

Form **990-EZ**

### Short Form Return of Organization Exempt From Income Tax

OMB No 1545 1150

**2005**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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 2005 calendar year, or tax year beginning 10/01, 2005, and ending 9/30, 2006

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. <b>NORTH IDAHO COMMUNITY SERVICES CORPORATION, INC.</b> <b>N 11100 AIRPORT DRIVE</b> <b>HAYDEN, ID 83835</b>	<b>D</b> Employer identification number <b>82-0443278</b>
		<b>E</b> Telephone number <b>208-772-2059</b>
		<b>F</b> Group Exemption Number
		<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> 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).

**I** Web site: ▶ N/A

**J** Organization type (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 80,171.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	53,951.
	2	Program service revenue including government fees and contracts	2	26,220.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
		b Less cost or other basis and sales expenses	5b	
		c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
		a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b		
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
	8 Other revenue (describe ▶ _____)	8		
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	80,171.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	12,824.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	35,806.
	13	Professional fees and other payments to independent contractors	13	875.
	14	Occupancy, rent, utilities, and maintenance	14	568.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 2)	16	24,411.
	17 Total expenses (add lines 10 through 16)	17	74,484.	
ASSETS	18	Excess or (deficit) for the year (line 9 less line 17)	18	5,687.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	15,200.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	20,887.

#### Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,679.	21,222.
23	Land and buildings	30,551.	28,831.
24	Other assets (describe ▶ See Statement 3)		6,431.
25	Total assets	32,230.	56,484.
26	Total liabilities (describe ▶ See Statement 4)	17,030.	35,597.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,200.	20,887.

Rec'd 90 11/10/05

6/1/05  
5/1/05

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Part III Statement of Program Service Accomplishments (See Instructions)		Expenses	
What is the organization's primary exempt purpose? See Statement 5		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	MORTGAGE FORECLOSURE PREVENTION AND SHELTER ASSISTANCE TO NEED IN THE 5 NORTHERN COUNTIES OF IDAHO (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	7,556.
29	DISEMINATION OF INFORMATION RELATIVE TO SERVICES AND HOUSING FOR LOW/MODERATE INCOME PERSONS (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	9,000.
30	ADMINISTRATION OF GRANT WRITING PROGRAM TO BENEFIT NONPROFITS IN THE REGION. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	16,562.
31	Other program services (attach schedule). See Statement 6. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	37,995.
32	Total program service expenses (add lines 28a through 31a)	32	71,113.

Part IV 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		0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)		See Statement 8	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. See Statement 9	33	X	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt.)	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved	38b	N/A	
39	501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9	39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.			
b	501(c)(3) and (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 an explanation.	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter amount of tax on line 40c reimbursed by the organization			0.

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Part V Other Information (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ None

42 a The books are in care of ▶ PANHANDLE AREA COUNCIL

Telephone no ▶ 208-772-0584

Located at ▶ 11100 AIRPORT DRIVE, HAYDEN, ID,

ZIP + 4 ▶ 83835

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X
42c		X

If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

N/A  
 N/A

and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43

Under penalties of perjury, I declare that I have prepared 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

COPY

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Type or print name and title JD

Paid Preparer's Use Only

Preparer's signature ▶ Catherine L. Meyer Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See General Instruction W) N/A

Firm's name (or yours if self-employed) ▶ McCall, Landwehr, Bernhart, & Buck CPA  
 address, and ZIP + 4 ▶ 87 W. Sargent Drive  
 Hayden Lake, ID 83835  
 EIN ▶ N/A  
 Phone no. ▶ (208) 772-3248

BAA

TEEA0812L 02/06/06

Form 990-EZ (2005)

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

OVB No 1545 C047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2005**

Supplementary Information — (See separate instructions.)

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **NORTH IDAHO COMMUNITY SERVICES  
CORPORATION, INC.**

Employer identification number  
**82-0443278**

**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
None				
Total number of other employees paid over \$50,000		0		

**Part II - A 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 II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

Part III Statements About Activities (See instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities

1 X

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.

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?

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

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.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

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?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b 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(c)(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). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

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

Table with 2 columns: (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.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 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; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

Table for line 26: Organizations described on lines 10 or 11. Includes sub-rows 26a through 26f. 26a: Enter 2% of amount in column (e), line 24. 26b: Prepare a list for you: 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 2001 through 2004 exceeded the amount shown in line 26a. 26c: Total support for section 509(a)(1) test. 26d: Add. Amounts from column (e) for lines 18, 19, 20, 21, 22. 26e: Public support (line 26c minus line 26d total). 26f: Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

Table for line 27: Organizations described on line 12: N/A. Includes sub-rows 27a through 27h. 27a: 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.' 27b: 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. 27c: Add Amounts from column (e) for lines 15, 16, 17, 20. 27d: Add Line 27a total and line 27b total. 27e: Public support (line 27c total minus line 27d total). 27f: Total support for section 509(a)(2) test: Enter amount from line 23, column (e). 27g: Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27h: Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 29 through 35 regarding nondiscrimination policies, financial aid, and organizational requirements.

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.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

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.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and 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:

Table with 3 columns: Yes, No, Amount. Rows correspond to items a through i listed on the left.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Table with 3 columns: Item, Yes, No. Rows include 51 a (i), a (ii), b (i), b (ii), b (iii), b (iv), b (v), b (vi), and c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'See Statement 10'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checked box for No)

b If 'Yes,' complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

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**Federal Statements**  
**NORTH IDAHO COMMUNITY SERVICES**  
**CORPORATION, INC.**

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**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Cash Grants and Allocations

Class of Activity:	DONATIONS		
Donee's Name:	CDA CHAMBER OF COMMERCE		
	COEUR D'ALENE, ID 83814,		
Amount Given:		\$	9,000.
Class of Activity:	DONATIONS		
Donee's Name:	CHILDREN'S VILLAGE, INC.		
	COEUR D'ALENE, ID 83814,		
Amount Given:		\$	706.
Class of Activity:	DONATIONS		
Donee's Name:	JOBS PLUS		
	COEUR D'ALENE, ID 83814,		
Amount Given:		\$	1,000.
Class of Activity:	DONATIONS		
Donee's Name:	ST. PIUS CHURCH		
	COEUR D'ALENE, ID 83814,		
Amount Given:		\$	706.
Class of Activity:	DONATIONS		
Donee's Name:	ST. VINCENT DE PAUL		
	COEUR D'ALENE, ID 83814,		
Amount Given:		\$	706.
Class of Activity:	DONATIONS		
Donee's Name:	COEUR D'ALENE WOMEN'S CENTER		
	COEUR D'ALENE, ID 83814,		
Amount Given:		\$	706.
Total Cash Grants and Allocations			\$ 12,824.
Total Grants and Similar Amounts Paid			\$ <u>12,824.</u>

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

ADMINISTRATIVE COSTS.		\$	1,501.
Conferences, Conventions, And Meetings			1.
CONSULTING			18,250.
Depreciation			1,720.
INSURANCE			247.
Interest			639.
MISCELLANEOUS			1,367.
REPAIRS			384.
Supplies			60.
TAXES			172.
Travel			70.
Total			\$ <u>24,411.</u>

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**Statement 3**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Grants receivable	\$ 0.	\$ 4,551.
Prepaid expenses and deferred charges.	0.	1,880.
Total	<u>\$ 0.</u>	<u>\$ 6,431.</u>

**Statement 4**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts payable and accrued expenses	\$ 8,000.	\$ 14,817.
Deferred revenue	500.	13,696.
Mortgages and other notes payable	8,530.	7,084.
Total	<u>\$ 17,030.</u>	<u>\$ 35,597.</u>

**Statement 5**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

MORTGAGE FORECLOSURE PREVENTION COUNSELING AND SHELTER ASSISTANCE  
 TO THE NEEDY.

**Statement 6**  
**Form 990-EZ, Part III, Line 31**  
**Statement of Program Service Accomplishments**

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
ADMINISTRATION OF RURAL COUNTY BLOCK GRANT AND OTHER GRANT PROGRAMS.		37,995.
Includes Foreign Grants: No		
Total	<u>\$ 0.</u>	<u>\$ 37,995.</u>

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**CORPORATION, INC.**

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**Statement 7**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
DIANE DUNCAN 503 SHORELINE COURT POST FALLS, ID 83854	Secretary 0	\$ 0.	\$ 0.	\$ 0.
STEWART BUTLER 460 W. CANFIELD, SUITE 500 COEUR D'ALENE, ID 83814	Treasurer 0	0.	0.	0.
JOHN AUSTIN 25300 EVANS CR. MEDIMONT, ID 83842	President 0	0.	0.	0.
MIKE BULLARD 521 LAKESIDE AVENUE COEUR D'ALENE, ID 83814	Director 0	0.	0.	0.
RICK CURRIE 451 GOVERNMENT WAY COEUR D'ALENE, ID 83816	Director 0	0.	0.	0.
PAUL DONNOLO 4942 INDUSTRIAL AVENUE EAST COEUR D'ALENE, ID 83815	Director 0	0.	0.	0.
ROBIN HARRISON 218 LAKESIDE AVE COEUR D'ALENE, ID 83814	Director 0	0.	0.	0.
BARB MILLER PO BOX 362 KELLOGG, ID 83837	Director 0	0.	0.	0.
CHUCK SHEROKE PO BOX 580 COEUR D'ALENE, ID 83814	Director 0	0.	0.	0.
PATTY MAWSON 1120 IRONWOOD DR, SUITE 101 COEUR D'ALENE, ID 83814	Director 0	0.	0.	0.
SHERRI FLOYD 1048 N 3RD COEUR D'ALENE, ID 83814	Director 0	0.	0.	0.
<b>Total</b>		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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Statement 8  
Form 990-EZ, Part V  
Regarding Transfers Associated with Personal Benefit Contracts

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

Statement 9  
Form 990-EZ, Part V, Line 33  
Activities Not Previously Reported to the IRS

A REGIONAL NONPROFIT DISBANDED IN JULY, 2006. IT TURNED THE ADMINISTRATION OF ITS AWARDS UNDER THE IDAHO RURAL DEVELOPMENT BLOCK GRANT PROGRAM OVER TO THIS ORGANIZATION. FURTHER, LOCALLY FUNDED PROGRAMS OF THE DISBANDED ORGANIZATION ARE ALSO BEING ADMINISTERED BY THIS ORGANIZATION, INCLUDING A PROGRAM THAT ASSISTS OTHER NONPROFIT ORGANIZATIONS IN THE AREA WITH GRANT WRITING.

Statement 10  
Schedule A, Part VII, Line 51d  
Transaction/Relationships with Noncharitable Exempt Organizations

(a) Line No.	(b) Amount Involved	(c) Name of Noncharitable Exempt Organization	(d) Description of Transfers, Transactions, and Sharing Arrangements
a (i)	3,053.	SVEDC	THE SILVER VALLEY ECONOMIC DEVELOPMENT CORPORATION DISSOLVED AND TURNED ITS REMAINING ASSETS OVER TO THE ORGANIZATION TO SUPPORT THE CONTINUATION OF ITS PROGRAMS.
b (v)	8,000.	PANHANDLE AREA COUNCIL	SHORT TERM LOAN FROM P.A.C. STILL OUTSTANDING AT FISCAL YEAR END.
(vi)	12,501.	CDA CHAMBER OF COMMERCE	CDA CHAMBER PROVIDED ADMINISTRATIVE AND CONSULTATION SUPPORT FOR A GRANT AWARDED BY THE NATIONAL FOREST FOUNDATION.
(vi)	13,303.	PANHANDLE AREA COUNCIL	PAYMENTS FOR SERVICES OF GRANT WRITER ON STAFF FOR SEVERAL NONPROFITS IN THE REGION.
51c	1,053.	PANHANDLE AREA COUNCIL	SHARE BUILDING, POSTAGE MACHINE, COPIER, INTERNET SERVICE, AND OTHER SERVICES WITH NORTH IDAHO COMMUNITY SERVICES. NORTH IDAHO COMMUNITY SERVICES REIMBURSES PANHANDLE AREA COUNCIL FOR ITS SHARE OF THESE EXPENSES.
c	9,000.	CDA CHAMBER OF COMMERCE	SUPPORT THE BUILDING OF AN INFORMATION CENTER. ALONG WITH OTHER INFORMATION, THE CENTER WILL DISEMINATE INFORMATION RELATIVE TO SERVICES FOR LOW/MODERATE INCOME PERSONS TO PEOPLE MOVING INTO THE AREA.