% of individuals responding on advocacy services surveys reported that they have received all the help with understanding how and why domestic violence happens that they wanted; 97.5% of reported that they knew more about their rights and options after receiving services; and 100% of individuals reported that they felt more confident in their decision-making after receiving services.

Form 990, Part III, Line 4b - Second Achievement

domestic violence or sexual assault. In 2010, 8 families out of the 10 participating in the program, exited the program during the same year. Of these, 50% successfully completed the program (having become fully independent and/or able to maintain safe homes for themselves and their children) and 25% were partially successful (having made significant gains in employment, housing, familial relationships, conflict resolution skills,

Name of the organization

TRUE NORTH OF COLUMBIA, INC.

Employer identification number

43-1483863

etc.). 58.3% met or made progress in meeting their employment goals, 90% met or made progress in meeting their housing goals, and 75% met or made progress in meeting their family goals.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE COMPLETED 990 IS SCANNED EACH YEAR AND EMAILED TO THE BOARD FOR THEIR REVIEW. ANY QUESTIONS OR CONCERNS REGARDING THIS DOCUMENT ARE DISCUSSED DURING THE NEXT REGULARLY SCHEDULED BOARD MEETING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
During the annual Board meeting in May, each member of the Board of Directors reviews, updates, and signs conflict of interest questionnaires. If a board member is unable to attend the annual meeting, conflict of interest questionnaires are mailed to them for updates and signature.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
CONTRACT NEGOTIATION IS PERFORMED BETWEEN THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 15b - Compensation Process for Officers
BOARD OF DIRECTORS APPROVES COMPENSATION

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE 990 IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE.

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

TRUE NORTH OF COLUMBIA, INC.

Identifying number

43-1483863

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	23,803

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	23,803
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

DAA

There are no amounts for Page 2

Forms
990 / 990-PF

Mortgages and Other Notes Payable

2010

For calendar year 2010, or tax year beginning , and ending

Name

Employer Identification Number

TRUE NORTH OF COLUMBIA, INC.

43-1483863

Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) COMMERCE BANK	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 176,000	10/08/08	10/08/11	MONTHLY PAYMENTS OF \$1,280	6.100
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) BUILDING	MORTGAGE
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	170,485	164,199
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	170,485	164,199

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
14	Playground Equipment	3/30/95	907			907	5 HY S/L	907	0
15	8 Beds	4/13/95	2,440			2,440	5 HY S/L	2,440	0
16	3 Dressers	12/20/95	982			982	5 HY S/L	982	0
17	Performa 550 Computer - Mid Mo Comput	12/22/95	1,250			1,250	5 HY S/L	1,250	0
18	Shelter Playground Equipment	5/15/95	1,069			1,069	7 HY S/L	1,069	0
19	Ozark Fire Protection	4/02/97	923			923	5 MQ S/L	923	0
20	Furniture - Downtown Appliance	8/31/97	319			319	7 MQ S/L	319	0
21	Furniture - Waters Furniture	11/12/97	2,645			2,645	7 MQ S/L	2,645	0
22	Furniture - Resco	11/13/97	321			321	7 MQ S/L	321	0
23	Furniture - Missouri Furniture	11/13/97	5,252			5,252	7 MQ S/L	5,252	0
24	Furniture - Downtown Appliance	12/30/97	429			429	7 MQ S/L	429	0
25	Appliances - Sam's Club	2/03/98	579			579	5 MQ S/L	579	0
26	Washer & Dryer - Sears	7/10/98	625			625	5 MQ S/L	625	0
27	Computer System	12/17/98	1,373			1,373	5 MQ S/L	1,373	0
28	Laptop Computer	12/10/98	2,348			2,348	5 MQ S/L	2,348	0
38	Carpeting	10/21/97	2,108			2,108	10 MQ S/L	2,108	0
73	98 Dodge Van	7/06/98	20,545			20,545	5 MQ S/L	20,545	0
94	CBS Software	5/31/95	300			300	5 HY S/L	300	0
97	Marathon Furniture	5/08/97	45			45	7 MQ S/L	45	0
98	CBS/AR Software	7/31/98	463			463	3 MQ S/L	463	0
110	Network & Configuration - MC Computer	2/26/99	2,287			2,287	5 HY S/L	2,287	0
126	Server, PC Computer, Printer	12/17/98	6,800			6,800	5 MQ S/L	6,799	0
			<u>54,010</u>			<u>54,010</u>		<u>54,009</u>	<u>0</u>

Other Depreciation:

1	Lateral File	6/30/89	250			250	5 MO S/L	250	0
2	Furniture	12/31/92	700			700	5 MO S/L	700	0
3	Furniture Pre-Payment	12/31/92	200			200	5 MO S/L	200	0
4	Land - New Shelter	12/31/91	31,766			31,766	0 -- Memo	0	0
10	Moveable Gale	11/10/93	635			635	7 MO S/L	635	0
11	3 Chairs, 2 Ottomans, 1 Table	12/27/93	955			955	10 MO S/L	955	0
12	Computer	12/22/94	1,199			1,199	5 MO S/L	1,199	0
13	Sears Washer/Dryer	12/22/94	654			654	5 MO S/L	654	0
29	Refrig/Freezer/Dishwasher/Rangehood/Disf	3/02/93	1,998			1,998	5 MO S/L	1,998	0
30	Furniture	1/01/93	14,077			14,077	7 MO S/L	14,077	0
31	Hatton Appliance	9/17/93	150			150	7 MO S/L	150	0
32	2 Vacuum Cleaners	2/23/93	240			240	7 MO S/L	240	0
33	5 File Cabinets	7/22/93	667			667	7 MO S/L	667	0
34	4 Executive Office Chairs	8/12/93	412			412	7 MO S/L	412	0
35	Architectural Fees	12/31/92	25,000			25,000	50 MO S/L	8,000	500
36	Shelter Building	4/30/93	402,558			402,558	50 MO S/L	134,186	8,051
37	Landscaping	5/01/94	575			575	10 MO S/L	575	0
39	Property Tax on Adjacent Property	8/23/96	858			858	0 -- Memo	0	0
75	Desk/Chair	8/31/90	567			567	5 MO S/L	567	0
76	Uninterrupted Power Source	6/30/91	400			400	5 MO S/L	400	0
88	Credenza	3/31/92	429			429	5 MO S/L	429	0
89	Refrigerator	12/15/92	539			539	5 MO S/L	539	0
112	Refrigerator	10/21/99	1,060			1,060	5 MO S/L	1,060	0
113	Storage Shed	12/04/99	799			799	10 MO S/L	799	0
114	Washer	1/11/00	400			400	5 MO S/L	400	0
115	Dining Room Set	4/03/00	698			698	7 MO S/L	698	0
116	Furniture	6/29/00	4,802			4,802	7 MO S/L	4,802	0
124	Microwave	2/02/93	218			218	7 MO S/L	218	0
127	Security Camera, Phone & Intercom System	8/16/01	1,166			1,166	5 MO S/L	1,166	0
128	Bullet Proof Glass Windows	8/16/01	5,336			5,336	50 MO S/L	889	107
129	Run Electricity to Modular Bldg	9/27/01	2,140			2,140	50 MO S/L	353	43
130	Lockers for Residents	10/23/01	761			761	7 MO S/L	761	0
131	Ramp for Trailer	5/31/02	1,628			1,628	7 MO S/L	1,628	0
132	Phone System	11/08/02	3,113			3,113	5 MO S/L	3,113	0
133	New Flooring - Tiling/Vinyl	5/07/02	7,699			7,699	5 MO S/L	7,699	0
134	4 Dell Desktop Computers	4/25/04	6,497			6,497	5 MO S/L	6,497	0
135	1 Dell Laptop Computer	4/25/04	1,768			1,768	5 MO S/L	1,768	0
136	2 Dell Laptops and Projector	12/08/04	4,911			4,911	3 MO S/L	4,911	0
137	Kitchen Flooring	3/10/05	2,024			2,024	5 MO S/L	1,956	68
138	Upstairs Flooring	3/03/05	10,207			10,207	5 MO S/L	9,867	340
141	Dishwasher	2/28/05	509			509	7 MO S/L	351	73
142	WATER HEATER	4/17/06	895			895	10 MO S/L	328	90
143	AIR COMPRESSOR	6/06/06	2,873			2,873	10 MO S/L	1,029	288

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current
144	MICROWAVE & KITCHEN TABLE	2/01/06	117			117	7 MO S/L	66	16
145	REMAINDER OF PHONE SYSTEM	3/14/06	965			965	10 MO S/L	370	97
146	FAX, SHREDDER & SHELF	3/30/06	302			302	10 MO S/L	113	30
147	CHAIRS	3/30/06	891			891	10 MO S/L	334	89
148	BLINDS FOR NON-RES OFFICE	4/03/06	281			281	10 MO S/L	105	28
149	DRY ERASE BOARD	4/13/06	384			384	7 MO S/L	206	55
150	COMPUTER FOR LEIGH	8/09/06	672			672	5 MO S/L	459	134
151	DESK CHAIR FOR SHARON	3/02/06	97			97	10 MO S/L	37	10
152	REMAINDER OF PHONE SYSTEM	3/14/06	1,960			1,960	10 MO S/L	751	196
153	TRACY'S OFFICE FURNITURE	3/30/06	825			825	10 MO S/L	309	83
154	2 FILING CABINETS	3/30/06	250			250	10 MO S/L	94	25
155	BLINDS FOR NON-RES OFFICE	4/03/06	421			421	10 MO S/L	158	42
156	DESK CHAIR FOR SHARON	4/13/06	296			296	10 MO S/L	111	30
157	2 PHONES	6/22/06	216			216	10 MO S/L	75	22
158	2 LINE CORDLESS PHONE	7/06/06	130			130	10 MO S/L	46	13
159	2 CHAIRS FOR COUNSELING	7/17/06	313			313	10 MO S/L	107	31
161	NEW COUNSELING COMPUTER	8/09/06	1,046			1,046	5 MO S/L	715	209
162	COMPUTER FOR LEIGH	8/09/06	672			672	5 MO S/L	459	134
163	OFFICE CHAIR & MAT	9/10/06	143			143	10 MO S/L	48	14
164	6 TABLES & 2 TENTS	9/21/06	636			636	10 MO S/L	207	63
165	2 DESKS FOR DOVE OFFICE	9/21/06	800			800	10 MO S/L	260	80
166	CHERICE'S NEW LAPTOP	10/30/06	1,197			1,197	5 MO S/L	758	239
167	TLP OFFICE FURNITURE	3/07/06	371			371	10 MO S/L	142	37
168	DELL LAPTOP/PRINTER & KEYBOARD	4/03/06	1,501			1,501	5 MO S/L	1,126	300
169	TLP DESK CHAIR & FILE DRAWER	4/13/06	670			670	10 MO S/L	251	67
170	FURNITURE FOR TLP	5/31/06	13,986			13,986	10 MO S/L	5,012	1,398
171	OUTDOOR FURNITURE	8/07/06	106			106	10 MO S/L	36	11
172	COMPUTER W/ WIRELESS SETUP	8/15/06	320			320	5 MO S/L	219	64
173	CARPET FOR FRONT OFFICES IN SHEL	1/31/06	2,185			2,185	10 MO S/L	856	218
174	DOWN PAYMENT FOR PHONE SYSTEM	2/01/06	1,400			1,400	10 MO S/L	548	140
175	ELISE'S/KELLEY'S & SHELTER FURNIT	2/27/06	962			962	10 MO S/L	369	96
176	LEIGH'S OFFICE FURNITURE	2/27/06	820			820	10 MO S/L	315	82
177	Kitchen Remodel	12/31/07	16,104			16,104	20 MO S/L	1,610	806
179	Furniture for Shelter	1/03/07	655			655	10 MO S/L	197	65
180	Brenda's Computer	2/07/07	797			797	5 MO S/L	465	159
181	Parkade building	9/30/08	198,921			198,921	40 MO S/L	6,216	4,973
182	Parkade land	9/30/08	22,000			22,000	0 -- Land	0	0
183	Parkade remodel	11/30/08	22,454			22,454	25 MO S/L	973	898
184	Playground equip	8/31/08	7,880			7,880	15 MO S/L	700	526
185	Washer	9/30/08	990			990	5 MO S/L	247	198
186	LapTop	10/20/09	1,053			1,053	3 MO S/L	59	351
187	Barbara's Computer	10/20/09	864			864	3 MO S/L	48	288
188	Washer/Dryer	6/10/09	680			680	5 MO S/L	79	136
189	HEATING AND COOLING SYSTEM	12/31/10	19,302			19,302	20 MO S/L	0	0
190	PHONE SYSTEM	9/24/10	7,470			7,470	5 MO S/L	0	374
191	PC FOR COUNSELING OFFICE	3/16/10	1,058			1,058	3 MO S/L	0	264
192	COMPUTER FOR K LUCERO	4/07/10	699			699	3 MO S/L	0	175
193	COMPUTER FOR GRAVES	4/07/10	920			920	3 MO S/L	0	230
194	COMPUTER FOR CARMELA	5/26/10	595			595	3 MO S/L	0	116
195	TABLE AND CHAIRS FOR SHELTER OF	5/26/10	857			857	7 MO S/L	0	71
196	FURNITURE	6/23/10	1,123			1,123	7 MO S/L	0	80
197	COMPUTER -SHELTER MAIN DESK	6/23/10	660			660	3 MO S/L	0	110
198	MALE OUTREACH COMPUTER	9/10/10	954			954	3 MO S/L	0	106
199	1ST RESPONDER COMPUTER	9/10/10	954			954	3 MO S/L	0	106
200	CHILDERENS PROGM COMPUTER	10/26/10	849			849	3 MO S/L	0	47
201	SONIC WALLS HARDWARE	12/06/10	1,798			1,798	3 MO S/L	0	50
202	REMODELING - DAVID MAST CONSTR	5/21/10	1,900			1,900	20 MO S/L	0	55
203	SECURE FILE AREA REMODLE	10/07/10	500			500	20 MO S/L	0	6
Total Other Depreciation			<u>891,305</u>			<u>891,305</u>		<u>242,382</u>	<u>23,803</u>
Total ACRS and Other Depreciation			<u>891,305</u>			<u>891,305</u>		<u>242,382</u>	<u>23,803</u>
Grand Totals			945,315			945,315		296,391	23,803
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>945,315</u>			<u>945,315</u>		<u>296,391</u>	<u>23,803</u>

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 615		14			
Total	<u>\$ 615</u>					

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DATA PROCESSING	\$ 1,302	\$ 964	\$ 214	\$ 124
MISCELLANEOUS	1,265	750	400	115
EMERGENCY HOUSING	1,244	1,244		
Supplies	1,218			1,218
Supplies	412			412
SUPPLIES ON DIRECT TAB	-5,416			-5,416
Total	\$ 25	\$ 2,958	\$ 614	\$ -3,547



State of Missouri
Robin Carnahan, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

File Number:
N00038323
Date Filed: 07/06/2010
Robin Carnahan
Secretary of State

**Articles of Amendment
for a Nonprofit Corporation**
(Submit with filing fee of \$10.00)

The undersigned corporation, for the purpose of amending its articles of incorporation, hereby executes the following articles of amendment:

1. The name of corporation is: Comprehensive Human Services, Inc.

2. The amendment was adopted on June 30, 2010 and changed article(s) (7) 6 & #1 to state as follows:
month/day/year

6. That on December 18, 1986, the consolidated Board of Directors unanimously adopted the name of Comprehensive Human Services, Inc. for the new legal entity, and that on April 26, 2010, the consolidated Board of Directors unanimously approved the name change from Comprehensive Human Services, Inc. to True North of Columbia, Inc.

1. The name of the corporation is Comprehensive Human Services, Inc., changed to True North of Columbia, Inc. effective 6-30-10.

3. If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5): ☒

4. If approval by members was required, check here and provide the following information: ☐

A. Number of memberships outstanding:

B. Complete either C or D.

C. Number of votes for and against the amendments(s) by class was.

Class	Number entitled to vote	Number voting for	Number voting against
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Number of undisputed votes cast for the amendment(s) was sufficient for approval, and was

Class	Number Voting undisputed:
_____	_____
_____	_____
_____	_____

The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class.

5. If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained: ☐

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Laura Crouch Laura Crouch Board President 7-1-10
Authorized signature of officer or chairman of the board Printed Name Title Date

Name and address to return filed document:

Name: Jennifer Graves, Fiscal Manager

Address: P.O. Box 1367

City, State, and Zip Code: Columbia, MO 65205-1367

State of Missouri
Amend/Restate - NonProfit 1 Page(s)



T1018811529

10P-T1017511529

State of Missouri



Robin Carnahan
Secretary of State

CERTIFICATE OF AMENDMENT
OF A
MISSOURI NONPROFIT CORPORATION

WHEREAS,

True North of Columbia, Inc.
N00038323

Formerly,

COMPREHENSIVE HUMAN SERVICES, INC

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me its Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith

IN TESTIMONY WHEREOF, I hereunto
set my hand and cause to be affixed the
GREAT SEAL of the State of Missouri
Done at the City of Jefferson, this
6th day of July, 2010

Robin Carnahan

Secretary of State

