

# Return of Organization Exempt from Income Tax

**2003**

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the **2003** calendar year, or tax year beginning **7/01**, **2003**, and ending **6/30**, **2004**

- 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  
**928-774-6687**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

**G** Web site: **N/A**

**J** Organization type (check only one):  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.

**H** and **I** are not applicable to section 527 organizations

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

**H (b)** If 'Yes,' enter number of affiliates: \_\_\_\_\_

**H (c)** Are all affiliates included?  Yes  No  
(If 'No,' attach a list. See instructions.)

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

**I** Group Exemption Number: \_\_\_\_\_

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **7,804,536.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b> Direct public support	<b>1a</b>	282,311.		
<b>b</b> Indirect public support	<b>1b</b>	211,475.		
<b>c</b> Government contributions (grants)	<b>1c</b>	2,839,828.		
<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>3,054,154.</b> noncash \$ <b>279,460.</b> )	<b>1d</b>			3,333,614.
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			3,495,654.
<b>3</b> Membership dues and assessments	<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			530.
<b>5</b> Dividends and interest from securities	<b>5</b>			3,692.
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	<b>(A) Securities</b>		<b>(B) Other</b>	
	<b>8a</b>			
	<b>8b</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory (less returns and allowances)	<b>10a</b>	877,154.		
<b>b</b> Less: cost of goods sold	<b>10b</b>	557,696.		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			319,458.
<b>11</b> Other revenue (from Part VIII, line 93)	<b>11</b>			93,892.
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			7,246,840.
<b>EXPENSES</b>				
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			5,164,101.
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			1,966,053.
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			7,130,154.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			116,686.
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			1,710,087.
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>See Statement 2</b>	<b>20</b>			86,160.
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			1,912,933.

SCANNED FEB 23 2005

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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	25 107,931.		107,931.	
26 Other salaries and wages	26 3,690,298.	2,608,856.	1,081,442.	
27 Pension plan contributions	27 73,306.	52,047.	21,259.	
28 Other employee benefits	28 355,369.	252,312.	103,057.	
29 Payroll taxes	29 274,745.	195,069.	79,676.	
30 Professional fundraising fees	30			
31 Accounting fees	31 15,900.		15,900.	
32 Legal fees	32 2,132.		2,132.	
33 Supplies	33 206,736.	100,429.	106,307.	
34 Telephone	34 215,001.	172,001.	43,000.	
35 Postage and shipping	35			
36 Occupancy	36 370,728.	296,582.	74,146.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 47,272.	35,454.	11,818.	
39 Travel	39 115,479.	115,479.		
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 181,176.	119,576.	61,600.	
43 Other expenses not covered above (itemize)				
a See Statement 3	43a 1,474,081.	1,216,296.	257,785.	
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 7,130,154.	5,164,101.	1,966,053.	0.

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

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 \$ _____)	5,122,039.
b PROVIDED TRAINING AND CONTINUING MEDICAL EDUCATION TO HEALTH CARE PROFESSIONALS.  (Grants and allocations \$ _____)	42,062.
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)	5,164,101.

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

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing	129,698.	<b>45</b>	199,472.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47 a</b> Accounts receivable	<b>47 a</b> 1,071,095.		
	<b>b</b> Less. allowance for doubtful accounts	<b>47 b</b>	482,938.	<b>47 c</b> 1,071,095.
	<b>48 a</b> Pledges receivable	<b>48 a</b>		
	<b>b</b> Less. allowance for doubtful accounts	<b>48 b</b>		<b>48 c</b>
	<b>49</b> Grants receivable		182,709.	<b>49</b> 178,281.
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>
	<b>51 a</b> Other notes & loans receivable (attach sch)	<b>51 a</b>		
	<b>b</b> Less. allowance for doubtful accounts	<b>51 b</b>		<b>51 c</b>
	<b>52</b> Inventories for sale or use		143,384.	<b>52</b> 151,840.
	<b>53</b> Prepaid expenses and deferred charges		49,240.	<b>53</b> 8,003.
	<b>54</b> Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	450,251.	<b>54</b> 541,059.
	<b>55 a</b> Investments — land, buildings, & equipment. basis	<b>55 a</b>		
<b>b</b> Less. accumulated depreciation (attach schedule)	<b>55 b</b>		<b>55 c</b>	
<b>56</b> Investments — other (attach schedule)			<b>56</b>	
<b>57 a</b> Land, buildings, and equipment. basis	<b>57 a</b> 1,738,394.			
<b>b</b> Less. accumulated depreciation (attach schedule) <b>Statement 5</b>	<b>57 b</b> 698,047.	883,114.	<b>57 c</b> 1,040,347.	
<b>58</b> Other assets (describe ▶ _____)			<b>58</b>	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		2,321,334.	<b>59</b> 3,190,097.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	499,938.	<b>60</b>	836,193.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		111,309.	<b>64 b</b> 440,971.
	<b>65</b> Other liabilities (describe ▶ _____)			<b>65</b>
<b>66 Total liabilities</b> (add lines 60 through 65)		611,247.	<b>66</b> 1,277,164.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted	1,679,905.	<b>67</b>	1,882,751.
	<b>68</b> Temporarily restricted	11,732.	<b>68</b>	11,732.
	<b>69</b> Permanently restricted	18,450.	<b>69</b>	18,450.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		1,710,087.	<b>73</b> 1,912,933.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		2,321,334.	<b>74</b> 3,190,097.

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**

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b>	7,246,840.	<b>a</b> Total expenses and losses per audited financial statements	<b>a</b>	7,130,154.
<b>b</b> Amounts included on line a but not on line 12, Form 990.			<b>b</b> Amounts included on line a but not on line 17, Form 990.		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(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):		
----- \$			----- \$		
Add amounts on lines (1) through (4)	<b>b</b>		Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b> Line a minus line b	<b>c</b>	7,246,840.	<b>c</b> Line a minus line b	<b>c</b>	7,130,154.
<b>d</b> Amounts included on line 12, Form 990 but not on line a:			<b>d</b> 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)	<b>d</b>		Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	7,246,840.	<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	7,130,154.

**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 6		107,931.	0.	0.
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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 instructions.)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b> 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
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>78b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</b> 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>81a</b> Enter direct and indirect political expenditures. See line 81 instructions		
<b>81b</b> Did the organization file Form 1120-POL for this year?		X
<b>82a</b> 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>82b</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.)		N/A
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
<b>85</b> 501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		N/A
<b>85b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		N/A
<b>85c</b> Dues, assessments, and similar amounts from members		N/A
<b>85d</b> Section 162(e) lobbying and political expenditures		N/A
<b>85e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
<b>85f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
<b>85g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>85h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
<b>86</b> 501(c)(7) organizations. Enter. <b>a</b> Initiation fees and capital contributions included on line 12		N/A
<b>86b</b> Gross receipts, included on line 12, for public use of club facilities		N/A
<b>87</b> 501(c)(12) organizations. Enter. <b>a</b> Gross income from members or shareholders		N/A
<b>87b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
<b>88</b> 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
<b>89a</b> 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
<b>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
<b>c</b> Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter. Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90a</b> List the states with which a copy of this return is filed <u>ARIZONA</u>		
<b>90b</b> Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)		0
<b>91</b> The books are in care of <u>Patty Fletcher</u> Telephone number <u>928-774-6687</u> Located at <u>2500 N. ROSE STREET, FLAGSTAFF, AZ</u> ZIP + 4 <u>86004</u>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		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	
<b>93</b> Program service revenue.					
<b>a</b> PATIENT REVENUE		3,495,654.			
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts			14	530.	
<b>96</b> Dividends & interest from securities			14	3,692.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory			3	319,458.	
<b>103</b> Other revenue. <b>a</b>					
<b>b</b> MISCELLANEOUS		93,892.			
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		3,589,546.		323,680.	
<b>105 Total</b> (add line 104, columns (B), (D), and (E))					3,913,226.

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)
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.

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

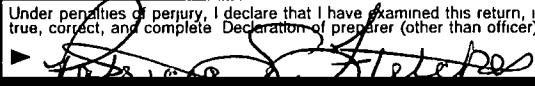
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**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.

Please  Date 2/8/05

CFO

Date	1 / 1	Check if	Preparer's SSN or PTIN (see General Instruction W)
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**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

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

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

OMB No 1545 0047

**2003**

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 and deferred compensation	(e) Expense account and other allowances
ANDREW SAAL M.D. ----- 2500 N. ROSE ST.	PHYSICIAN 40+	1,323,000.	0.	0.
ANN M. ROGGENBUCK ----- 2500 N. ROSE ST.,	CEO 40+	112,389.	0.	0.
KIMBERLEY WILLIAMS-BARNES ----- 2500 N. ROSE ST.	DENTAL DIRECTOR 40+	116,800.	0.	0.
CHARLES SMITH ----- 2500 N. ROSE ST.	40+	116,699.	0.	0.
JAMES SIELSKI ----- 2500 N. ROSE ST.	40+	115,500.	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
<p>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 <b>▶</b> \$ <u>                    N/A                    </u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>		X
<p>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.)</p> <p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4	X

**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.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)		1,904,885.	1,979,482.	1,729,045.	5,613,412.
<b>16</b> Membership fees received					
<b>17</b> 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		1,892,094.	1,001,359.	614,868.	3,508,321.
<b>18</b> 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		17,618.	23,527.	20,016.	61,161.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets <i>See Stmt 7.</i>		219,107.	56,334.	29,127.	304,568.
<b>23</b> Total of lines 15 through 22		4,033,704.	3,060,702.	2,393,056.	9,487,462.
<b>24</b> Line 23 minus line 17		2,141,610.	2,059,343.	1,778,188.	5,979,141.
<b>25</b> Enter 1% of line 23		40,337.	30,607.	23,931.	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24				<b>26a</b> 119,583.
<b>b</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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 5,979,141.
<b>d</b> Add: Amounts from column (e) for lines:	<b>18</b> 61,161.	<b>19</b>			<b>26d</b> 365,729.
	<b>22</b> 304,568.	<b>26b</b>			<b>26e</b> 5,613,412.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 5,613,412.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 93.88 %
<b>27 Organizations described on line 12:</b> N/A					
<b>a</b> 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.	(2002) _____	(2001) _____	(2000) _____	(1999) _____	
<b>b</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.	(2002) _____	(2001) _____	(2000) _____	(1999) _____	
<b>c</b> Add: Amounts from column (e) for lines:	<b>15</b> _____	<b>16</b> _____			<b>27c</b> _____
	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____	<b>27d</b> _____	
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27e</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> _____ %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32d		
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33a		
	b Admissions policies?	33b		
	c Employment of faculty or administrative staff?	33c		
	d Scholarships or other financial assistance?	33d		
	e Educational policies?	33e		
	f Use of facilities?	33f		
	g Athletic programs?	33g		
	h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

**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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table —		
<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>
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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	
<b>Caution:</b> 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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.

- 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.)

Yes	No	Amount

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



**Statement 1**  
**Form 990, Part I, Line 10**  
**Gross Profit (Loss) From Sales Of Inventory**

PRESCRIPTION DRUG SALES	\$	877,154.
Gross Sales	\$	<u>877,154.</u>
Less Returns & Allowances		<u>0.</u>
Net Sales	\$	877,154.
Less Cost Of Goods Sold		<u>557,696.</u>
Gross Profit From Sales Of Inventory	\$	<u><u>319,458.</u></u>

**Statement 2**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

UNRECOGNIZED HOLDING GAIN		\$ 86,160.
	Total \$	<u><u>86,160.</u></u>

**Statement 3**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
FACILITIES MANAGEMENT	187,940.	140,955.	46,985.	
INSURANCE	105,040.	105,040.		
MISCELLANEOUS	407,996.	239,258.	168,738.	
OUTREACH	84,124.	42,062.	42,062.	
PHARMACY AND LAB	319,024.	319,024.		
PROFESSIONAL OUTSIDE SERVICES	369,957.	369,957.		
Total	<u>\$ 1474081.</u>	<u>\$ 1216296.</u>	<u>\$ 257,785.</u>	<u>\$ 0.</u>

**Statement 4**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

TO PROVIDE HEALTH CARE TO THE UNDERSERVED.

**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	\$ 77,199.	\$ 68,649.	\$ 8,550.
Machinery and Equipment	817,225.	412,713.	404,512.
Buildings	120,497.	11,904.	108,593.
Improvements	562,323.	103,620.	458,703.

**Statement 5 (continued)**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Land	\$ 10,000.		\$ 10,000.
Miscellaneous	151,150.	\$ 101,161.	49,989.
Total	<u>\$ 1,738,394.</u>	<u>\$ 698,047.</u>	<u>\$ 1,040,347.</u>

**Statement 6**  
**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
ANN ROGGENBUCK 4005 LAKE MARY RD. #2 FLAGSTAFF, AZ	EXEC. DIRECTOR None	\$ 107,931.	\$ 0.	\$ 0.
PHILIP C. GARROD 2205 N. CYPRESS POINT FLAGSTAFF, AZ 86004	President None		0.	0.
NORMA FIFE 230 W. SILVER SPRUCE FLAGSTAFF, AZ 86001	Pre. Elect None		0.	0.
ROGER SCHULER 1200 N. BEAVER ST. FLAGSTAFF, AZ 86001	Treasurer None		0.	0.
LUCIA KREUTZER P.O. BOX 454 ASHFORK, AZ 86320	Secretary None		0.	0.
JANET WHEATCROFT 1302 W. ERIE ST. HOLBROOK, AZ 86025	None		0.	0.
BYRON SOUTHEY P.O BOX 609 SELIGMAN, AZ 86337	Director None		0.	0.
SHARLENE FOUSER 3502 E. ROUT 66 FLAGSTAFF, AZ 86004	None		0.	0.
FELICIA BURFORD 5960 E. ORION FLAGSTAFF, AZ 86004	None		0.	0.

**Statement 6 (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
TERRY LACY 2607 N. CAREFREE CIRCLE FLAGSTAFF, AZ 86004	None	\$ 0.	\$ 0.	\$ 0.
RHONDA JOHNSON 583 PINON TRAIL FLAGSTAFF, AZ 86001	None		0.	0.
LYNN EMERSON 360 N. WALKER ST. FLAGSTAFF, AZ 86004	None		0.	0.
TODD BOSEN P.O BOX 1087 EAGAR, AZ 85925	Director None		0.	0.
STEVE SUNDA P.O BOX 411 FLAGSTAFF, AZ 86002	Director None		0.	0.
SARA MUHAMMED 318 PASEO DEL FLAG FLAGSTAFF, AZ 86001	Director None		0.	0.
BEVERLY SUETOPKA-ALEX 302 W. CHERRY STREET WINSLOW, AZ 86047	Director None		0.	0.
<b>Total</b>		<b>\$ 107,931.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

**Statement 7**  
**Schedule A, Part IV-A, Line 22**  
**Other Income**

Description	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
LOSS ON SALE	\$ 0.	\$ -9,264.	\$ -10,587.	\$ 0.	\$ -19,851.
	0.	228,371.	66,921.	29,127.	324,419.
<b>Total</b>	<b>\$ 0.</b>	<b>\$ 219,107.</b>	<b>\$ 56,334.</b>	<b>\$ 29,127.</b>	<b>\$ 304,568.</b>

**North Country Community Health Center**  
**Depreciation Schedule By Class**  
**For the Fiscal Year through 6/30/04**  
*revised*

Num		Cost	Acc Dep	Current Yr Year Dep	Annual Net Book	Depr Cur Per	Acct #	
Class 01 Total	F&f	63,982.00	51,762.00	3,735.31	8,484.69	311.28	1655	
Class 03 Total	F&F TT	1,385.00	1,122.00	197.86	65.14	16.49	1655	
Class 05 Total	Med Filing Fed	8,578.00	7,460.00	1,118.00	0.00	93.17	1655	
Class 06 Total	Med Filing TT	3,254.00	2,829.00	425.00	0.00	35.42	1655	
Class 07 Total	computers	454,098.86	122,617.00	71,862.33	259,619.53	7,287.21	1652	
Class 08 Total	computers	10,471.00	10,098.00	149.60	223.40	12.47	1652	
Class 10 Total	build Impr	508,400.00	48,362.00	31,175.34	428,862.66	2,880.17	1645+1646	2.38
Class 11 Total	build Impr	50,973.00	19,570.00	3,192.40	28,210.60	266.03	1645+1646	
Class 12 Total	build Impr (con)	2,950.00	1,124.00	196.67	1,629.33	16.39	1645+1646	
Class 13 Total	buildings	5,058.00	658.00	751.14	3,648.86	62.60	1645+1646	
Class 14 Total	equip med	222,486.00	153,452.00	27,894.32	41,139.68	1,047.62	1650+1651	
Class 15 Total	Leashold Imp	87,197.00	84,350.00	1,947.00	900.00	162.25	1650+1651	
Class 16 Total	Dental Equip	127,827.00	982.00	25,268.20	101,576.80	2,130.45	1649	
Class 17 Total	Capital Lease	63,953.00	6,130.00	8,734.02	57,907.98	1,065.88	1656	
Class 18 Total	Office Equipment	2,342.00	60.00	330.33	1,951.67	39.03	1653	
	Condo	115,439.00	6,297.00	4,197.78	104,944.22	349.82	1620	
	Land	10,000.00	0.00	0.00	10,000.00	0.00	1620	
		<u>1,738,393.86</u>	<u>516,873.00</u>	<u>181,175.30</u>	<u>1,049,164.56</u>	<u>15,776.26</u>		

181,175.30  
698,048.30

		6/30/04 above	bal sht-adj	diff	
1645 / 1646	567,381.00	567,379.81	-1.19	improvements	
1656	63,953.00	63,953.00	0.00	cap leased assets	
1649	127,827.00	127,826.98	-0.02	dental equip	
1650 / 1651	309,683.00	309,682.49	-0.51	medical equip/pharm equip	
1652	464,569.86	464,568.44	-1.42	data proc equip	
1653	2,342.00	2,342.42	0.42	office equip	
1655	77,199.00	77,199.17	0.17	furn & fixt	
1620	125,439.00	125,438.97	-0.03	student housing	
	1,738,393.86	1,738,391.28	-2.58		

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy. Form with fields for Name of Exempt Organization (HEALTH CENTER, INC.), Employer Identification number (86-0663432), and address (2500 N. ROSE STREET, FLAGSTAFF, AZ 86004).

Check type of return to be filed (file a separate application for each return): Form 990, Form 990-EZ, Form 990-T, Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069.

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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 organizations four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 5/15, 20 04.
5 For calendar year, or other tax year beginning 7/01, 20 02 and ending 6/30, 20 03.
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.
7 State in detail why you need the extension: ADDITIONAL TIME IS REQUIRED IN ORDER TO OBTAIN THE INFORMATION NECESSARY TO COMPLETE AN ACCURATE RETURN.

8a 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.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.
8c Balance due. Subtract line 8b from line 8a. 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.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, 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: [Handwritten Signature] Title: Agent Date: 1/14/04

Notice to Applicant - To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other:

EXTENSION APPROVED

Director By

JAN 28 2004

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: FESTER & CHAPMAN P.C.
Number and street (include suite, room, or apartment number) or a P.O. box number: 5725 N. SCOTTSDALE RD., SUITE 173
City or town, province or state, and country (including postal or ZIP code): SCOTTSDALE, AZ 85250

LINDA HILSKOFT FIELD DIRECTOR SUBMISSION PROCESSING, OGDEN