

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See specific instructions. NORTH COUNTRY COMMUNITY HEALTH CENTER, INC 2500 N ROSE STREET FLAGSTAFF, AZ 86004

D Employer Identification Number 86-0663432 E Telephone number 520-774-6687 F Accounting method Cash [X] Accrual Other (specify)

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

- H and I are not applicable to Section 527 organizations. H (a) Is this a group return for affiliates? Yes [X] No. H (b) If yes, enter number of affiliates. H (c) Are all affiliates included? Yes [] No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No. I Enter 4-digit group GEN. M Check [X] if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

G Web site: N/A

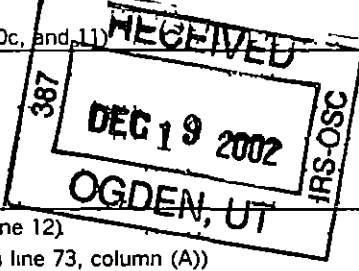
J Organization type (check only one) [X] 501(c) 3 (insert no) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 4, 935, 501

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with columns for line numbers, descriptions, and amounts. Includes sub-rows for (a), (b), (c), (d) for various revenue and expense categories. Total revenue is 4,591,438 and total expenses is 4,156,375.



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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	88,907	88,907	
26	Other salaries and wages	26	2,264,213	382,221	
27	Pension plan contributions	27	52,866	42,281	10,585
28	Other employee benefits	28	145,282	116,226	29,056
29	Payroll taxes	29	173,962	139,170	34,792
30	Professional fundraising fees	30			
31	Accounting fees	31	98,196	98,196	
32	Legal fees	32			
33	Supplies	33	196,529	119,935	76,594
34	Telephone	34	74,271	70,557	3,714
35	Postage and shipping	35			
36	Occupancy	36	128,963	103,170	25,793
37	Equipment rental and maintenance	37			
38	Printing and publications	38	54,100	51,395	2,705
39	Travel	39	80,784	67,864	12,920
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	99,653	68,037	31,616
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 3	43a	698,649	643,339	55,310
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	4,156,375	3,303,966	852,409

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a HEALTH CARE WAS PROVIDED TO MEDICALLY UNDERSERVED IN HEALTH PROFESSIONAL SHORTAGE AREA (Grants and allocations \$ _____)	2,934,201
b PROVIDED TRAINING AND CONTINUING MEDICAL EDUCATION TO HEALTH CARE PROFESSIONALS (Grants and allocations \$ _____)	369,765
c ----- (Grants and allocations \$ _____)	
d ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	3,303,966

Part IV Balance Sheets (See instructions)

		(A)		(B)
		Beginning of year		End of year
ASSETS	45 Cash – non-interest bearing	1,977	45	66,009
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	675,735		
	b Less allowance for doubtful accounts	185,368	154,091	47c 490,367
	48a Pledges receivable			
	b Less allowance for doubtful accounts			48c
	49 Grants receivable	70,024	49	238,577
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less allowance for doubtful accounts			51c
	52 Inventories for sale or use	72,842	52	114,861
	53 Prepaid expenses and deferred charges	25,316	53	20,261
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54	437,366
	55a Investments – land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)			55c
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	899,184			
b Less accumulated depreciation (attach schedule) STATEMENT 5	429,189	374,440	57c 469,995	
58 Other assets (describe ▶ _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1,202,472	59	1,837,436	
LIABILITIES	60 Accounts payable and accrued expenses	203,369	60	370,080
	61 Grants payable		61	
	62 Deferred revenue	70,523	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	103,151
	65 Other liabilities (describe ▶ SEE STATEMENT 6)		65	17,462
66 Total liabilities (add lines 60 through 65)	273,892	66	490,693	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	903,098	67	1,317,061
	68 Temporarily restricted	8,482	68	11,732
	69 Permanently restricted	17,000	69	17,950
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	928,580	73	1,346,743	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,202,472	74	1,837,436	

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

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	a 4,884,337	a Total expenses and losses per audited financial statements	a 4,466,174
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$ -48,650		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$ 31,750		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)		(4) Other (specify)	
SEE STM 7 \$ 309,799		SEE STMT 8 \$ 309,799	
Add amounts on lines (1) through (4)	b 292,899	Add amounts on lines (1) through (4)	b 309,799
c Line a minus line b	c 4,591,438	c Line a minus line b	c 4,156,375
d Amounts included on line 12, Form 990 but not on line a		d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)		(2) Other (specify)	
----- \$		----- \$	
Add amounts on lines (1) and (2)	d	Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e 4,591,438	e Total expenses per line 17, Form 990 (line c plus line d)	e 4,156,375

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 9		88,907	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If 'Yes,' attach schedule - see instructions

Part VI Other Information (See specific instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b If 'Yes,' enter the name of the organization ▶ N/A			
----- and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		82b	31,750
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts 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?		84b	N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	b Did the organization make only in house lobbying expenditures of \$2,000 or less?		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c Dues, assessments, and similar amounts from members		85c	N/A
d Section 162(e) lobbying and political expenditures		85d	N/A
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices		85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f	N/A
85g	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0		
89b	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		▶ 0	
d Enter Amount of tax on line 89c, above, reimbursed by the organization		▶ 0	
90a	List the states with which a copy of this return is filed ▶ ARIZONA		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	77
91	The books are in care of ▶ PATTY FLETCHER Telephone number ▶ 520-774-6687 Located at ▶ 2500 N ROSE STREET, FLAGSTAFF, AZ ZIP + 4 ▶ 86004		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PATIENT REVENUE					2,228,370
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	882	
96 Dividends & interest from securities			14	16,736	
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-9,264	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			3	134,239	
103 Other revenue a					
b MISCELLANEOUS					76,514
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				142,593	2,304,884
105 Total (add line 104, columns (B), (D), and (E))					2,447,477

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

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

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 10

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

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

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

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

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

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.

Date 12/11/02
F FINANCIAL OFFICER

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

Supplementary Information - (see separate instructions)

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

Department of the Treasury
Internal Revenue Service

Name of the Organization **NORTH COUNTRY COMMUNITY HEALTH CENTER, INC** Employer Identification Number **86-0663432**

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

(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
VINCE STACK M D 2500 N ROSE ST	PHYSICIAN 40+	120,000	0	0
ANDREW SAAL, M D 2500 N ROSE ST	PHYSICIAN 40+	120,000	0	0
KIMBERLEY WILLIAMS-BARNES 2500 N ROSE ST	40+	97,344	0	0
BARBARA POLSTEIN, DO 2500 N ROSE ST	FAMILY NP 40+	86,520	0	0
Total number of other employees paid over \$50,000 ▶		0		

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

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

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

Part III Statements About Activities (See instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.		

SEE FORM 990, PART V

Part IV Reason for Non-Private Foundation Status (See instructions)

- The organization is not a private foundation because it is (please check only **One** applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
 - 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
 - 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
 - 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,979,482	1,729,045	1,425,525	1,743,733	6,877,785
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,001,359	614,868	252,812	150,268	2,019,307
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	23,527	20,016	14,944	37,570	96,057
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 11	56,334	29,127	22,260	-5,487	102,234
23 Total of lines 15 through 22	3,060,702	2,393,056	1,715,541	1,926,084	9,095,383
24 Line 23 minus line 17	2,059,343	1,778,188	1,462,729	1,775,816	7,076,076
25 Enter 1% of line 23	30,607	23,931	17,155	19,261	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 141,522
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for Section 509(a)(1) test. Enter line 24, column (e)					26c 7,076,076
d Add Amounts from column (e) for lines	18 96,057	19			26d 198,291
	22 102,234	26b			26e 6,877,785
e Public support (line 26c minus line 26d total)					26e 6,877,785
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.20%
27 Organizations described on line 12. N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			27c _____
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table –		
If the amount on line 40 is –		The lobbying nontaxable amount is –
Not over \$500,000		20% of the amount on line 40
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	41	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000		\$1,000,000
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
Caution If there is an amount on either line 43 or line 44, you must file Form 4720		

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

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

CLIENT 57825

NORTH COUNTRY COMMUNITY
HEALTH CENTER, INC.

86-0663432

12/05/02

12 59PM

STATEMENT 1
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

PRESCRIPTION DRUG SALES	\$ 444,038
GROSS SALES	\$ 444,038
LESS RETURNS & ALLOWANCES	<u>0.</u>
NET SALES	\$ 444,038
LESS COST OF GOODS SOLD	309,799
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 134,239</u>

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DONATED SERVICES	\$ 31,750
UNRECOGNIZED HOLDING LOSS	<u>-48,650</u>
TOTAL	<u>\$ -16,900</u>

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT & GENERAL</u>	<u>FUNDRAISING</u>
FACILITIES MANAGEMENT	118,374	114,823	3,551	
INSURANCE	12,986		12,986.	
MISCELLANEOUS	81,742	68,312	13,430	
OUTREACH	33,182	16,591	16,591	
OUTSIDE PROFESSIONAL SERVICES	67,105	67,105		
PHARMACY AND LAB	350,254	350,254		
TRAINING	35,006	26,254	8,752	
TOTAL	<u>\$ 698,649</u>	<u>\$ 643,339</u>	<u>\$ 55,310</u>	<u>\$ 0</u>

STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE HEALTH CARE TO THE UNDERSERVED

CLIENT 57825

NORTH COUNTRY COMMUNITY
HEALTH CENTER, INC.

86-0663432

12/05/02

12 59PM

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM DEPREC.</u>	<u>BOOK VALUE</u>
FURNITURE AND FIXTURES	\$ 78,216	\$ 56,984	\$ 21,232
MACHINERY AND EQUIPMENT	353,156	241,800	111,356
BUILDINGS	118,497	2,406	116,091
IMPROVEMENTS	339,315	127,999	211,316
LAND	10,000		10,000
TOTAL	\$ 899,184	\$ 429,189	\$ 469,995

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

LINE OF CREDIT			\$ 17,462
		TOTAL	\$ 17,462

STATEMENT 7
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

PHARM SALES NOT SHOWN NET OF COGS			\$ 309,799
		TOTAL	\$ 309,799

STATEMENT 8
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

PHARMACY PURCHASES			\$ 309,799
		TOTAL	\$ 309,799

STATEMENT 9
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ANN ROGGENBUCK 4005 LAKE MARY RD #2 FLAGSTAFF, AZ	EXEC. DIRECTOR 40+	\$ 88,907	\$ 0	\$ 0

12/05/02

12 59PM

STATEMENT 9 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER	
SEE ATTACHED	NONE	\$ 0	\$ 0	\$ 0	
		TOTAL	\$ 88,907	\$ 0	\$ 0

STATEMENT 10
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	PATIENT REVENUES ARE FEES RECEIVED FROM PATIENTS AND OTHER THIRD-PARTY PAYORS FOR MEDICAL SERVICES
103A	MISCELLANEOUS REVENUES ARE FEES CHARGED FOR MEDICAL EDUCATION, MEDICAL RECORDS RETENTION, AND OTHER SERVICES RELATED TO PROVIDING HEALTH CARE

STATEMENT 11
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
LOSS ON SALE	\$ -10,587	\$ 0	\$ 0	\$ -5,487	\$ -16,074
MISCELLANEOUS	66,921	29,127	22,260	0	118,308
TOTAL	\$ 56,334	\$ 29,127	\$ 22,260	\$ -5,487	\$ 102,234



Board Of Directors

President

Abel Estrella
2320 N Fourth St
Flagstaff, AZ 86004
W 527-9386

Anastacio Chavez
2600 E Fourth St #33
Flagstaff, AZ 86004
H: 527-0812
W: 526-0300

Felicia Burford
5960 E Orion
Flagstaff, AZ 86004
H: 714-9114

President-elect

Phillip Garrod, MD
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W: 779-2113
H: 526-6690

Joyce Courtney Coleman
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Flagstaff, AZ 86001
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Norma Fife
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H: 5560149

Treasurer

Ben Stanton
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Ruth Nicolls, MA
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W 523-6711

Coral Evans
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W. 526-5121 ext 207

Lucia Kreutzer
P.O Box 454
Ashfork, AZ 86320
H: 637-2246

Janet Wheatcroft
1302 W Erie St
Holbrook, AZ 86025
H. 524-9175

Mailing Address: P.O. Box 3630 Flagstaff AZ. 86003-3630 Location: 2500 N Rose St
Clinic 520/773-1471 Administration 520/774-8887

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/02**

Num	Cost	Acc Dep	Next Yr Year Dep	Annual Net Book	Depr Cur Per
Class 01 Total	64,999	47,952	4,827	12,220	402
Class 03 Total	1,385	924	198	263	16
Class 05 Total	8,578	5,744	1,716	1,118	143
Class 06 Total	3,254	2,364	465	425	39
Class 07 Total	164,305	99,547	19,921	44,837	1,660
Class 08 Total	10,471	8,017	2,081	373	173
Class 10 Total	198,195	33,729	13,684	150,782	1,140
Class 11 Total	50,973	15,756	3,814	31,403	318
Class 12 Total	2,950	927	197	1,826	16
Class 13 Total	3,058	307	351	2,400	29
Class 14 Total	169,845	132,671	3,968	3,968	2,767
Class 15 Total	87,197	77,587	6,763	2,847	564
Condo	115,439	2,099	4,198	109,142	350
Land	10,000	-	-	10,000	-
Capital Lease	8,535	1,565	1,707	5,263	142
	899,184	429,189	63,888	376,868	7,760

North Country Community Health Center, Inc.
Depreciation Schedule By Class
For the Fiscal Year through 6/30/02

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
1	2 drawer filing cabinet	5/1/93	S/L	5	100	100	0		
2	2 drawer filing cabinet	5/1/93	S/L	5	100	100	0		
3	4 drawer filing cabinet	5/1/93	S/L	5	20	20	0		
4	4 drawer filing cabinet	5/1/93	S/L	5	38	38	0		
5	bookcase	6/1/93	S/L	5	30	30	0		
6	desk	6/1/93	S/L	5	140	140	0		
7	microwave stand	6/1/93	S/L	5	60	60	0		
8	advertising display	6/1/93	Macrs	7	325	325	0		
9	advertising display	2/5/88	Macrs	7	322	322	0		
10	pitney bowes mail mach	6/20/88	Macrs	7	5,578	5,578	0		
11	desk/chair	10/5/91	Macrs	5	434	434	0		
12	2 chairs/2 desks	1/5/92	Macrs	5	877	877	0		
13	VCR	12/5/92	S/L	5	518	518	0		
14	Signage	10/4/96	S/L	7	1,129	926	161	42	13
15	Xerox copier	10/4/96	S/L	5	11,303	11,303	-	-	-
16	Phone system	9/20/96	S/L	5	10,637	10,637	-	-	-
17	Xerox copier	9/5/97	S/L	5	5,211	5,037	174	-	15
18	Medical Trans Machine	8/28/98	S/L	5	4,665	3,577	933	155	78
20	Timeclock(1/2F,1/2 TT)	12/29/98	S/L	7	908	455	130	323	11
21	Credit Card Machine	3/5/99	S/L	7	575	273	82	220	7
22	Copier	4/20/99	S/L	5	641	405	128	108	11
23	Copier	11/12/99	S/L	5	828	442	166	220	14
24	Walkie Talkies	11/30/99	S/L	7	1,480	545	211	724	18
25	Chairs	11/30/99	S/L	7	5,433	2,005	776	2,652	65
26	Walkie Talkies	2/1/00	S/L	7	365	126	52	187	4
27	Phone system upgrade	2/3/00	S/L	7	1,721	594	246	881	20
28	Walkie Talkies	6/2/00	S/L	7	295	88	42	165	4
29		8/24/00	S/L	7	3,496	915	499	2,082	42
30	Walkie Talkies	8/1/00	S/L	7	295	81	42	172	4
31	Furniture-Outreach	8/1/00	S/L	7	1,353	370	193	790	16
32	Desk	9/1/00	S/L	7	472	123	67	282	6
33	Fax Machine-outreach	9/15/00	S/L	5	139	51	28	60	2
34	Office Equip-Outreach	9/20/00	S/L	7	1,539	385	220	934	18
35	End Tab File Cart	9/20/00	S/L	7	849	212	121	516	10
36	Medical Record Cabinet	9/25/00	S/L	7	565	142	81	342	7
37	File Cabinets	12/1/00	S/L	7	672	152	96	424	8
38	Phone System	1/9/01	S/L	5	1,886	566	377	943	31
	Class 01 Total				64,999	47,952	4,827	12,220	402

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/02**

03- Furniture & Fixtures - Tobacco Tax

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
18	50 stacking chairs	11/8/97	S/L	7	1,385	924	198	263	16
Class 03 Total					1,385	924	198	263	16

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/02**

05- Medical Filing System- Federal

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
2	Sliding File System	6/30/98	S/L	5	2,980	2,384	596	-	50
3	Medical Filing System	7/1/99	S/L	5	5,598	3,360	1,120	1,118	93
Class 05 Total					8,578	5,744	1,716	1,118	143

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/02**

06- Medical Filing System- Tobacco Tax

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
1	Medical Filing System	6/5/97	S/L	7	3,254	2,364	465	425	39
Class 06 Total					3,254	2,364	465	425	39

North Country Community Health Center, Inc
Depreciation Schedule By Class
For the Fiscal Year through 6/30/02

07- Computers

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
1	Computer Warehouse	09/02/87	Macrs	5	942	942	-	-	-
2	AZ Computer specialists	09/02/87	Macrs	5	3,360	3,360	-	-	-
3	AZ Computer products	09/24/87	Macrs	5	2,933	2,933	-	-	-
4	AZ Computer products	11/05/87	Macrs	5	445	445	-	-	-
5	AZ Computer Center	09/30/88	Macrs	7	3,103	3,103	-	-	-
6	Powerbook Computer	12/06/96	S/L	5	1,441	1,441	-	-	-
7	PC Laptop	02/05/97	S/L	5	2,724	2,724	-	-	-
8	Apple Computer	12/31/91	Macrs	5	6,996	6,996	-	-	-
9	Computer	03/20/92	Macrs	5	1,802	1,802	-	-	-
10	Computer monitor	05/05/92	Macrs	5	124	124	-	-	-
11	Computer monitor	05/26/92	Macrs	5	122	122	-	-	-
12	Macintosh Computer	04/20/93	S/L	5	2,250	2,250	-	-	-
13	Apple Writer	06/01/93	S/L	5	315	315	-	-	-
14	MicroAge Computer	10/20/93	S/L	5	990	990	-	-	-
15	MicroAge Computer	11/05/93	S/L	5	2,519	2,519	-	-	-
16	Connecting Point Comp	01/20/94	S/L	5	638	638	-	-	-
17	Computer	09/01/94	S/L	5	5,174	5,174	-	-	-
18	Computer Software	04/01/96	S/L	5	31,000	31,000	-	-	-
19	2 Ntwk workstations	10/04/96	S/L	5	3,798	3,798	-	-	-
20	Ink jet prntr	09/05/97	S/L	5	598	580	18	-	2
21	Mac computer	09/20/96	S/L	5	2,558	2,558	-	-	-
22	Computer	10/15/98	S/L	5	2,497	1,872	499	126	42
23	Computer	12/11/98	S/L	5	1,300	932	260	108	22
24	Computer Network	12/18/98	S/L	5	5,128	3,591	1,026	511	85
25	Computers	01/20/00	S/L	5	1,723	834	345	544	29
26	Computer/2 monitors	03/27/00	S/L	5	1,022	459	204	359	17
27	Computer Hardware	05/16/00	S/L	5	1,226	510	245	471	20
28	Computer Modem	06/16/00	S/L	5	152	60	30	62	3
29	Computer	07/03/00	S/L	5	704	282	141	281	12
30	Computer Server	07/20/00	S/L	5	4,625	1,773	925	1,927	77
31	Computer	08/01/00	S/L	5	800	307	160	333	13
32	Computers	09/20/00	S/L	5	3,275	1,146	655	1,474	55
33	Computer	09/21/00	S/L	5	751	263	150	338	13
34	Computer	10/05/00	S/L	5	519	182	104	233	9
35	Computer	11/03/00	S/L	5	719	240	144	335	12
36	Server/Hardware Upg	01/01/01	S/L	5	5,121	1,536	1,024	2,561	85
38	New Server Install	01/09/01	S/L	5	1,250	375	250	625	21
39	Okidata Printer	02/06/01	S/L	5	1,416	401	283	732	24
40	Computer	02/15/01	S/L	5	941	266	188	487	16
41	Compaq DeskPro	03/26/01	S/L	5	1,088	272	218	598	18
42	Compaq DeskPro	04/04/01	S/L	5	986	213	197	576	16
43	Powerchute Plus	06/21/01	S/L	5	498	100	100	298	8
44	Gateway Computer	06/30/01	S/L	5	693	139	139	415	12
45	15 Computers/7 Mon	07/08/01	S/L	5	12,089	2,418	2,418	7,253	201
46	Danbuild Computer	07/30/01	S/L	5	1,103	202	221	680	18
47	Computer GNAT Box	07/31/01	S/L	5	3,523	646	705	2,172	59
48	Computers, Monitors	08/31/01	S/L	5	4,397	733	879	2,785	73
49	15" LCD Flat Display	08/31/01	S/L	5	3,548	591	710	2,247	59
50	Network Hardware	08/31/01	S/L	5	728	121	146	461	12
51	Network Hardware	08/31/01	S/L	5	1,290	215	258	817	22
52	Crediting Software	08/31/01	S/L	3	4,063	1,129	1,354	1,580	113
86	Accounting Software	09/12/01	S/L	3	6,536	1,816	2,179	2,541	182
87	Star Band Satellite	09/13/01	S/L	5	792	132	158	502	13
88	Software	09/27/01	S/L	3	770	193	257	320	21
89	Computers	10/17/01	S/L	5	2,429	324	486	1,619	40
90	Software Licenses	11/07/01	S/L	3	2,193	487	731	975	61
91	Computers	11/28/01	S/L	5	1,730	202	346	1,182	29
92	Computers	12/31/01	S/L	5	6,476	646	1,295	4,535	108
93	Computers	02/15/02	S/L	5	1,500	125	300	1,075	25
94	Computer	04/14/02	S/L	5	872	-	174	698	15
Class 07 Total						99,547	19,921	44,837	1,660

North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/02

08- Computers

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
22	Server	6/23/98	S/L	5	3,766	3,012	754	0	63
23	Terminals	6/30/98	S/L	5	5,209	4,168	1,041	0	87
24	Printer	6/1/98	S/L	5	748	612	136	0	11
37	Computers	1/3/01	S/L	5	748	225	150	373	12
Class 08 Total					10,471	8,017	2,081	373	173

North Country Community Health Center, Inc.
Depreciation Schedule By Class
For the Fiscal Year through 6/30/02

10- Building Improvements

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
6	Renovations	05/01/98	S/L	15	24,838	6,900	1,656	16,282	138
7	Renovations	07/29/98	S/L	15	12,014	3,137	801	8,076	67
8	Renovations	10/19/98	S/L	15	6,287	1,536	419	4,332	35
9	Renovations	09/01/98	S/L	15	5,897	1,507	393	3,997	33
10	Building Improvements	10/19/98	S/L	15	4,106	1,004	274	2,828	23
11	Building Improvements	08/05/98	S/L	15	12,014	3,137	801	8,076	67
12	Renovations	12/18/98	S/L	15	1,160	270	77	813	6
13	Renovations	01/05/99	S/L	15	970	227	65	678	5
14	Building Improvements	02/05/99	S/L	15	2,034	465	136	1,433	11
15	Building Improvements	09/18/98	S/L	15	11,865	2,966	791	8,108	66
16	Building Improvements	02/05/99	S/L	15	490	113	33	344	3
17	Building Improvements	02/05/99	S/L	15	605	137	40	428	3
18	Building Improvements	02/05/99	S/L	15	3,805	858	254	2,693	21
19	Building Improvements	03/19/99	S/L	15	3,232	699	215	2,318	18
20	Building Improvements	11/20/98	S/L	15	1,814	434	121	1,259	10
21	Building Improvements	12/07/98	S/L	15	1,564	373	104	1,087	9
23	Building Improvements	12/18/98	S/L	15	2,580	602	172	1,806	14
24	Building Improvements	08/20/99	S/L	15	3,618	683	241	2,694	20
25	Building Improvements	10/20/99	S/L	15	2,700	480	180	2,040	15
26	New Carpet	11/30/99	S/L	15	1,682	289	112	1,281	9
27	Building Improvements	11/30/99	S/L	15	2187	377	146	1,664	12
28	Building Improvements	11/30/99	S/L	15	912	157	61	694	5
29	Building Improvements	12/21/99	S/L	15	560	93	37	430	3
30	Building Improvements	06/30/00	S/L	15	1,161	154	77	930	6
31	Building Improvements	07/01/00	S/L	15	293	40	20	233	2
32	Building Improvements	07/26/00	S/L	15	1,609	205	107	1,297	9
33	Building Improvements	07/31/00	S/L	15	328	42	22	264	2
34	Building Improvements	09/11/00	S/L	15	320	39	21	260	2
35	Building Improvements	09/21/00	S/L	15	930	109	62	759	5
36	Building Improvements	10/01/00	S/L	15	577	67	38	472	3
37	Shelving	01/01/01	S/L	15	761	76	51	634	4
39	Building Improvements	02/28/01	S/L	15	4,410	322	294	3,794	25
40	Building Improvements	03/01/01	S/L	15	310	28	21	261	2
41	Building Improvements	03/20/01	S/L	15	1,116	93	74	949	6
42	Building Improvements	03/27/01	S/L	15	786	65	52	669	4
43	Building Improvements	04/24/01	S/L	15	34	2	2	30	0
44	Security System	05/01/01	S/L	7	2,107	351	301	1,455	25
45	Building Improvements	05/21/01	S/L	15	64,418	4,653	4,295	55,470	358
46	Building Improvements	06/27/01	S/L	15	769	51	51	667	4
47	Building Improvements	06/29/01	S/L	15	7750	517	517	6,716	43
48	Window Graphics (1/2)	07/30/01	S/L	7	256	34	37	185	3
49	Security System	07/31/01	S/L	7	2666	349	381	1,936	32
50	Winslow Computers	10/18/01	S/L	5	660	88	132	440	11
Class 10 Total					198,195	33,729	13,684	150,782	1,140

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/02**

11- Building Improvements Federal

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
4	renovations	4/1/98	S/L	15	17,699	5,015	1,180	11,504	98
5	renovations	5/1/98	S/L	15	17,699	4,917	1,180	11,602	98
7	renovations	6/11/98	S/L	15	1,564	425	104	1,035	9
8	renovations	6/19/98	S/L	15	886	236	59	591	5
9	renovations	6/30/98	S/L	15	6,666	1,776	444	4,446	37
10	security system	6/20/98	S/L	5	3,117	2,492	623	2	52
11	floors	6/5/98	S/L	15	510	139	34	337	3
12	floors	6/30/98	S/L	15	2,832	756	189	1,887	16
Class 11 Total					50,973	15,756	3,814	31,403	318

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/02**

12- Building Improvements Tobacco Tax

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
1	Leashold improvements	6/5/97	S/L	15	1,083	366	72	645	6
2	flooring	11/20/97	S/L	15	527	160	35	332	3
3	revovations	1/1/98	S/L	15	1,340	401	89	850	7
Class 12 Total					2,950	927	197	1,826	16

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/02**

13- Buildings

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
1	Condo improvements	7/11/01	S/L	15	2,000	133	133	1,734	11
2	Furniture	9/7/01	S/L	7	125	15	18	92	1
3	Appraisal	9/13/01	S/L	3	350	97	117	136	10
4	Beds	9/19/01	S/L	7	583	62	83	438	7
Class 13 Total					3,058	307	351	2,400	29

North Country Community Health Center, Inc
Depreciation Schedule By Class
For the Fiscal Year through 6/30/02

14- Equipment- Medical- Federal

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
16	Midmark M9 ultradav	06/05/98	S/L	5	3,395	2,773	622	0	52
17	ultra sonic cleaner	06/05/98	S/L	5	1,368	1,119	249	0	21
18	maximizer vacuum pump	06/05/98	S/L	5	1,865	1,523	342	0	29
19	fiber optic handpieces	06/05/98	S/L	5	539	441	98	0	8
20	fiber optic handpieces	06/05/98	S/L	5	539	441	98	0	8
21	fiber optic handpieces	06/05/98	S/L	5	539	441	98	0	8
22	fiber optic handpieces	06/05/98	S/L	5	540	441	99	0	8
23	slow speed handpieces	06/05/98	S/L	5	977	796	181	0	15
24	slow speed handpieces	06/05/98	S/L	5	977	796	181	0	15
25	slow speed handpieces	06/05/98	S/L	5	977	796	181	0	15
26	dental chair	06/05/98	S/L	5	3,550	2,899	651	0	54
27	dental chair	06/05/98	S/L	5	3,550	2,899	651	0	54
28	dental chair	06/05/98	S/L	5	3,550	2,899	651	0	54
29	dental chair	06/05/98	S/L	5	3,550	2,899	651	0	54
30	dental chair	06/05/98	S/L	5	3,550	2,899	651	0	54
31	cascade duo chart	06/05/98	S/L	5	3,550	2,899	651	0	54
32	cascade duo chart	06/05/98	S/L	5	3,550	2,899	651	0	54
33	cascade duo chart	06/05/98	S/L	5	3,550	2,899	651	0	54
34	Intra oral x-ray	06/05/98	S/L	5	3,175	2,593	582	0	49
35	procedure table	06/20/98	S/L	5	6,042	4,632	1,208	202	101
36	fyfrecator	06/20/98	S/L	5	681	544	136	1	11
37	cast cutter	06/20/98	S/L	5	570	456	114	0	10
38	EKG machine	06/20/98	S/L	5	4,586	3,668	917	1	76
39	fetal monitor	06/20/98	S/L	5	6,220	4,976	1,244	0	104
40	pulseoxdrometer	06/20/98	S/L	5	968	776	192	0	16
41	pulmonary	06/20/98	S/L	5	3,063	2,452	611	0	51
42	tympanic	06/20/98	S/L	5	2,194	1,756	438	0	37
43	exam table	06/20/98	S/L	5	1,419	1,136	283	0	24
44	exam table	06/20/98	S/L	5	1,420	1,136	284	0	24
45	exam table	06/20/98	S/L	5	1,419	1,136	283	0	24
46	exam table	06/20/98	S/L	5	1,420	1,136	284	0	24
47	exam table	06/20/98	S/L	5	1,419	1,136	283	0	24
48	exam table	06/20/98	S/L	5	1,420	1,136	284	0	24
49	exam table	06/20/98	S/L	5	1,419	1,136	283	0	24
50	exam table	06/20/98	S/L	5	1,420	1,136	284	0	24
51	exam table	06/20/98	S/L	5	1,419	1,136	283	0	24
52	exam table	06/20/98	S/L	5	1,420	1,136	284	0	24
53	microscope	06/20/98	S/L	5	1,499	1,200	299	0	25
54	autoclave	06/20/98	S/L	5	3,161	2,528	633	0	53
55	hemocue	06/20/98	S/L	5	600	480	120	0	10
56	central console	06/30/98	S/L	5	3,999	3,200	799	0	67
57	central console	06/30/98	S/L	5	3,999	3,200	799	0	67
58	central console	06/30/98	S/L	5	4,000	3,200	800	0	67
59	ADEC columns	06/30/98	S/L	5	3,083	2,468	615	0	51
60	ADEC columns	06/30/98	S/L	5	3,082	2,464	618	0	52
61	ADEC columns	06/30/98	S/L	5	3,083	2,468	615	0	51
62	ADEC columns	06/30/98	S/L	5	3,082	2,468	614	0	51
63	wall mount	06/30/98	S/L	5	569	456	113	0	9
64	wall mount	06/30/98	S/L	5	569	456	113	0	9
65	wall mount	06/30/98	S/L	5	569	456	113	0	9
66	wall mount	06/30/98	S/L	5	569	456	113	0	9
67	mount light	06/30/98	S/L	5	1,850	1,480	370	0	31
68	mount light	06/30/98	S/L	5	1,850	1,480	370	0	31
69	mount light	06/30/98	S/L	5	1,850	1,480	370	0	31
70	mount light	06/30/98	S/L	5	1,850	1,480	370	0	31
71	square console	06/30/98	S/L	5	5,999	4,800	1,199	0	100
72	square console	06/30/98	S/L	5	5,999	4,800	1,199	0	100
75	ultrasound	06/20/98	S/L	5	25,200	20,160	5,040	0	420
76	pelton crane light	06/05/98	S/L	5	1,475	1,205	270	0	23
77	stat kit	03/19/99	S/L	5	522	338	104	80	9
78	Defibrulator kit	04/05/99	S/L	5	3,085	2,005	617	463	51
79	Sink	04/28/99	S/L	5	720	326	144	250	12
80	Coposcopy Machine	10/05/99	S/L	5	1,000	550	200	250	17
72	Conversion kit	08/03/00	S/L	5	654	251	131	272	11
83	Cholestech LDX System	06/01/01	S/L	5	2,916	632	583	1,701	49
84	Pluse Oximeter	09/27/01	S/L	5	556	83	111	362	9
85	Pharmacy Equipment	02/20/01	S/L	5	645	129	129	387	11
Class 14 Total					169,845	132,671	33,206	3,968	2,767

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/02**

15- Leasehold Improvements

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
1	medical equipment	6/1/97	S/L	7	1,102	798	157	147	13
2	dental equipment	6/20/97	S/L	5	22,234	22,234	0	0	0
3	Statim 2000 autoclave	6/1/97	S/L	5	3,111	3,111	0	0	0
4	medical equipment	9/25/96	S/L	5	10,943	10,943	0	0	0
5	EKG machine	11/4/96	S/L	5	4,497	4,497	0	0	0
6	Matrix Analgesia system	9/19/97	S/L	5	3,170	3,012	158	0	13
7	Hemocue machine	9/19/97	S/L	5	630	599	31	0	3
8	Trophy 70	9/29/97	S/L	5	2,376	2,256	120	0	10
9	dental chair	9/29/97	S/L	5	3,595	3,415	180	0	15
10	dual chart	9/29/97	S/L	5	2,751	2,613	138	0	12
11	post mounted light	9/29/97	S/L	5	1,391	1,321	70	0	6
12	ultrasonic scalers	9/29/97	S/L	5	532	504	28	0	2
13	Rino slow speed	9/29/97	S/L	5	711	675	36	0	3
14	Rino slow speed	9/29/97	S/L	5	711	675	36	0	3
15	Fiberoptic handpiece	9/29/97	S/L	5	519	494	25	0	2
73	X-ray	6/30/98	S/L	5	17,564	14,052	3,512	0	293
74	film processor	6/30/98	S/L	5	2,360	1,888	472	0	39
75	Ultrasound	1/1/00	S/L	5	9,000	4,500	1,800	2,700	150
Class 15 Total					87,197	77,587	6,763	2,847	564

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note. Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization NORTH COUNTRY COMMUNITY HEALTH CENTER, INC.	Employer Identification Number 86-0663432
	Number, Street, and Room or Suite Number If a P O Box, see instructions 2500 N ROSE STREET	
	City, Town or Post Office For a foreign address see instructions FLAGSTAFF, AZ 86004	State ZIP Code

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 month, for 990-T corporation) extension of time until 2/15, 20 03, to file the exempt organization return for the organization named above The extension is for the organization's return for
 ▶ calendar year 20____ or
 ▶ tax year beginning 7/01, 20 01, and ending 6/30, 20 02

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0

b If this application is for Form 990 PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ 0

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0.

Signature and Verification

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, and that I am authorized to prepare this form

Signature ▶ William H. Capen Title ▶ Agent Date ▶ 11-15-02

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12-2000)