



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**NORTHWEST HUMAN SERVICES, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

681 CENTER STREET NE

Room/suite

City or town, state or country, and ZIP + 4

SALEM, OR 97301**F** Name and address of principal officer **PAUL LOGAN****SAME AS C ABOVE****D** Employer identification number**93-0605570****E** Telephone number**(503) 588-5828****G** Gross receipts \$ **13,420,613.****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: ▶ **WWW.NWHUMANSERVICES.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1970** **M** State of legal domicile: **OR****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. TO PROVIDE ADVOCACY, QUALITY HEALTH CARE, AND SOCIAL SERVICES TO THOSE IN NEED.		
	2	Check this box <input type="checkbox"/> 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	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2010 (Part VII, line 4a)	5	208
	6	Total number of volunteers (estimate if necessary)	6	5
	7a	Total unrelated business revenue from Part VIII, column (C), line 12/14	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,096,684.	4,344,005.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,434,249.	7,494,757.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,201.	82,350.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,383.	92,675.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,664,517.	12,013,787.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	94,550.	246,634.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	7,653,798.	7,950,999.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 37,814.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,274,625.	2,826,345.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	10,022,973.	11,023,978.
	19	Revenue less expenses - Subtract line 18 from line 12	1,641,544.	989,809.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	12,520,773.	13,334,770.
	22	Net assets or fund balances - Subtract line 21 from line 20	2,493,309.	2,164,967.
			10,027,464.	11,169,803.

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 **PAUL LOGAN, EXECUTIVE DIRECTOR** Date **2/9/2012**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **PAUL M. BAILEY** Preparer's signature **PAUL M. BAILEY** Date **02/06/12** Check if self-employed ☐ PTIN

Firm's name ▶ **CLIFTONLARSONALLEN LLP** Firm's EIN ▶

Firm's address ▶ **3000 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004-1446** Phone no. **425-250-6100**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

916 5

SCANNED FEB 27 2012

Part III Statement of Program Service Accomplishments

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

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

NORTHWEST HUMAN SERVICES MEETS THE NEEDS OF COMMUNITY MEMBERS, REGARDLESS OF SOCIAL OR ECONOMIC STATUS, BY PROVIDING COMPREHENSIVE MEDICAL, DENTAL, MENTAL HEALTH, AND SOCIAL SERVICES WITH RESPECT, COMPASSION, AND ACCEPTANCE OF CULTURAL AND LINGUISTIC DIVERSITY.

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 \$ 7,125,989. including grants of \$ 2,486,754.) (Revenue \$ 7,156,931.)

WEST SALEM CLINIC AND TOTAL HEALTH COMMUNITY CLINIC ARE FEDERALLY QUALIFIED HEALTH CENTERS THAT PROVIDE COMPREHENSIVE MEDICAL SERVICES TO UNINSURED AND UNDER INSURED PATIENTS OF THE WILLAMETTE VALLEY AND SURROUNDING RURAL COMMUNITIES. WITH A PATIENT POPULATION OF OVER 12,000 CLIENTS OUR MULTILINGUAL AND MULTICULTURAL STAFFS ARE DEDICATED TO HELPING PATIENTS MANAGE AND IMPROVE THEIR HEALTH AND QUALITY OF LIFE AND ARE ABLE TO COMMUNICATE WITH CLIENTS IN SPANISH, RUSSIAN, VIETNAMESE, AMERICAN SIGN LANGUAGE AND OTHER DIALECTS AND LANGUAGES. AS AN ORGANIZATION, IT IS OUR DESIRE TO OFFER QUALITY MEDICAL, DENTAL AND MENTAL HEALTH SERVICES TO INDIVIDUALS THAT OTHERWISE WOULD NOT BE ABLE TO ACCESS HEALTHCARE TO MEET THEIR NEEDS, REGARDLESS OF ABILITY TO PAY, AGE, ETHNICITY OR CULTURAL BACKGROUND. OUR SERVICES INCLUDE FAMILY

4b (Code _____) (Expenses \$ 787,096. including grants of \$ 426,623.) (Revenue \$ 264,432.)

SINCE 1986, NORTHWEST HUMAN SERVICES INC.'S HOMELESS OUTREACH AND ADVOCACY

PROJECT (HOAP) HAS OPERATED TO HELP ADULTS WITH CHRONIC MENTAL ILLNESSES, WHO ARE EXPERIENCING HOMELESSNESS. LOCATED IN DOWNTOWN SALEM, HOAP OFFERS OUT-PATIENT MENTAL HEALTH SERVICES, SUPPORTIVE HOUSING AND A DAY CENTER.

HOAP STAFF PROVIDES OVER 338 DAY CENTER CLIENT VISITS WITH MORE THAN 8,000 IMMEDIATE NEEDS SERVICES, INFORMATIONAL AND REFERRALS ANNUALLY, TO SUPPORT THEM IN GAINING INDEPENDENT LIVING RESOURCES IN THE COMMUNITY. MENTAL HEALTH SERVICES PROVIDED TO 115 CLIENTS INCLUDE PSYCHIATRIC

4c (Code _____) (Expenses \$ 812,846. including grants of \$ 645,601.) (Revenue \$ 73,394.)

HOMES OFFERING SHELTER TO TEENS (HOST) PROVIDES EMERGENCY AND LONG-TERM SHELTER CARE TO RUNAWAY AND HOMELESS YOUTH. OTHER AREAS OF SERVICE INCLUDE CRISIS INTERVENTION, COUNSELING AND CONFLICT RESOLUTION, FAMILY LIFE SKILLS DEVELOPMENT AND INFORMATION AND REFERRAL SERVICES FOR YOUTH IN CRISIS AND THEIR FAMILIES. THE TRANSITIONAL LIVING PROGRAM PROVIDES HOUSING AND CASE MANAGEMENT SERVICES TO EMANCIPATED YOUTH ASSISTING THEM TO ACHIEVE INDEPENDENCE. DURING THE YEAR, HOST PROVIDED SHELTER FOR APPROXIMATELY 200 YOUTH. 192 OF YOUTH EXITED THE SHELTER TO A SAFE ENVIRONMENT IN PLACE. THE FEEDBACK RECEIVED FROM YOUTH AND PARENTS/GUARDIANS SHOW THAT THERE HAVE BEEN IMPROVED RELATIONSHIPS DIRECTLY DUE TO HOST SERVICES RENDERED. OUR CUSTOMER SERVICE FEEDBACK FORMS SHOWED OVER 92% WITH EXTREMELY HIGH SATISFACTION LEVELS.

4d Other program services (Describe in Schedule O)

(Expenses \$ 396,672. including grants of \$ 373,125.) (Revenue \$ 92,675.)

4e Total program service expenses **▶** 9,122,603.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
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)		
20b		

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010)

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.	32	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	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.	208	
b	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
b	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
b	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	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).		
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	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	12	
1b Enter the number of voting members included in line 1a, above, who are independent	12	
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 **OR**

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 **▶**
ROBERT T EDWARDS - (503) 588-5828
681 CENTER STREET NE, SALEM, OR 97301

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 organization 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			
LARRY GOODREAU CHAIR	1.00	X		X				0.	0.	0.
WILLIAM DETTWYLER VICE CHAIR	1.00	X		X				0.	0.	0.
MICHELLE PECORA TREASURER	1.00	X		X				0.	0.	0.
CRYSTINA BLAZE DIRECTOR	1.00	X						0.	0.	0.
SAMANTHA FELDMAN DIRECTOR	1.00	X						0.	0.	0.
SCOTT BYRUM DIRECTOR	1.00	X						0.	0.	0.
ELOISA HERNANDEZ DIRECTOR	1.00	X						0.	0.	0.
HEN MACH DIRECTOR	1.00	X						0.	0.	0.
SUSAN SCOTT DIRECTOR	1.00	X						0.	0.	0.
PHYL SWOGGER SECRETARY	1.00	X		X				0.	0.	0.
KORY THOMAS DIRECTOR	1.00	X						0.	0.	0.
AMY MARTINEZ DIRECTOR	1.00	X						0.	0.	0.
MICHAEL WISE DIRECTOR	1.00	X						0.	0.	0.
PAUL LOGAN EXECUTIVE DIRECTOR	40.00			X	X			111,530.	0.	31,391.
ROBERT EDWARDS CFO	40.00			X				81,362.	0.	25,160.
LEE HERSKOWITZ MEDICAL DIRECTOR	40.00				X	X		183,100.	0.	30,983.
JOEL M SUCHOW PROVIDER	40.00				X	X		159,682.	0.	24,403.

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			
GWENDOLYN A ORAN PROVIDER	40.00				X	X		157,715.	0.	18,430.
CYNTHIA S NOCEK PROVIDER	40.00					X		127,291.	0.	11,544.
LYNN MARTIN DEVELOPMENT DIRECTOR	40.00					X		103,143.	0.	16,477.
MICHELLE N EUZENT DENTIST	40.00					X		119,623.	0.	24,924.
MARVIN ROMAN PROVIDER	40.00					X		148,499.	0.	22,900.
1b Sub-total								1,191,945.	0.	206,212.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,191,945.	0.	206,212.

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 **8**

	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 **NONE**

(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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,892,612.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	451,393.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		4,344,005.			
	Program Service Revenue	2 a	MEDICAL CLINICS	Business Code 621300	3,542,803.	3,542,803.	
b		OTHER PATIENT SERVICES	621300	2,120,224.	2,120,224.		
c		MENTAL HEALTH	621300	1,114,166.	1,114,166.		
d		DENTAL CLINIC	621300	379,738.	379,738.		
e		HOMELESS OUTREACH	900099	264,432.	264,432.		
f		All other program service revenue	900099	73,394.	73,394.		
g		Total. Add lines 2a-2f		7,494,757.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		97,640.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 1391536.				
	b	Less cost or other basis and sales expenses	1406826.				
	c	Gain or (loss)	<15,290.>				
	d	Net gain or (loss)		<15,290.>		<15,290.>	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	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			Business Code				
11 a	MISCELLANEOUS	900099	92,675.	92,675.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		92,675.				
12	Total revenue See instructions.		12013787.	7,587,432.	0.	82,350.	

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	246,634.	246,634.		
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	229,959.		229,959.	
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	6,071,033.	5,014,223.	1,033,514.	23,296.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,017,518.	815,015.	200,793.	1,710.
10 Payroll taxes	632,489.	485,556.	144,606.	2,327.
11 Fees for services (non-employees)				
a Management				
b Legal	18,360.		18,360.	
c Accounting	42,036.		42,036.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	233,219.	211,964.	21,255.	
12 Advertising and promotion				
13 Office expenses	73,019.	47,454.	25,288.	277.
14 Information technology				
15 Royalties				
16 Occupancy	200,240.	145,594.	54,646.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	72,693.	36,075.	36,618.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	275,809.	226,080.	49,729.	
23 Insurance	67,114.	59,548.	7,566.	
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 REPAIR AND MAINTENANCE	431,689.	94,350.	337,339.	
b MEDICAL SUPPLIES	405,869.	405,869.		
c CLIENT ASSISTANCE	376,651.	364,468.	12,183.	
d BAD DEBT	261,211.	261,211.		
e MISCELLANEOUS	131,104.	85,632.	36,658.	8,814.
f All other expenses	237,331.	622,930.	<386,989.>	1,390.
25 Total functional expenses Add lines 1 through 24f	11,023,978.	9,122,603.	1,863,561.	37,814.
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	377,769.	1	3,435,434.
	2 Savings and temporary cash investments	250,000.	2	250,000.
	3 Pledges and grants receivable, net	472,865.	3	424,686.
	4 Accounts receivable, net	1,488,656.	4	1,904,869.
	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	111,258.	8	91,916.
	9 Prepaid expenses and deferred charges	79,034.	9	45,737.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D.	10a 7,604,700.		
	b Less: accumulated depreciation	10b 2,893,521.	10c	4,711,179.
	11 Investments - publicly traded securities	0.	11	
	12 Investments - other securities. See Part IV, line 11.	4,688,150.	12	2,224,135.
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets	55,074.	14	52,690.
	15 Other assets. See Part IV, line 11.	218,063.	15	194,124.
16 Total assets. Add lines 1 through 15 (must equal line 34).	12,520,773.	16	13,334,770.	
Liabilities	17 Accounts payable and accrued expenses	1,157,871.	17	875,636.
	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	1,335,438.	23	1,289,331.
	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.	2,493,309.	26	2,164,967.
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	10,027,464.	27	11,169,803.
	28 Temporarily restricted net assets		28	
	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	10,027,464.	33	11,169,803.
34 Total liabilities and net assets/fund balances	12,520,773.	34	13,334,770.	

Part XI Reconciliation of Net Assets

Check 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	12,013,787.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,023,978.
3	Revenue less expenses Subtract line 2 from line 1	3	989,809.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,027,464.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	152,530.
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	11,169,803.

Part XII Financial Statements and Reporting

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

☐1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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?

b Were the organization's financial statements audited by an independent accountant?

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

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

☒ Separate basis ☐ Consolidated basis ☐ 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?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

NORTHWEST HUMAN SERVICES, INC.

Employer identification number

93-0605570

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?

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

(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	
Total									

LHA 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.")	4306702.	4320765.	4180275.	5117179.	4441434.	22366355.
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	4306702.	4320765.	4180275.	5117179.	4441434.	22366355.
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						22366355.

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	4306702.	4320765.	4180275.	5117179.	4441434.	22366355.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	195,169.	148,730.	114,099.	112,862.	234,880.	805,740.
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.)						
11 Total support. Add lines 7 through 10						23172095.
12 Gross receipts from related activities, etc. (see instructions)					12	31,006,043.
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	96.52	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.80	%
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"/>			

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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 ► ☐

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

2010

Open to Public
Inspection

Name of the organization

NORTHWEST HUMAN SERVICES, INC.

Employer identification number

93-0605570

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

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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 the 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

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

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

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		523,078.		523,078.
b Buildings		5,534,392.	1,504,210.	4,030,182.
c Leasehold improvements				
d Equipment		1,465,081.	1,311,465.	153,616.
e Other		82,149.	77,846.	4,303.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,711,179.

Schedule D (Form 990) 2010

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) PUBLICLY TRADED		
(B) SECURITIES	2,224,135.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	2,224,135.	

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. (Col (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.)

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

2. 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	12,013,787.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,023,978.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	989,809.
4	Net unrealized gains (losses) on investments	4	152,530.
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	152,530.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,142,339.

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	12,263,746.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	152,530.
b	Donated services and use of facilities	2b	97,429.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	249,959.
3	Subtract line 2e from line 1	3	12,013,787.
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	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,013,787.

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

1	Total expenses and losses per audited financial statements	1	11,121,407.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	97,429.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	97,429.
3	Subtract line 2e from line 1	3	11,023,978.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	11,023,978.

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.

THE ORGANIZATION HAS RECEIVED A DETERMINATION LETTER FROM THE IRS THAT

STATES IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE. NO PROVISION FOR INCOME TAXES IS SHOWN IN THE

FINANCIAL STATEMENTS BECAUSE THE ORGANIZATION IS A NOT-FOR-PROFIT

ORGANIZATION, EXEMPT FROM INCOME TAXES. MANAGEMENT EVALUATED THE

ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE WERE NO UNCERTAIN

TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIALS STATEMENTS TO

COMPLY WITH THE PROVISIONS OF TOPIC 740 OF THE ACCOUNTING STANDARDS

Part XIV Supplemental Information *(continued)*

CODIFICATION. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME
TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE 2007.

**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.

2010

Open to Public Inspection

Name of the organization

Employer identification number
93-0605570

Part I	General Information on Grants and Assistance
--------	--

NORTHWEST HUMAN SERVICES, INC.

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

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.

[illegible]

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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
RENT ASSISTANCE	119	26,684.	0. FMV		
UTILITIES ASSISTANCE	494	27,486.	0. FMV		
PHARMACY SUPPORT	593	74,615.	0. FMV		
CLOTHING & OTHER PERSONAL ITEMS	823	53,290.	0. FMV		
TRANSPORTATION ASSISTANCE - PROVISION FOR BUS PASSES	2319	6,219.	1,316. FMV		UNITED WAY BUS PASSES

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

[illegible][illegible]

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST HUMAN SERVICES, INC.

Employer identification number

93-0605570

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LEE HERSKOWITZ	(i) 183,100.	(ii) 0.	(iii) 0.	0.	30,983.	214,083.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
2 JOEL M SUCHOW	(i) 159,682.	(ii) 0.	(iii) 0.	0.	24,403.	184,085.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
3 GWENDOLYN A ORAN	(i) 157,715.	(ii) 0.	(iii) 0.	0.	18,430.	176,145.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
4 MARVIN ROMAN	(i) 148,499.	(ii) 0.	(iii) 0.	0.	22,900.	171,399.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NORTHWEST HUMAN SERVICES, INC.

Employer identification number

93-0605570

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		57,024.	OR FOOD BANK
20 Drugs and medical supplies	X		238,209.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SUPPLIES</u>)	X	0	105,696.	FMV
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

Yes No

30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2010)

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

NORTHWEST HUMAN SERVICES, INC.

Employer identification number
93-0605570

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

**PRACTICE MEDICINE, PEDIATRICS, OBSTETRICS INCLUDING PRENATAL AND
POSTNATAL CARE, AND INTERNAL MEDICINE. WE ALSO OFFER PREVENTATIVE
HEALTH SERVICES THROUGH OUR LIVING HEALTHY PROGRAM, DENTAL DIABETIC
SCREENINGS, FULL SERVICE FAMILY DENTISTRY AND MENTAL HEALTH SERVICES.
OUR DENTAL CLINIC SERVES APPROXIMATELY 800 CLIENTS PER YEAR. FOR
INDIVIDUALS THAT DO NOT HAVE INSURANCE, WE OFFER A SLIDING FEE THAT IS
BASED ON FAMILY SIZE AND INCOME. WE HAVE A DESIGNATED ELIGIBILITY
SPECIALIST ON SITE TO ASSIST IN COMPLETING THE MEDICAID APPLICATION
PROCESS AS WELL AS THE PERCENTAGE OF SLIDE DISCOUNT THAT INDIVIDUALS
QUALIFY FOR. WE PROVIDE HEALTHCARE TO HOMELESS INDIVIDUALS VIA VAN
SERVICE THAT TRANSPORTS THOSE IN NEED OF MEDICAL OR DENTAL ATTENTION TO
THE CLINIC AT A MINIMUM OF 3 DAYS PER WEEK FREE OF CHARGE. WE PROVIDE
VACCINES FOR CHILDREN THROUGH THE STATE VFC PROGRAM AND DOCUMENT
IMMUNIZATIONS IN THE STATE REGISTRY. WE ALSO OFFER PEDIATRIC SERVICES
AND HAVE A 24 HOUR
TELEPHONE ADVICE CALL SERVICE AVAILABLE TO CLIENTS THAT MIGHT HAVE
QUESTIONS OR CONCERNS AFTER NORMAL CLINIC HOURS.
WEST SALEM CLINIC OFFERS OUTPATIENT MENTAL HEALTH SERVICES THAT INCLUDE
THERAPY, COUNSELING, CASE MANAGEMENT GROUP WORK AND PSYCHIATRIC
SERVICES. THE PANEL OF PROVIDERS AVAILABLE TO PROVIDE THESE SERVICES
INCLUDE LICENSED AND UNLICENSED MASTERS PREPARED CLINICIANS. ONE CASE
MANAGER IS AVAILABLE TO COMPLIMENT THE EFFORTS OF THE PRIMARY CLINICAL
SERVICES PROVIDERS. WEST SALEM MENTAL HEALTH CLINIC SERVES PEOPLE FROM
THE AGES OF 12 TO 65 REGARDLESS OF THEIR ABILITY TO PAY. CLIENTS WHO
ARE DEAF AND HARD OF HEARING RECEIVE CULTURALLY AND LINGUISTICALLY**

Name of the organization

NORTHWEST HUMAN SERVICES, INC.

Employer identification number

93-0605570

APPROPRIATE COUNSELING AND CASE MANAGEMENT SERVICES AND ARE SUPPORTED
IN MEDICATION MANAGEMENT SERVICES THROUGH A CONTRACTED INTERPRETER. THE
WEST SALEM MENTAL HEALTH PROGRAM HAS A GROWING CLIENT BASE OF OVER
1,000
PATIENTS AND PROCESSES APPROXIMATELY 800 SCREENINGS FOR NEW SERVICES
PER YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ASSISTANCE IN OBTAINING MAINSTREAM ENTITLEMENTS, PAYEE SERVICES,
SUPPORTIVE HOUSING, AND SKILLS TRAINING.

IN ADDITION TO MENTAL HEALTH AND HOUSING SERVICES, HOAP OPERATES A
HEALTHCARE FOR THE HOMELESS VAN RUN, TRANSPORTING 600+ UNINSURED,
HOMELESS ADULTS TO THE NWHM MEDICAL CLINIC ANNUALLY FOR EMERGENT
MEDICAL AND DENTAL CARE.

DURING THE YEAR THE HOAP DAY CENTER OFFERS SERVICES SUCH AS SHOWERS,
SNACKS, LAUNDRY FACILITIES, TELEPHONE, COMMUNITY VOICEMAIL, AND A
MAILING ADDRESS TO BOTH CLIENTS AND VISITORS. THE HOAP DAY CENTER
SERVED 5,500 SNACKS, 1,875 LUNCHES AND OFFERED 1,200 SHOWERS. TOTAL
SERVICES RESULTED IN OVER 16,500 VISITS BY HOMELESS PEOPLE SEEKING A
SAFE PLACE TO

RECEIVE BASIC SERVICES AND SUPPORT.

THE HOAP PROGRAM ALSO OPERATES SUPPORTIVE HOUSING INCLUDING A SAFE
HAVEN, 24/7 LOW STRESS SUPPORTIVE HOUSING FOR HOAP'S CHRONICALLY
HOMELESS CLIENTS. CLIENTS LIVING AT SAFE HAVEN CAN REMAIN THERE AS LONG
AS NECESSARY TO REGAIN THE SKILLS NEEDED TO MOVE INTO MORE PERMANENT
APPROPRIATE HOUSING. IN ADDITION TO SAFE HAVEN, HOAP MAINTAINS 22
ADDITIONAL HOUSING PLACEMENTS AVAILABLE TO ENROLLED HOAP CLIENTS.

Name of the organization

NORTHWEST HUMAN SERVICES, INC.

Employer identification number

93-0605570

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

WE ARE PROUD OF OUR CONTINUED PARTNERSHIPS WITH LOCAL AGENCIES WHICH

PROVIDE: CLASSES TEACHING DRUG AND ALCOHOL AWARENESS, COOKING AND

NUTRITION, TEEN PREGNANCY AND PREVENTION, ACCESS TO A HOMELESS

EDUCATION PROGRAM TO ASSIST YOUTH IN SCHOOL ENROLLMENT AND ACCESS TO

THE RESOURCE CENTER, ASSISTANCE WITH APPLYING FOR OREGON HEALTH PLAN

AND/OR FOOD STAMPS, EMPLOYMENT, AND EMPLOYMENT COACHING SERVICES.

LOCAL FAITH BASED ORGANIZATIONS REFER YOUTH TO OUR SERVICES AND HELP

YOUTH TO ACCESS: SOCIALIZATION AND SCHOOL PROGRAMS (GED PROGRAM),

HEALTH CLUB SERVICES IN WHICH YOUTH BARTER WORK TIME FOR WORK OUT TIME,

FINANCIAL ASSISTANCE AND PROPERTY IDENTIFICATION FOR RENTAL PROPERTIES,

A PROGRAM WORKING TOWARDS YOUTH BECOMING SELF-SUFFICIENT AND LIVING

INDEPENDENTLY, LEARN LIFE SKILLS AND GAIN WORK EXPERIENCE THROUGH

VOLUNTEERING, CLASSES ON HEALTHY MEAL PREPARATION AND COOKING

TECHNIQUES. HOST IS DEDICATED TO CONTINUED QUALITY SERVICES AND

INTEGRATING THE POSITIVE YOUTH DEVELOPMENT MODEL.

STAFF CONTINUES TO ATTEND ONGOING TRAININGS ON A MONTHLY BASIS IN

EFFORTS TO KEEP OUR PROGRAMMING AT THE HIGHEST LEVEL POSSIBLE.

TRAININGS INCLUDES CONTRACTUAL AND LICENSING MANDATES AS WELL AS

ENHANCING THEIR LEVEL OF TECHNICAL SKILLS.

A NEW POSITION OF QUALITY IMPROVEMENT ASSISTANT HAS BEEN CREATED IN

EFFORTS TO FURTHER ENHANCE OUR LEVELS OF DETAILED CHART AUDITS,

UPDATING FORMS AS WELL AS ONGOING SAFETY INSPECTION REPORTS. WE ARE

CURRENTLY LOOKING INTO POTENTIAL EXPANSION OF SERVICES THROUGH

ADDITIONAL BEDS AND PROGRAMMING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Name of the organization

NORTHWEST HUMAN SERVICES, INC.

Employer identification number

93-0605570

THE CRISIS HOTLINE IS A 24 HOUR / 7 DAY A WEEK / 365 DAYS A YEAR PROGRAM THAT OFFERS CRISIS AND SUICIDE INTERVENTION SERVICES BY PHONE OR ON A WALK-IN BASIS, AND A TRAUMA RESPONSE TEAM TO RESPOND TO CRITICAL EVENTS IN THE COMMUNITY. TO ASSIST WITH CRISES OF A FINANCIAL NATURE, WE ALSO OFFER EMERGENCY FINANCIAL ASSISTANCE FOR NEEDS SUCH AS RENT, UTILITIES AND FINANCIAL SUPPORT TO PAY FOR LIFE-SUSTAINING PRESCRIPTION MEDICATIONS. WE PROVIDE A FREE COMMUNITY VOICE MAIL SERVICE FOR INDIVIDUALS WHO MAY BE HOMELESS, IN TRANSITION FROM INCARCERATION OR ARE VICTIMS OF A DOMESTIC VIOLENCE SITUATION. OUR HOTLINE ALSO OFFERS COMMUNITY PRESENTATIONS ON OUR SERVICES, AND WE OFFER TRAININGS ON SUICIDE INTERVENTION AND OTHER SERVICE-RELATED TOPICS. DURING OUR 2009-2010 FISCAL YEAR, WE PROVIDED SERVICES TO OVER 27,000 INDIVIDUALS. OF THAT TOTAL WE ASSISTED 854 INDIVIDUALS WITH RENT AND UTILITIES, 271 WITH PRESCRIPTION MEDICATIONS, AND 458 INDIVIDUALS WITH EMERGENCY FOOD BOXES. IN ADDITION TO OUR PAID STAFF, OUR VOLUNTEERS PROVIDED 332 HOURS OF SERVICE, AND \$4,565 IN DONATIONS, WHICH WERE USED TO FINANCIALLY ASSIST INDIVIDUALS LIVING IN THE CITY OF KEIZER.

EXPENSES \$ 396,672. INCLUDING GRANTS OF \$ 373,125. REVENUE \$ 92,675.

THE CRISIS HOTLINE IS A 24 HOUR / 7 DAY A WEEK / 365 DAYS A YEAR PROGRAM THAT OFFERS CRISIS AND SUICIDE INTERVENTION SERVICES BY PHONE OR ON A WALK-IN BASIS, AND A TRAUMA RESPONSE TEAM TO RESPOND TO CRITICAL EVENTS IN THE COMMUNITY. TO ASSIST WITH CRISES OF A FINANCIAL NATURE, WE ALSO OFFER EMERGENCY FINANCIAL ASSISTANCE FOR NEEDS SUCH AS RENT, UTILITIES AND FINANCIAL SUPPORT TO PAY FOR LIFE-SUSTAINING PRESCRIPTION MEDICATIONS. WE PROVIDE A FREE COMMUNITY VOICE MAIL SERVICE FOR INDIVIDUALS WHO MAY BE HOMELESS, IN TRANSITION FROM

Name of the organization

NORTHWEST HUMAN SERVICES, INC.

Employer identification number

93-0605570

INCARCERATION OR ARE VICTIMS OF A DOMESTIC VIOLENCE SITUATION. OUR HOTLINE ALSO OFFERS COMMUNITY PRESENTATIONS ON OUR SERVICES, AND WE OFFER TRAININGS ON SUICIDE INTERVENTION AND OTHER SERVICE-RELATED TOPICS. DURING OUR 2009-2010 FISCAL YEAR, WE PROVIDED SERVICES TO 23,253 INDIVIDUALS. OF THAT TOTAL WE ASSISTED 854 INDIVIDUALS WITH RENT AND UTILITIES, 271 WITH PRESCRIPTION MEDICATIONS, AND 458 INDIVIDUALS WITH EMERGENCY FOOD BOXES. IN ADDITION TO OUR PAID STAFF, OUR VOLUNTEERS PROVIDED 332 HOURS OF SERVICE, AND \$4,565 IN DONATIONS, WHICH WERE USED TO FINANCIALLY ASSIST INDIVIDUALS LIVING IN THE CITY OF KEIZER.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL UNDERGO A REVIEW BY THE AUDIT COMMITTEE, A SUB COMMITTEE TO THE FINANCE COMMITTEE, WHO THEN MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL OF THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH ANNUAL EVALUATION AND UPDATING. OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES WOULD NOT BE ABLE TO DISCUSS OR VOTE ON AN ISSUE WHERE A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15: EVALUATION AND COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED BY THE EXECUTIVE DIRECTOR. EVALUATION AND COMPENSATION OF THE CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT IS DETERMINED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT

Name of the organization

NORTHWEST HUMAN SERVICES, INC.

Employer identification number

93-0605570

OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE
PUBLIC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

152,530.