

Return of Organization Exempt from Income Tax

2004

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 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

- 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).

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If 'Yes,' enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one): 501(c) 3

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 8,582,937.

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-columns for (A) Securities and (B) Other. Rows include Contributions, Program service revenue, Membership dues, Dividends, Rental income, Special events, and Total revenue/expenses.

SCANNED JUL 20 2006

RECEIVED MAY 24 2006 IRS

P 3

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	25 124,060.		124,060.	
26 Other salaries and wages	26 4,075,261.	3,264,036.	810,739.	486.
27 Pension plan contributions	27 84,359.	65,833.	18,512.	14.
28 Other employee benefits	28 390,725.	275,338.	115,387.	
29 Payroll taxes	29 297,125.	232,595.	64,505.	25.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 235,294.	158,145.	76,131.	1,018.
34 Telephone	34 161,058.	129,364.	31,694.	
35 Postage and shipping	35			
36 Occupancy	36 203,324.	108,112.	95,212.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 101,922.	70,930.	29,745.	1,247.
40 Conferences, conventions, and meetings	40			
41 Interest	41 71,574.	15,001.	56,573.	
42 Depreciation, depletion, etc (attach schedule)	42 180,655.		180,655.	
43 Other expenses not covered above (itemize):				
a See Statement 3	43a 1,354,886.	700,438.	498,835.	155,613.
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 7,280,243.	5,019,792.	2,102,048.	158,403.

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 \$ _____)	5,015,063.
b PROVIDED TRAINING AND CONTINUING MEDICAL EDUCATION TO HEALTH CARE PROFESSIONALS. (Grants and allocations \$ _____)	4,729.
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)	5,019,792.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing.	199,472.	45	268,349.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 896,392.		
	b Less: allowance for doubtful accounts	47b	1,071,095.	47c 896,392.
	48a Pledges receivable	48a 276,201.		
	b Less: allowance for doubtful accounts	48b		48c 276,201.
	49 Grants receivable		178,281.	49 104,688.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		151,840.	52 207,693.
	53 Prepaid expenses and deferred charges		8,003.	53 50,616.
	54 Investments — securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		541,059.	54 593,698.
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments — other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 3,261,128.			
b Less: accumulated depreciation (attach schedule) Statement 5	57b 871,968.	1,040,347.	57c 2,389,160.	
58 Other assets (describe <input type="checkbox"/> See Statement 6)			58 396,865.	
59 Total assets (add lines 45 through 58) (must equal line 74)		3,190,097.	59 5,183,662.	
LIABILITIES	60 Accounts payable and accrued expenses	836,193.	60	740,048.
	61 Grants payable		61	
	62 Deferred revenue		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)		440,971.	64b 1,791,897.
	65 Other liabilities (describe <input type="checkbox"/>)			65
66 Total liabilities (add lines 60 through 65)		1,277,164.	66 2,531,945.	
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	1,882,751.	67	1,972,845.
	68 Temporarily restricted	11,732.	68	660,422.
	69 Permanently restricted	18,450.	69	18,450.
	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; column (B) must equal line 21)		1,912,933.	73 2,651,717.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		3,190,097.	74 5,183,662.

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	7,971,524.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	7,971,524.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	7,971,524.

a	Total expenses and losses per audited financial statements	a	7,280,243.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	7,280,243.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,280,243.

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 7		124,060.	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 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 <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and 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	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
	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	85b	N/A
	c Dues, assessments, and similar amounts from members	85c	N/A
	d Section 162(e) lobbying and political expenditures	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	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
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	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	88	X
89a	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 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed <u>ARIZONA</u>		
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	109
91	The books are in care of <u>LISA NELSON</u> Telephone number <u>928-213-6100</u> Located at <u>2500 N. ROSE STREET, FLAGSTAFF, AZ</u> ZIP + 4 <u>86004</u>		
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.)

Note: Enter gross amounts unless otherwise indicated.

	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					2,993,711.
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					
96 Dividends & interest from securities			14	11,110.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			3	333,926.	
103 Other revenue: a					
b MISCELLANEOUS					984,327.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				345,036.	3,978,038.
105 Total (add line 104, columns (B), (D), and (E))					4,323,074.

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 Sign Here:
 Signature of officer: *Ann Roggenbuck* Date: 5/15/06
 Type or print name and title: Ann Roggenbuck CEO

Paid Preparer's Use Only:
 Preparer's signature: *William T. Chapman* Date: 5-11-06 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: Fester & Chapman P.C., 5725 N. SCOTTSDALE RD., SUITE 173, Scottsdale, AZ 85250
 EIN: N/A Phone no: (602) 264-3077

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

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

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+	132,300.	0.	0.
MARY LOU BRUEBAKER ----- 2500 N. ROSE ST.	PHARM. DIRECTOR 40+	105,978.	0.	0.
KIMBERLEY WILLIAMS-BARNES ----- 2500 N. ROSE ST.	DENTAL DIRECTOR 40+	120,304.	0.	0.
THOMAS BIGHAM ----- 2500 N. ROSE ST.	PHYSICIAN-DO 40+	110,000.	0.	0.
JAMES SIELSKI ----- 2500 N. ROSE ST.	PHYSICIAN 40+	121,275.	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 \$ <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>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		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>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>4a 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>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,333,614.	2,639,481.	1,904,885.	1,979,482.	9,857,462.
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	3,495,654.	2,163,922.	1,892,094.	1,001,359.	8,553,029.
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	4,222.	14,601.	17,618.	23,527.	59,968.
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 8.	93,892.	71,151.	219,107.	56,334.	440,484.
23 Total of lines 15 through 22	6,927,382.	4,889,155.	4,033,704.	3,060,702.	18,910,943.
24 Line 23 minus line 17	3,431,728.	2,725,233.	2,141,610.	2,059,343.	10,357,914.
25 Enter 1% of line 23	69,274.	48,892.	40,337.	30,607.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 207,158.
	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 2000 through 2003 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 10,357,914.
	d Add: Amounts from column (e) for lines.				26d 500,452.
	18 59,968.	19			26e 9,857,462.
	22 440,484.	26b			26f 95.17 %
	e Public support (line 26c minus line 26d total)				
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
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:				
	(2003)	(2002)	(2001)	(2000)	
	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:				
	(2003)	(2002)	(2001)	(2000)	
	c Add. Amounts from column (e) for lines:				27c
	17	20	21		27d
	d Add: Line 27a total and line 27b total				27e
	e Public support (line 27c total minus line 27d total)				
	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 2000 through 2003, 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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
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 —		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is —		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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:

- 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	\$ 945,339.
Gross Sales	<u>\$ 945,339.</u>
Less Returns & Allowances	<u>0.</u>
Net Sales	<u>\$ 945,339.</u>
Less Cost Of Goods Sold	<u>611,413.</u>
Gross Profit From Sales Of Inventory	<u><u>\$ 333,926.</u></u>

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

UNRECOGNIZED HOLDING GAIN	\$ 47,503.
Total	<u><u>\$ 47,503.</u></u>

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
DUES & MEMBERSHIP	32,290.	5,861.	25,909.	520.
EDUCATION	31,733.	21,463.	9,535.	735.
INSURANCE	38,830.	2,467.	36,363.	
MISCELLANEOUS	94,932.	2.	92,997.	1,933.
OUTREACH	46,231.	6,109.	38,078.	2,044.
OUTSIDE MEDICAL SERVICES	216,239.	215,386.	853.	
PATIENT SCREENING & ASSISTANCE	220,375.	220,375.		
PRINTING/PUBLISHING/POSTAGE	65,833.	16,796.	43,518.	5,519.
PROFESSIONAL FEES	434,172.	143,062.	146,502.	144,608.
REPAIRS & MAINTENANCE	174,251.	68,917.	105,080.	254.
Total	<u><u>\$ 1,354,886.</u></u>	<u><u>\$ 700,438.</u></u>	<u><u>\$ 498,835.</u></u>	<u><u>\$ 155,613.</u></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

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 80,347.	\$ 72,558.	\$ 7,789.
Machinery and Equipment	466,498.	335,643.	130,855.
Buildings	182,100.	15,788.	166,312.
Improvements	567,380.	143,460.	423,920.
Land	1,413,147.		1,413,147.
Miscellaneous	551,656.	304,519.	247,137.
Total	\$ 3,261,128.	\$ 871,968.	\$ 2,389,160.

Statement 6
Form 990, Part IV, Line 58
Other Assets

Pledges noncurrent portion	\$ 396,865.
Total	\$ 396,865.

Statement 7
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 40+	\$ 124,060.	\$ 0.	\$ 0.
PHILIP C. GARROD 2205 N. CYPRESS POINT FLAGSTAFF, AZ 86004	None	0.	0.	0.
NORMA FIFE 230 W. SILVER SPRUCE FLAGSTAFF, AZ 86001	President None	0.	0.	0.
ROGER SCHULER 1200 N. BEAVER ST. FLAGSTAFF, AZ 86001	Treasurer None	0.	0.	0.
LUCIA KREUTZER P.O. BOX 454 ASHFORK, AZ 86320	Director None	0.	0.	0.
JANET WHEATCROFT 1302 W. ERIE ST. HOLBROOK, AZ 86025	None	0.	0.	0.

Statement 7 (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
JOE MONTOYA 3420 S. PIMA FLAGSTAFF, AZ 86001	None	\$ 0.	\$ 0.	\$ 0.
SHARLENE FOUSER 9455 ANTOINETTE WAY FLAGSTAFF, AZ 86001	Pres Elect None	0.	0.	0.
ROBERT N. JOHNSON 1001 SKYVIEW STREET FLAGSTAFF, AZ 86004	None	0.	0.	0.
TERRY LACY 2607 N. CAREFREE CIRCLE FLAGSTAFF, AZ 86004	None	0.	0.	0.
LYNN EMERSON 360 N. WALKER ST. FLAGSTAFF, AZ 86004	None	0.	0.	0.
TODD BOSEN P.O BOX 1087 EAGAR, AZ 85925	Secretary None	0.	0.	0.
STEVE SUNDA P.O BOX 411 FLAGSTAFF, AZ 86002	Director None	0.	0.	0.
SARA MUHAMMED 318 PASEO DEL FLAG FLAGSTAFF, AZ 86001	Director None	0.	0.	0.
BEVERLY SUETOPKA-ALEX 302 W. CHERRY STREET WINSLOW, AZ 86047	Director None	0.	0.	0.
Total		\$ 124,060.	\$ 0.	\$ 0.

Statement 8
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
OTHER	\$ 93,892.	\$ 71,151.	\$ 219,107.	\$ 56,334.	\$ 440,484.
Total	\$ 93,892.	\$ 71,151.	\$ 219,107.	\$ 56,334.	\$ 440,484.

North Country Community Health Center
Schedule of Fixed Assets
6/30/05

Fixed Asset Schedule

	Cost	Acc. Depreciation	Current Year Depreciation	
1 Buildings				
Condo	115,439	10,495	4,198	
CIP	56,661	-	-	
Building	5,058	1,409	653	
Totals:	177,158	11,904	4,851	
2 Furniture Fixture				
F&F	67,130	55,497	3,843	
F&F TT	1,385	1,320	65	
Med Filing Fed	8,578	8,578	-	
Med Filing TT	3,254	3,254	-	
Totals:	80,347	68,649	3,908	
3 Machinery & Equipment				
Equip Med	233,102	179,807	12,783	
Dental Equipment	127,827	26,250	25,565	
Equip Pharm	18,373	1,539	2,502	
Computers A	462,716	194,479	76,562	
Computers B	10,471	10,247	150	
Office Equipment	2,342	392	468	
Totals:	854,831	412,714	118,030	
4 Improvements				
Building Improvements	508,399	79,537	34,390	
Building Improv. Cont	2,950	1,321	198	
Building Improv. B	50,973	22,762	3,190	
Totals:	562,322	103,620	37,778	
5 Leasehold & Improvements				
Leasehold Improv.	87,196	86,297	899	
Capital Lease	76,127	11,497	10,725	
Totals	163,323	97,794	11,624	
6 Land				
Land	1,413,147			
Condo Land	10,000		1,096	
Totals:	1,423,147	-	1,096	
Grand Totals:	3,261,128 F/S	694,681	177,287	871,968 F/S

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/05**

New Bldg Land

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
1	land - 4th st	2/3/05			1,400,000.00	-	-	1,400,000.00	-
2	Closing Costs	2/3/05	S/L	5	13,147.20	-	1,095.60	12,051.60	219.12
New Bldg Land Total					1,413,147.20	-	1,095.60	1,412,051.60	219.12

1/0/00

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/05**

Condo - Land

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
1	land	10/1/01			10,000.00	-	-	10,000.00	-
Condo Land Total					10,000.00	-	-	10,000.00	-

1/0/00

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/05**

Condo - Building

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
1	Condo	10/1/01	S/L	27.5	115,438.97	10,494.78	4,197.78	100,746.41	349.82
	Condo Building total				<u>115,438.97</u>	<u>10,494.78</u>	<u>4,197.78</u>	<u>100,746.41</u>	<u>349.82</u>

1/0/00

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

New Bldg

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
1	Johnson Walzer Assoc #1	10/1/04		1	6,300.00	-	-	6,300.00	-
2	Marion Hall - Appraisal	10/22/04		1	2,500.00	-	-	2,500.00	-
3	BEC Southwest - preconst svc	1/1/05		1	5,373.00	-	-	5,373.00	-
4	Johnson Walzer Assoc #2	1/1/05		1	6,323.62	-	-	6,323.62	-
5	No Exploration Surveys	1/1/05		1	3,200.00	-	-	3,200.00	-
4	Johnson Walzer Assoc #3	3/1/05		1	12,814.67	-	-	12,814.67	-
5	Engineering & Testing Consultants, Inc.	4/21/05		1	3,350.00	-	-	3,350.00	-
4	Johnson Walzer Assoc #2	5/1/05		1	16,800.00	-	-	16,800.00	-
New Bldg Total					56,661.29	-	-	56,661.29	-

1/0/00

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

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	24,838.00	10,212.00	1,655.87	12,970.13	137.99
7	Renovations	07/29/98	S/L	15	12,014.00	4,739.00	800.93	6,474.07	66.74
8	Renovations	10/19/98	S/L	15	6,287.00	2,374.00	419.13	3,493.87	34.93
9	Renovations	09/01/98	S/L	15	5,897.00	2,293.00	393.13	3,210.87	32.76
10	Building Improvements	10/19/98	S/L	15	4,106.00	1,552.00	273.73	2,280.27	22.81
11	Building Improvements	08/05/98	S/L	15	12,014.00	4,739.00	800.93	6,474.07	66.74
12	Renovations	12/18/98	S/L	15	1,160.00	424.00	77.33	658.67	6.44
13	Renovations	01/05/99	S/L	15	970.00	357.00	64.67	548.33	5.39
14	Building Improvements	02/05/99	S/L	15	2,034.00	737.00	135.60	1,161.40	11.30
15	Building Improvements	09/18/98	S/L	15	11,865.00	4,548.00	791.00	6,526.00	65.92
16	Building Improvements	02/05/99	S/L	15	490.00	179.00	32.67	278.33	2.72
17	Building Improvements	02/05/99	S/L	15	605.00	217.00	40.33	347.67	3.36
18	Building Improvements	02/05/99	S/L	15	3,805.00	1,366.00	253.67	2,185.33	21.14
19	Building Improvements	03/19/99	S/L	15	3,232.00	1,129.00	215.47	1,887.53	17.96
20	Building Improvements	11/20/98	S/L	15	1,814.00	676.00	120.93	1,017.07	10.08
21	Building Improvements	12/07/98	S/L	15	1,564.00	581.00	104.27	878.73	8.69
23	Building Improvements	12/18/98	S/L	15	2,580.00	946.00	172.00	1,462.00	14.33
24	Building Improvements	08/20/99	S/L	15	3,618.00	1,165.00	241.20	2,211.80	20.10
25	Building Improvements	10/20/99	S/L	15	2,700.00	840.00	180.00	1,680.00	15.00
26	New Carpet	11/30/99	S/L	15	1,682.00	513.00	112.13	1,056.87	9.34
27	Building Improvements	11/30/99	S/L	15	2,187.00	669.00	145.80	1,372.20	12.15
28	Building Improvements	11/30/99	S/L	15	912.00	279.00	60.80	572.20	5.07
29	Building Improvements	05/14/00	S/L	15	560.00	167.00	37.33	355.67	3.11
30	Building Improvements	06/30/00	S/L	15	1,161.00	308.00	77.40	775.60	6.45
31	Building Improvements	07/01/00	S/L	15	293.00	80.00	19.53	193.47	1.63
32	Building Improvements	07/26/00	S/L	15	1,609.00	419.00	107.27	1,082.73	8.94
33	Building Improvements	07/31/00	S/L	15	328.00	86.00	21.87	220.13	1.82
34	Building Improvements	09/11/00	S/L	15	320.00	81.00	21.33	217.67	1.78
35	Building Improvements	09/21/00	S/L	15	930.00	233.00	62.00	635.00	5.17
36	Building Improvements	10/01/00	S/L	15	577.00	143.00	38.47	395.53	3.21
37	Shelving	01/01/01	S/L	15	761.00	178.00	50.73	532.27	4.23
39	Building Improvements	02/28/01	S/L	15	4,410.00	913.00	294.00	3,203.00	24.50
40	Building Improvements	03/01/01	S/L	15	310.00	70.00	20.67	219.33	1.72
41	Building Improvements	03/20/01	S/L	15	1,116.00	241.00	74.40	800.60	6.20
42	Building Improvements	03/27/01	S/L	15	786.00	169.00	52.40	564.60	4.37
43	Building Improvements	04/24/01	S/L	15	34.00	6.00	2.27	25.73	0.19
44	Security System	05/01/01	S/L	7	2,107.00	953.00	301.00	853.00	25.08
45	Building Improvements	05/21/01	S/L	15	64,418.00	13,243.00	4,294.53	46,880.47	357.88
46	Building Improvements	06/27/01	S/L	15	769.00	153.00	51.27	564.73	4.27
47	Building Improvements	06/29/01	S/L	15	7,750.00	1,551.00	516.67	5,682.33	43.06
48	Window Graphics (1/2)	07/30/01	S/L	7	256.00	108.00	36.57	111.43	3.05
49	Security System	07/31/01	S/L	7	2,666.00	1,111.00	380.86	1,174.14	31.74
50	Springerville Build-out	06/19/03	S/L	15	62,250.00	4,496.00	4,150.00	53,604.00	345.83
51	Winslow Build-out	05/01/03	S/L	15	87,283.00	6,789.00	5,818.87	74,675.13	484.91
52	Construct office on 4th	05/14/03	S/L	15	800.00	60.00	53.33	686.67	4.44
53	Improvements at Rose	06/01/03	S/L	15	3,582.00	259.00	238.80	3,084.20	19.90
54	Improvement Winslow	07/15/03	S/L	15	2,984.00	199.00	198.93	2,586.07	16.58
55	RV Improvements	07/15/03	S/L	15	33,307.00	2,220.00	2,220.47	28,866.53	185.04
56	Improvements at Rose (ti	08/15/03	S/L	15	8,426.00	515.00	561.73	7,349.27	46.81
57	Improvements at Rose	09/04/03	S/L	15	6,969.00	387.00	464.60	6,117.40	38.72
58	Fence at Rose	09/29/03	S/L	15	2,208.00	123.00	147.20	1,937.80	12.27
59	Shed at Rose	11/30/03	S/L	15	1,025.00	40.00	68.33	916.67	5.69
60	Pharmacy/bathroom/dent	11/15/03	S/L	15	42,863.00	1,664.34	2,857.53	38,341.13	238.13
61	Dental Floor	11/19/03	S/L	15	17,471.00	679.00	1,164.73	15,627.27	97.06
62	Pharmacy/bathroom/dent	12/19/03	S/L	15	30,000.00	1,000.00	2,000.00	27,000.00	166.67
63	Shelving	10/31/03	S/L	15	2,335.00	117.00	155.67	2,062.33	12.97
64	Conference/Trailer Bath	02/15/04	S/L	15	2,746.00	76.00	183.07	2,486.93	15.26
65	Straitline - Improvements	03/17/04	S/L	15	5,121.00	114.00	341.40	4,665.60	28.45
66	Aegis Security - Trailers	04/06/04	S/L	7	1,493.81	51.00	213.40	1,229.41	17.78
Class 10 Total					508,398.81	79,537.34	34,390.22	394,471.25	2,865.87

Bolded = Pharmacy

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

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	17,699.00	7,375.00	1,179.93	9,144.07	98.33
5	renovations	5/1/98	S/L	15	17,699.00	7,277.00	1,179.93	9,242.07	98.33
7	renovations	6/11/98	S/L	15	1,564.00	633.00	104.27	826.73	8.69
8	renovations	6/19/98	S/L	15	886.00	354.00	59.07	472.93	4.92
9	renovations	6/30/98	S/L	15	6,666.00	2,664.00	444.40	3,557.60	37.03
10	security system	6/20/98	S/L	5	3,117.00	3,117.00	0.00	0.00	0.00
11	floors	6/5/98	S/L	15	510.00	207.00	34.00	269.00	2.83
12	floors	6/30/98	S/L	15	2,832.00	1,135.40	188.80	1,507.80	15.73
Class 11 Total					50,973.00	22,762.40	3,190.40	25,020.20	265.86

1/0/00

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

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 imsprovements	6/5/97	S/L	15	1,083.00	510.00	72.20	500.80	6.02
2	flooring	11/20/97	S/L	15	527.00	230.00	35.13	261.87	2.93
3	revovations	1/1/98	S/L	15	1,340.00	580.67	89.33	670.00	7.44
Class 12 Total					2,950.00	1,320.67	196.66	1,432.67	16.39

1/0/00

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

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	2,000.00	399.00	133.33	1,467.67	11.11
2	Furniture	9/7/01	S/L	7	125.00	51.00	17.86	56.14	1.49
3	Appraisal	9/13/01	S/L	3	350.00	331.00	19.00	-	1.58
4	Beds	9/19/01	S/L	7	583.00	228.00	83.29	271.71	6.94
5	Trailers	6/30/03	S/L	5	2,000.00	400.14	400.00	1,199.86	33.33
Class 13 Total					5,058.00	1,409.14	653.48	2,995.38	54.45

1/0/00

North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05

01- Furniture & Fixtures

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	100.00	100.00	0.00	0.00	0.00	
2	2 drawer filing cabinet	5/1/93	S/L	5	100.00	100.00	0.00	0.00	0.00	
3	4 drawer filing cabinet	5/1/93	S/L	5	20.00	20.00	0.00	0.00	0.00	
4	4 drawer filing cabinet	5/1/93	S/L	5	38.00	38.00	0.00	0.00	0.00	
5	bookcase	6/1/93	S/L	5	30.00	30.00	0.00	0.00	0.00	
6	desk	6/1/93	S/L	5	140.00	140.00	0.00	0.00	0.00	
7	microwave stand	6/1/93	S/L	5	60.00	60.00	0.00	0.00	0.00	
8	advertising display	6/1/93	Macrs	7	325.00	325.00	0.00	0.00	0.00	
9	advertising display	2/5/88	Macrs	7	322.00	322.00	0.00	0.00	0.00	
10	pitney bowes mail mach	6/20/88	Macrs	7	4,561.00	4,561.00	0.00	0.00	0.00	Decreased by 1017 to balance.
11	desk/chair	10/5/91	Macrs	5	434.00	434.00	0.00	0.00	0.00	
12	2 chairs/2 desks	1/5/92	Macrs	5	877.00	877.00	0.00	0.00	0.00	
13	VCR	12/5/92	S/L	5	518.00	518.00	0.00	0.00	0.00	
14	Signage	10/4/96	S/L	7	1,129.00	1,129.00	0.00	0.00	0.00	
15	Xerox copier	10/4/96	S/L	5	11,303.00	11,303.00	0.00	0.00	0.00	
16	Phone system	9/20/96	S/L	5	10,637.00	10,637.00	0.00	0.00	0.00	
17	Xerox copier	9/5/97	S/L	5	5,211.00	5,211.00	0.00	0.00	0.00	
18	Medical Trans Machine	8/28/98	S/L	5	4,665.00	4,665.00	0.00	0.00	0.00	
20	Timeclock(1/2F,1/2 TT)	12/29/98	S/L	7	908.00	715.00	129.71	63.29	10.81	
21	Credit Card Machine	3/5/99	S/L	7	575.00	437.00	82.14	55.86	6.85	
22	Copier	4/20/99	S/L	5	641.00	641.00	0.00	0.00	0.00	
23	Copier	11/12/99	S/L	5	828.00	774.00	54.00	0.00	4.50	
24	Walkie Talkies	11/30/99	S/L	7	1,480.00	967.00	211.43	301.57	17.62	
25	Chairs	11/30/99	S/L	7	5,433.00	3,557.00	776.14	1,099.86	64.68	
26	Walkie Talkies	3/3/00	S/L	7	365.00	230.00	52.14	82.86	4.35	
27	Phone system upgrade	2/3/00	S/L	7	1,721.00	1,086.00	245.86	389.14	20.49	
28	Walkie Talkies	6/2/00	S/L	7	295.00	172.00	42.14	80.86	3.51	
29		8/24/00	S/L	7	3,496.00	1,913.00	499.43	1,083.57	41.62	
30	Walkie Talkies	8/1/00	S/L	7	295.00	165.00	42.14	87.86	3.51	
31	Furniture-Outreach	8/1/00	S/L	7	1,353.00	756.00	193.29	403.71	16.11	
32	Desk	9/1/00	S/L	7	472.00	257.00	67.43	147.57	5.62	
33	Fax Machine-outreach	9/15/00	S/L	5	139.00	107.00	27.80	4.20	2.32	
34	Office Equip-Outreach	9/20/00	S/L	7	1,539.00	825.00	219.86	494.14	18.32	
35	End Tab File Cart	9/20/00	S/L	7	849.00	454.00	121.29	273.71	10.11	
36	Medical Record Cabinet	9/25/00	S/L	7	565.00	304.00	80.71	180.29	6.73	
37	File Cabinets	12/1/00	S/L	7	672.00	344.00	96.00	232.00	8.00	
38	Phone System	1/9/01	S/L	5	1,886.17	1,323.31	377.23	185.63	31.44	
39	Waiting Room Chairs - Flag	8/31/04	S/L	5	3,147.99	0.00	524.67	2,623.32	52.47	
Class 01 Total					67,130.16	55,497.31	3,843.41	7,789.44	329.06	

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/05**

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	1,385.00	1,319.86	65.14	0.00	5.43
Class 03 Total					1,385.00	1,319.86	65.14	0.00	5.43

1/0/00

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/05**

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	2,980.00	2,980.00	-	-	-
3	Medical Filing System	7/1/99	S/L	5	5,598.00	5,598.00	-	-	-
Class 05 Total					8,578.00	8,578.00	-	-	-

1/0/00

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/05**

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	3,254.00	3,254.00	-	-	-
Class 06 Total					<u>3,254.00</u>	<u>3,254.00</u>	<u>0</u>	<u>0</u>	<u>0</u>

1/0/00

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

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 ultraclav	06/05/98	S/L	5	3,395.00	3,395.00	-	-	-
17	ultra sonic cleaner	06/05/98	S/L	5	1,368.00	1,368.00	-	-	-
18	maximlizer vacum pump	06/05/98	S/L	5	1,865.00	1,865.00	-	-	-
19	fiber optic handpieces	06/05/98	S/L	5	539.00	539.00	-	-	-
20	fiber optic handpieces	06/05/98	S/L	5	539.00	539.00	-	-	-
21	fiber optic handpieces	06/05/98	S/L	5	539.00	539.00	-	-	-
22	fiber optic handpieces	06/05/98	S/L	5	540.00	540.00	-	-	-
23	slow speed handpieces	06/05/98	S/L	5	977.00	977.00	-	-	-
24	slow speed handpieces	06/05/98	S/L	5	977.00	977.00	-	-	-
25	slow speed handpieces	06/05/98	S/L	5	977.00	977.00	-	-	-
26	dental chair	06/05/98	S/L	5	3,550.00	3,550.00	-	-	-
27	dental chair	06/05/98	S/L	5	3,550.00	3,550.00	-	-	-
28	dental chair	06/05/98	S/L	5	3,550.00	3,550.00	-	-	-
29	dental chair	06/05/98	S/L	5	3,550.00	3,550.00	-	-	-
30	dental chair	06/05/98	S/L	5	3,550.00	3,550.00	-	-	-
31	cascade duo chart	06/05/98	S/L	5	3,550.00	3,550.00	-	-	-
32	cascade duo chart	06/05/98	S/L	5	3,550.00	3,550.00	-	-	-
33	cascade duo chart	06/05/98	S/L	5	3,550.00	3,550.00	-	-	-
34	intra oral x-ray	06/05/98	S/L	5	3,175.00	3,175.00	-	-	-
35	procedure table	06/20/98	S/L	5	6,042.00	6,042.00	-	-	-
36	fyfrecator	06/20/98	S/L	5	681.00	681.00	-	-	-
37	cast cutter	06/20/98	S/L	5	570.00	570.00	-	-	-
38	EKG machine	02/14/00	S/L	5	4,586.00	4,586.00	-	-	-
39	fetal monitor	06/20/98	S/L	5	6,220.00	6,220.00	-	-	-
40	pulseoximeter	06/20/98	S/L	5	968.00	968.00	-	-	-
41	pulmonary	06/20/98	S/L	5	3,063.00	3,063.00	-	-	-
42	tympanic	06/20/98	S/L	5	2,194.00	2,194.00	-	-	-
43	exam table	06/20/98	S/L	5	1,419.00	1,419.00	-	-	-
44	exam table	06/20/98	S/L	5	1,420.00	1,420.00	-	-	-
45	exam table	06/20/98	S/L	5	1,419.00	1,419.00	-	-	-
46	exam table	06/20/98	S/L	5	1,420.00	1,420.00	-	-	-
47	exam table	06/20/98	S/L	5	1,419.00	1,419.00	-	-	-
48	exam table	06/20/98	S/L	5	1,420.00	1,420.00	-	-	-
49	exam table	06/20/98	S/L	5	1,419.00	1,419.00	-	-	-
50	exam table	06/20/98	S/L	5	1,420.00	1,420.00	-	-	-
51	exam table	06/20/98	S/L	5	1,419.00	1,419.00	-	-	-
52	exam table	06/20/98	S/L	5	1,420.00	1,420.00	-	-	-
53	microscope	06/20/98	S/L	5	1,499.00	1,499.00	-	-	-
54	autoclave	06/20/98	S/L	5	3,161.00	3,161.00	-	-	-
55	hemocue	06/20/98	S/L	5	600.00	600.00	-	-	-
56	central console	06/30/98	S/L	5	3,999.00	3,999.00	-	-	-
57	central console	06/30/98	S/L	5	3,999.00	3,999.00	-	-	-
58	central console	06/30/98	S/L	5	4,000.00	4,000.00	-	-	-
59	ADEC columns	06/30/98	S/L	5	3,083.00	3,083.00	-	-	-
60	ADEC columns	06/30/98	S/L	5	3,082.00	3,082.00	-	-	-
61	ADEC columns	06/30/98	S/L	5	3,083.00	3,083.00	-	-	-
62	ADEC columns	06/30/98	S/L	5	3,082.00	3,082.00	-	-	-
63	wall mount	06/30/98	S/L	5	569.00	569.00	-	-	-
64	wall mount	06/30/98	S/L	5	569.00	569.00	-	-	-
65	wall mount	06/30/98	S/L	5	569.00	569.00	-	-	-
66	wall mount	06/30/98	S/L	5	569.00	569.00	-	-	-
67	mount light	06/30/98	S/L	5	1,850.00	1,850.00	-	-	-
68	mount light	06/30/98	S/L	5	1,850.00	1,850.00	-	-	-
69	mount light	06/30/98	S/L	5	1,850.00	1,850.00	-	-	-
70	mount light	06/30/98	S/L	5	1,850.00	1,850.00	-	-	-
71	square console	06/30/98	S/L	5	5,999.00	5,999.00	-	-	-
72	square console	06/30/98	S/L	5	5,999.00	5,999.00	-	-	-
75	ultrasound	06/20/98	S/L	5	25,200.00	25,200.00	-	-	-
76	pelton crane light	06/05/98	S/L	5	1,475.00	1,475.00	-	-	-
77	stat kit	03/19/99	S/L	5	522.00	522.00	-	-	-
78	Defibrulator kit	04/05/99	S/L	5	3,085.00	3,085.00	-	-	-
79	Sink	04/28/99	S/L	5	720.00	614.00	106.00	-	8.83
80	Coposcopy Machine	10/05/99	S/L	5	1,000.00	950.00	50.00	-	4.17
72	Conversion kit	08/03/00	S/L	5	654.00	513.00	130.80	10.20	10.90
83	Cholestech LDX System	06/01/01	S/L	5	2,916.00	1,798.00	583.20	534.80	48.60
84	Pluse Oximeter	09/27/01	S/L	5	556.00	305.00	111.20	139.80	9.27
86	Winslow Equipment	04/22/03	S/L	5	14,829.00	5,438.00	2,965.80	6,425.20	247.15
87	Round Valley Equipment	06/17/03	S/L	5	5,347.00	1,960.00	1,069.40	2,317.60	89.12
88	Round Valley Equipment	07/15/03	S/L	5	23,802.00	4,760.00	4,760.40	14,281.60	396.70
89	Enteck	12/01/03	S/L	5	988.00	115.00	197.60	675.40	16.47
91	Provider Licensure on Centricty	09/30/04	S/L	5	14,595.00	-	2,189.25	12,405.75	243.25
92	Sterilizer Steam Auto - Medical	09/27/04	S/L	5	2,417.78	-	362.67	2,055.11	40.30
93	EKG Machine	11/14/04	S/L	5	1,923.60	-	256.48	1,667.12	32.06
Class 14 Total					233,102.38	179,807.00	12,782.80	40,512.58	1,146.82

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

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	1,102.00	1,102.00	-	-	-
2	dental equipment	6/20/97	S/L	5	22,234.00	22,234.00	-	-	-
3	Statim 2000 autoclave	6/1/97	S/L	5	3,111.00	3,111.00	-	-	-
4	medical equipment	9/25/96	S/L	5	10,943.00	10,943.00	-	-	-
5	EKG machine	11/4/96	S/L	5	4,497.00	4,497.00	-	-	-
6	Matrix Analgesia system	9/19/97	S/L	5	3,170.00	3,170.00	-	-	-
7	Hemocue machine	9/19/97	S/L	5	630.00	630.00	-	-	-
8	Trophy 70	9/29/97	S/L	5	2,376.00	2,376.00	-	-	-
9	dental chair	9/29/97	S/L	5	3,595.00	3,595.00	-	-	-
10	dual chart	9/29/97	S/L	5	2,751.00	2,751.00	-	-	-
11	post mounted light	9/29/97	S/L	5	1,391.00	1,391.00	-	-	-
12	ultrasonic scalers	9/29/97	S/L	5	532.00	532.00	-	-	-
13	Rino slow speed	9/29/97	S/L	5	711.00	711.00	-	-	-
14	Rino slow speed	9/29/97	S/L	5	711.00	711.00	-	-	-
15	Fiberoptic handpiece	9/29/97	S/L	5	519.00	519.00	-	-	-
73	X-ray	6/30/98	S/L	5	17,564.00	17,564.00	-	-	-
74	film processor	6/30/98	S/L	5	2,360.00	2,360.00	-	-	-
75	Ultrasound	1/1/00	S/L	5	8,999.02	8,100.00	899.02	-	74.92
Class 15 Total					<u>87,196.02</u>	<u>86,297.00</u>	<u>899.02</u>	<u>-</u>	<u>74.92</u>

1/0/00

**North Country Community Health Center
 Depreciation Schedule By Class
 For the Fiscal Year through 6/30/05**

16- Equipment- Dental

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
1	Winslow Dental Equipment	6/15/03	S/L	5	117,893.00	24,561.00	23,578.60	69,753.40	1,964.88
	Winslow Dental Equipment	07/15/03	S/L	5	5,810.00	1,162.00	1,162.00	3,486.00	96.83
	Dental	09/30/03	S/L	5	2,759.00	414.00	551.80	1,793.20	45.98
	Dental Chair Installations	02/15/04	S/L	5	1,364.98	113.20	273.00	978.78	22.75
Class 16 Total					<u>127,826.98</u>	<u>26,250.20</u>	<u>25,565.40</u>	<u>76,011.38</u>	<u>2,130.44</u>

86	Film Processor - Dental	09/13/02	S/L	5	4,212.37		702.06	3,510.31	70.21
87	Daylight Loader GXP Proc - Dental	09/13/02	S/L	5	908.04		151.34	756.70	15.13

0

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

14a - Equipment- Pharmacy - Federal

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per
85	Pharmacy Equipment	02/20/01	S/L	5	645.00	387.00	129.00	129.00	10.75
90	QS1 POS	09/26/03	S/L	5	7,675.47	1,152.32	1,535.09	4,988.06	127.92
95	QS1 equipment	02/01/05	S/L	5	10,053.00	-	837.75	9,215.25	209.44
Class 14a Total					18,373.47	1,539.32	2,501.84	14,332.31	348.11

01/00/00

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

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	942.00	942.00	0.00	0.00	0.00
2	AZ Computer specialists	09/02/87	Macrs	5	3,360.00	3,360.00	0.00	0.00	0.00
3	AZ Computer products	09/24/87	Macrs	5	2,933.00	2,933.00	0.00	0.00	0.00
4	AZ Computer products	11/05/87	Macrs	5	445.00	445.00	0.00	0.00	0.00
5	AZ Computer Center	09/30/88	Macrs	7	3,103.00	3,103.00	0.00	0.00	0.00
6	Powerbook Computer	12/06/96	S/L	5	1,441.00	1,441.00	0.00	0.00	0.00
7	PC Laptop	02/05/97	S/L	5	2,724.00	2,724.00	0.00	0.00	0.00
8	Apple Computer	12/31/91	Macrs	5	6,996.00	6,996.00	0.00	0.00	0.00
9	Computer	03/20/92	Macrs	5	1,802.00	1,802.00	0.00	0.00	0.00
10	Computer monitor	05/05/92	Macrs	5	124.00	124.00	0.00	0.00	0.00
11	Computer monitor	05/26/92	Macrs	5	122.00	122.00	0.00	0.00	0.00
12	Macintosh Computer	04/20/93	S/L	5	2,250.00	2,250.00	0.00	0.00	0.00
13	Apple Writer	06/01/93	S/L	5	315.00	315.00	0.00	0.00	0.00
14	MicroAge Computer	10/20/93	S/L	5	990.00	990.00	0.00	0.00	0.00
15	MicroAge Computer	11/05/93	S/L	5	2,519.00	2,519.00	0.00	0.00	0.00
16	Connecting Point Comp	01/20/94	S/L	5	638.00	638.00	0.00	0.00	0.00
17	Computer	09/01/94	S/L	5	5,174.00	5,174.00	0.00	0.00	0.00
18	Computer Software	04/01/96	S/L	5	31,000.00	31,000.00	0.00	0.00	0.00
19	2 Ntwk workstations	10/04/96	S/L	5	3,798.00	3,798.00	0.00	0.00	0.00
20	Ink jet printer	09/05/97	S/L	5	598.00	598.00	0.00	0.00	0.00
21	Mac computer	09/20/96	S/L	5	2,558.00	2,558.00	0.00	0.00	0.00
22	Computer	10/15/98	S/L	5	2,497.00	2,497.00	0.00	0.00	0.00
23	Computer	02/14/00	S/L	5	1,300.00	1,300.00	0.00	0.00	0.00
24	Computer Network	12/18/98	S/L	5	5,128.00	5,128.00	0.00	0.00	0.00
25	Computers	01/20/00	S/L	5	1,723.00	1,524.00	199.00	0.00	16.58
26	Computer/2 monitors	03/27/00	S/L	5	1,022.00	867.00	155.00	0.00	12.92
27	Computer Hardware	05/16/00	S/L	5	1,226.00	1,000.00	226.00	0.00	18.83
28	Computer Modem	06/16/00	S/L	5	152.00	120.00	30.40	1.60	2.53
29	Computer	07/03/00	S/L	5	704.00	564.00	140.00	0.00	11.67
30	Computer Server	07/20/00	S/L	5	4,625.00	3,623.00	925.00	77.00	77.08
31	Computer	08/01/00	S/L	5	800.00	627.00	160.00	13.00	13.33
32	Computers	09/20/00	S/L	5	3,275.00	2,456.00	655.00	164.00	54.58
33	Computer	09/21/00	S/L	5	751.00	563.00	150.20	37.80	12.52
34	Computer	10/05/00	S/L	5	519.00	390.00	103.80	25.20	8.65
35	Computer	11/03/00	S/L	5	719.00	528.00	143.80	47.20	11.98
36	Server/Hardware Upg.	01/01/01	S/L	5	5,121.00	3,584.00	1,024.20	512.80	85.35
38	New Server Install	01/09/01	S/L	5	1,250.00	875.00	250.00	125.00	20.83
39	Phone System	1/9/01	S/L	5	1,886.00	1,320.00	377.20	188.80	31.43
40	Okidata Printer	02/06/01	S/L	5	1,416.00	967.00	283.20	165.80	23.60
41	Computer	02/15/01	S/L	5	941.00	642.00	188.20	110.80	15.68
42	Compaq DeskPro	03/26/01	S/L	5	1,088.00	708.00	217.60	162.40	18.13
43	Compaq DeskPro	04/04/01	S/L	5	986.00	607.00	197.20	181.80	16.43
44	Powerchute Plus	06/21/01	S/L	5	498.00	300.00	99.60	98.40	8.30
45	Gateway Computer	06/30/01	S/L	5	693.00	417.00	138.60	137.40	11.55
46	15 Computers/7 Mon	07/08/01	S/L	5	12,089.00	7,254.00	2,417.80	2,417.20	201.48
47	Danbuld Computer	07/30/01	S/L	5	1,103.00	644.00	220.60	238.40	18.38
48	Computer GNAT Box	07/31/01	S/L	5	3,523.00	2,056.00	704.60	762.40	58.72
49	Computers,Monitors	08/31/01	S/L	5	4,397.00	2,491.00	879.40	1,026.60	73.28
50	15" LCD Flat Display	08/31/01	S/L	5	3,546.00	2,011.00	709.60	827.40	59.13
51	Network Hardware	08/31/01	S/L	5	728.00	413.00	145.60	169.40	12.13
52	Network Hardware	08/31/01	S/L	5	1,290.00	731.00	258.00	301.00	21.50
86	Crediting Software	08/31/01	S/L	3	4,063.00	3,837.00	1,354.33	-1,128.33	112.86
87	Accounting Software	09/12/01	S/L	3	6,536.00	6,174.00	2,178.67	-1,816.67	181.56
88	Star Band Satellite	09/13/01	S/L	5	792.00	448.00	158.40	185.60	13.20
89	Software	09/27/01	S/L	3	770.00	707.00	256.67	-193.67	21.39
90	Computers	10/17/01	S/L	5	2,429.00	1,296.00	485.80	647.20	40.48
91	Software Licenses	11/07/01	S/L	3	2,193.00	1,949.00	731.00	-487.00	60.92
92	Computers	11/28/01	S/L	5	1,729.50	778.00	0.00	951.50	0.00 stolen
93	Computers	12/31/01	S/L	5	6,476.00	3,236.00	1,295.20	1,944.80	107.93
94	Computers	02/15/02	S/L	5	1,500.00	725.00	300.00	475.00	25.00
95	Computer	04/14/02	S/L	5	872.00	348.00	174.40	349.60	14.53
96	Cisco PIX Firewall (St. Johns)	08/19/02	S/L	5	616.42	236.00	123.28	257.14	10.27
97	Dell Laptop - Sue	08/13/02	S/L	5	2,850.00	1,093.00	570.00	1,187.00	47.50
98	Dell Server - telephones	08/13/02	S/L	5	1,478.00	567.00	295.60	615.40	24.63
99	Dell Computers - WW	09/23/02	S/L	5	1,497.50	450.00	0.00	1,047.50	0.00 1 stolen
99a	Dell Computers - WW	09/23/02	S/L	5	1,495.51	548.10	299.10	648.31	24.93
100	5 Flat Panel monitors - 1 dental	09/23/02	S/L	5	2,563.60	940.00	512.72	1,110.88	42.73 Credit from dell adjusted in amount
101	Computer	12/17/02	S/L	5	1,532.23	459.00	306.45	766.78	25.54
102	Winslow Computers	10/18/01	S/L	5	660.00	352.00	132.00	176.00	11.00
103	Millbrook Practice Management	06/30/03	S/L	5	134,675.00	26,935.00	26,935.00	80,805.00	2,244.58
104	Purchases from Insight	06/30/03	S/L	5	4,961.00	992.00	992.00	2,976.80	82.68
105	Purchases from CCB	06/30/03	S/L	5	6,670.00	1,334.00	1,334.00	4,002.00	111.17
106	Purchases from Acute Technologies	06/30/03	S/L	5	1,809.00	362.00	361.80	1,085.20	30.15
107	Dell Computers	07/15/03	S/L	5	24,980.00	4,996.00	4,996.00	14,988.00	416.33
108	Dell Computers	07/15/03	S/L	5	22,489.00	4,497.80	4,497.80	13,493.40	374.82
109	Dell Computers	07/15/03	S/L	5	24,597.00	4,919.00	4,919.40	14,758.60	409.95
110	Thin Clients (acute technology)	07/17/03	S/L	5	1,754.00	351.00	350.80	1,052.20	29.23
111	Millbrook Practice Management completec	07/31/03	S/L	5	33,669.00	6,170.43	6,733.80	20,764.77	561.15
112	Telephone Licenses	02/15/04	S/L	5	1,630.00	136.00	326.00	1,168.00	27.17
113	AMEX CDW Govt Equip - network	03/03/04	S/L	5	1,029.00	69.00	205.80	754.20	17.15
114	AMEX Worldwide Technology - network	04/22/04	S/L	5	8,507.35	284.00	1,701.47	6,521.88	141.79
115	Dell Computers (4) 3 ww 1 bill	05/12/04	S/L	5	3,868.00	129.00	773.60	2,965.40	64.47
116	Computer Equip final pmt	05/12/04	S/L	5	931.92	31.00	186.38	714.54	15.53
117	Computer s	06/02/04	S/L	5	3,798.00	63.00	759.60	2,975.40	63.30
118	Dell Computer (2) wins + ash	01/26/04	S/L	5	3,072.83	256.00	614.57	2,202.26	51.21
119	MIPS payroll module	08/06/04	S/L	5	3,341.11	0.00	612.54	2,728.57	55.69
120	Voicemail system upgrade - flg	05/31/05	S/L	5	5,277.00	0.00	87.95	5,189.05	87.95
	stolen computer #92				-1,729.50	-778.00		-951.50	
	stolen computer #99				-1,497.50	-450.00		-1,047.50	
	Class 07 Total				462,715.97	194,479.33	76,561.93	191,674.71	6,465.38

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

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	3,766.00	3,766.00	0.00	0.00	0.00
23	Terminals	6/30/98	S/L	5	5,209.00	5,209.00	0.00	0.00	0.00
24	Printer	6/1/98	S/L	5	748.00	748.00	0.00	0.00	0.00
37	Computers	1/3/01	S/L	5	748.00	524.60	149.60	73.80	12.47
Class 08 Total					10,471.00	10,247.60	149.60	73.80	12.47

1/0/00

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

17-Capital Lease

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per		1656	1700
1	Xerox Copier/Printer (AHEC)	7/1/01	S/L	5	8,535.00	3,272.00		5,263.00		Turned in for new machine	CR	DR
2	YM6-00540 Xerox SJ	10/31/02	S/L	5	6,110.00	1,618.72	1,222.00	3,269.28	101.83	6110 Note to Auditors		
3	3 In 1 GFE025447 Rose MR	10/31/02	S/L	5	2,343.00	1,097.14	468.60	777.26	39.05	Amount s/h/b 10796		
4	3 In 1 GFE021981 Rose HR	10/31/02	S/L	5	2,343.00	1,097.14	468.60	777.26	39.05	with num 2,3,4		
5	Equipment - lap, base, pro	09/23/02	S/L	5	6,699.00	2,545.00	1,339.80	2,814.20	111.65			
6	3 In 1 GFE-049621 RV	07/01/03		5	2,994.00	599.00	598.80	1,796.20	49.90			
7	3 In 1 GFE-049621 W	07/01/03		5	2,749.00	550.00	549.80	1,649.20	45.82			
8	WCP32 - AHEC	08/01/03		5	17,150.00	3,430.00	3,430.00	10,290.00	285.83			
9	NG4-148199 Mail Room	07/01/03		5	16,840.00	3,367.02	3,368.00	10,104.98	280.67	turned in for new machine		
10	MWH162275 - West FO	02/12/04		5	6,725.00	560.00	1,345.00	4,820.00	112.08			
11	Dell Computers	07/01/04		5	4,464.00	-	892.80	3,571.20	74.40			
12	WC45HC Copier - Mail Rm	06/01/05		5	24,550.00	-	409.17	24,140.83	409.17			
	Item #1 - turned in				(8,535.00)	(3,272.00)	-	(5,263.00)				
	Item #9 - turned in	6/1/05			(16,840.00)	(3,367.02)	(3,368.00)	(10,104.98)				
Class 17 Total					76,127.00	11,497.00	10,724.57	53,905.43	1,549.45			

1/0/00

**North Country Community Health Center
Depreciation Schedule By Class
For the Fiscal Year through 6/30/05**

18- Office Equipment

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Annual Net Book	Depr Cur Per	
2	Office Max	2/21/03	S/L	5	605.00	40.00	-	565.00	-	to office exp
3	Medifax EDI	4/30/03	S/L	5	595.00	20.00	-	575.00	-	to office exp
4	Round Valley	7/7/03	S/L	5	811.00		-	811.00	-	to office exp
5	Vertical Blinds	7/28/03	S/L	5	336.00		-	336.00	-	to office exp
6	Medical Arts Press	8/25/03	S/L	5	2,342.00	390.33	468.40	1,483.27	39.03	
7	AMEX	11/1/03	S/L	5	701.00		-	701.00	-	to office exp
all but Item 6 expensed					(3,048.00)	(60.00)		(2,988.00)		
Class 18 Total					2,342.00	390.33	468.40	1,483.27	39.03	

1/0/00

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.

Name of Exempt Organization: NORTH COUNTRY COMMUNITY HEALTH CENTER, INC.
Employer identification number: 86-0663432
Number, street, and room or suite number: 2500 N. ROSE STREET
City, town or post office, state, and ZIP code: FLAGSTAFF, AZ 86004

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

- Form 990 (checked)
Form 990-T (section 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041-A
Form 4720
Form 5227
Form 6069
Form 8870

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

The books are in care of Patty Fletcher

Telephone No 928-774-6687

FAX No.

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.

I request an additional 3-month extension of time until 5/15, 20 06.

For calendar year, or other tax year beginning 7/01, 20 04, and ending 6/30, 20 05

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

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 Title Date 1/13/05

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 extended due date of the return for which an extension was requested.
Other

EXTENSION APPROVED

Director By Date 2006

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension of time 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

FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

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).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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 |

• The books are in the care of ► Patty Fletcher

Telephone No. ► 928-774-6687 FAX No. ► _____

- 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-months for a **Form 990-T corporation**) extension of time until 2/15, 20 06, 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 04, and ending 6/30, 20 05.

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.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.