

Return of Organization Exempt From Income Tax

2005

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 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

- 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? Yes No
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included? Yes No
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

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

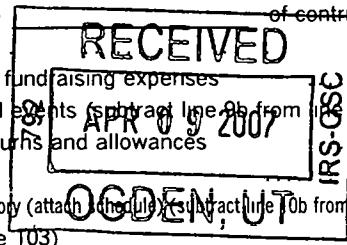
K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 13,853,236.

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

SCANNED APR 30 2007

Table with columns for line number, description, and amount. Includes rows for contributions, program revenue, investment income, and expenses.



STATEMENTS

**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 \$ _____)  If this amount includes foreign grants, check here <input type="checkbox"/>	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	135,922.	0.	135,922.
26	Other salaries and wages	26	5,373,175.	4,383,566.	964,443.
27	Pension plan contributions	27	89,821.	72,472.	16,728.
28	Other employee benefits	28	639,108.	459,598.	178,501.
29	Payroll taxes	29	402,842.	321,152.	79,837.
30	Professional fundraising fees.	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	474,162.	367,950.	104,025.
34	Telephone	34	90,210.	21,628.	68,052.
35	Postage and shipping	35			
36	Occupancy	36	214,754.	19,840.	194,914.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	91,781.	32,730.	57,294.
39	Travel	39	105,272.	77,741.	26,303.
40	Conferences, conventions, and meetings	40			
41	Interest	41	108,188.	7,718.	100,470.
42	Depreciation, depletion, etc (attach schedule)	42	191,412.	4,167.	187,245.
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 3	43a	1,683,820.	801,343.	843,689.
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	9,600,467.	6,569,905.	2,957,423.

**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**

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.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 4</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>HEALTH CARE WAS PROVIDED TO MEDICALLY UNDERSERVED IN HEALTH PROFESSIONAL SHORTAGE AREA. PROVIDE TRAINING AND CONTINUING EDUCATION TO HEALTH CARE PROFESSIONALS</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	6,569,905.
b ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	6,569,905.

**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
<b>A S S E T S</b>	<b>45</b> Cash – non-interest-bearing	268,349.	<b>45</b>	917,449.
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable	<b>47a</b> 2,794,006.		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	896,392.	<b>47c</b> 2,794,006.
	<b>48a</b> Pledges receivable	<b>48a</b> 393,660.		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	276,201.	<b>48c</b> 393,660.
	<b>49</b> Grants receivable		104,688.	<b>49</b> 239,842.
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>
	<b>51a</b> Other notes & loans receivable (attach sch)	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use		207,693.	<b>52</b> 212,223.
	<b>53</b> Prepaid expenses and deferred charges		50,616.	<b>53</b> 34,983.
	<b>54</b> Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	593,698.	<b>54</b> 262,625.
	<b>55a</b> Investments – land, buildings, & equipment basis	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>
<b>56</b> Investments – other (attach schedule)			<b>56</b>	
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 3,394,686.			
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b> 1,055,045.	2,389,160.	<b>57c</b> 2,339,641.	
<b>58</b> Other assets (describe <input type="checkbox"/> <u>STATEMENT 5</u> <input type="checkbox"/> <u>SEE STATEMENT 6</u> )		396,865.	<b>58</b> 1,448,370.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58		5,183,662.	<b>59</b> 8,642,799.	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses		740,048.	<b>60</b> 885,198.
	<b>61</b> Grants payable			<b>61</b>
	<b>62</b> Deferred revenue			<b>62</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule)		1,791,897.	<b>64b</b> 1,573,196.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )			<b>65</b>
	<b>66 Total liabilities.</b> Add lines 60 through 65		2,531,945.	<b>66</b> 2,458,394.
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted		1,972,845.	<b>67</b> 4,552,032.
	<b>68</b> Temporarily restricted		660,422.	<b>68</b> 1,613,923.
	<b>69</b> Permanently restricted		18,450.	<b>69</b> 18,450.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund ...			<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income or other funds ...			<b>72</b>
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		2,651,717.	<b>73</b> 6,184,405.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		5,183,662.	<b>74</b> 8,642,799.

BAA

Form 990 (2005)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	13,113,172.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	13,113,172.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	13,113,172.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	9,600,467.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	9,600,467.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	9,600,467.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
SEE STATEMENT 7		133,516.	5,251.	0.



Part VI Other Information (continued)	Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</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.)		
<b>82 b</b> 184,881.		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	N/A	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b> Dues, assessments, and similar amounts from members	N/A	
<b>d</b> Section 162(e) lobbying and political expenditures	N/A	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
<b>86 501(c)(7) organizations</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	N/A	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87 501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders	N/A	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
<b>89 a 501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0. ; section 4912 ▶ 0. , section 4955 ▶ 0.		
<b>b 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
<b>90 a</b> List the states with which a copy of this return is filed ▶ AZ		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	140	
<b>91 a</b> The books are in care of ▶ LISA NELSON Telephone number ▶ 928-213-6100 Located at ▶ 2500 N. ROSE STREET, FLAGSTAFF, AZ, ZIP + 4 ▶ 86004		
<b>b</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)? If 'Yes,' enter the name of the foreign country ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶		X
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	N/A	N/A

**Part VII Analysis of Income-Producing Activities** (See the 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					4,820,390.
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	40,606.	
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	573,988.	
103 Other revenue					
a					
b AHCCCS PROSEPECTIVE P					2,943,570.
c MISCELLANEOUS					46,494.
d					
e					
104 Subtotal (add columns (B), (D), and (E))				614,594.	7,810,454.
105 Total (add line 104, columns (B), (D), and (E))					8,425,048.

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 the 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 the 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 the 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)

Please Sign Here

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.

Signature of officer: Benjamin Locklear Date: 7/4/2007

Type or print name and title: Benjamin Locklear, CFO

Paid Preparer's Use Only

Preparer's signature: William F. Chapman Date: 7/3/07

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed): FESTER & CHAPMAN P.C.

EIN: N/A

Address: 5725 N. SCOTTSDALE RD., SUITE 173

Phone no: (602) 264-3077

Address: SCOTTSDALE, AZ 85250

**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 4947(a)(1) Nonexempt Charitable Trust

**2005**

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
SEE STATEMENT 8		657,279.	15,152.	0.
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 ▶ \$ N/A

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

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(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) 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.)

(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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,648,450.	3,333,614.	2,639,481.	1,904,885.	11,526,430.
<b>16</b> Membership fees received					0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,993,711.	3,495,654.	2,163,922.	1,892,094.	10,545,381.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,110.	4,222.	14,601.	17,618.	47,551.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 9	984,327.	93,892.	71,151.	219,107.	1,368,477.
<b>23</b> Total of lines 15 through 22	7,637,598.	6,927,382.	4,889,155.	4,033,704.	23,487,839.
<b>24</b> Line 23 minus line 17	4,643,887.	3,431,728.	2,725,233.	2,141,610.	12,942,458.
<b>25</b> Enter 1% of line 23	76,376.	69,274.	48,892.	40,337.	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 258,849.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> 12,942,458.
<b>d</b> Add Amounts from column (e) for lines:	18	47,551.	19		
	22	1,368,477.	26b		<b>26d</b> 1,416,028.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 11,526,430.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 89.06 %
<b>27 Organizations described on line 12:</b> N/A					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:	(2004)	(2003)	(2002)	(2001)	
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b 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.	(2004)	(2003)	(2002)	(2001)	
<b>c</b> Add Amounts from column (e) for lines:	15		16		
	17	20	21		<b>27c</b>
<b>d</b> Add Line 27a total and line 27b total					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					<b>27f</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> %
<b>28 Unusual Grants:</b> 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	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

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

N/A

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

**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –		
<b>If the amount on line 40 is –</b>		
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		
<b>The lobbying nontaxable amount is –</b>		
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	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720		

**4 -Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

N/A

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

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



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

PHARMACY SALES	\$ 1,314,052.
GROSS SALES	\$ 1,314,052.
LESS RETURNS & ALLOWANCES	0.
NET SALES	\$ 1,314,052.
LESS COST OF GOODS SOLD	740,064.
GROSS PROFIT FROM SALES OF INVENTORY	\$ <u>573,988.</u>

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

UNRECOGNIZED HOLDING GAIN	\$ 19,983.
TOTAL	\$ <u>19,983.</u>

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

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
DUES & MEMBERSHIP	128,146.	18,966.	106,463.	2,717.
EDUCATION	46,442.	35,562.	10,285.	595.
INSURANCE	42,667.	312.	42,355.	
MISCELLANEOUS	165,535.	67,075.	92,862.	5,598.
PATIENT SCREENING & ASSISTANCE	210,722.	210,722.		
PROFESSIONAL FEES	796,220.	423,038.	343,304.	29,878.
RECRUITMENT	57,448.	38,177.	19,271.	
REPAIRS & MAINTENANCE	236,640.	7,491.	229,149.	
TOTAL	\$ <u>1,683,820.</u>	\$ <u>801,343.</u>	\$ <u>843,689.</u>	\$ <u>38,788.</u>

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

TO PROVIDE HEALTH CARE TO THE UNDERSERVED.

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

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
FURNITURE AND FIXTURES	\$ 83,347.	\$ 76,287.	\$ 7,060.
MACHINERY AND EQUIPMENT	530,112.	383,483.	146,629.
BUILDINGS	204,950.	26,365.	178,585.
IMPROVEMENTS	587,380.	181,872.	405,508.
LAND	1,413,147.		1,413,147.
MISCELLANEOUS	575,750.	387,038.	188,712.
<b>TOTAL</b>	<b>\$ 3,394,686.</b>	<b>\$ 1,055,045.</b>	<b>\$ 2,339,641.</b>

**STATEMENT 6**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

CONSTRUCTION DEPOSIT	\$ 722,989.
LOAN ISSUANCE COST	61,431.
PLEDGES NONCURRENT PORTION	663,950.
<b>TOTAL</b>	<b>\$ 1,448,370.</b>

**STATEMENT 7**  
**FORM 990, PART V-A**  
**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>
ANN ROGGENBUCK 4005 LAKE MARY RD. #2 FLAGSTAFF, AZ	CEO 0	\$ 133,516.	\$ 5,251.	\$ 0.
CHARLOTTE B. HAMILTON P.O. BOX 1326 ASH FORK, AZ 86320	BOARD MEMBER 0	0.	0.	0.
NORMA FIFE 230 W. SILVER SPRUCE FLAGSTAFF, AZ 86001	PRESIDENT 0	0.	0.	0.
ROGER SCHULER 1200 N. BEAVER ST. FLAGSTAFF, AZ 86001	TREASURER 0	0.	0.	0.
MICHAEL EARL, MD 1091 N. CONIFER FLAGSTAFF, AZ 86001	BOARD MEMBER 0	0.	0.	0.

NORTH COUNTRY COMMUNITY  
HEALTH CENTER, INC.

86-0663432

STATEMENT 7 (CONTINUED)  
FORM 990, PART V-A  
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
MAURICE MILLER 820 E. DAVID DRIVE FLAGSTAFF, AZ 86001	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
JOE MONTOYA 3420 S. PIMA FLAGSTAFF, AZ 86001	RETIRED EDUCATO 0	0.	0.	0.
SHARLENE FOUSER 9455 ANTOINETTE WAY FLAGSTAFF, AZ 86001	PRES ELECT 0	0.	0.	0.
ROBERT N. JOHNSON 1001 SKYVIEW STREET FLAGSTAFF, AZ 86004	BOARD MEMBER 0	0.	0.	0.
TERRY LACY 2607 N. CAREFREE CIRCLE FLAGSTAFF, AZ 86004	BOARD MEMBER 0	0.	0.	0.
LYNN EMERSON 3601 N. WALKER STREET FLAGSTAFF, AZ 86004	BOARD MEMBER 0	0.	0.	0.
DON E. KEIL PO BOX 69 GRAND CANYON, AZ 86023	BOARD MEMBER 0	0.	0.	0.
TODD BOSEN P.O BOX 1087 EAGAR, AZ 85925	SECRETARY 0	0.	0.	0.
SARA MUHAMMED 318 PASEO DEL FLAG FLAGSTAFF, AZ 86001	BOARD MEMBER 0	0.	0.	0.
BEVERLY SUETOPKA-ALEX 302 W. CHERRY STREET WINSLOW, AZ 86047	BOARD MEMBER 0	0.	0.	0.
TOTAL		\$ 133,516.	\$ 5,251.	\$ 0.

**STATEMENT 8**  
**SCHEDULE A, PART I**  
**COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE &amp; AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUTIO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT</u>
ANDREW SAAL M.D. 2500 N. ROSE ST. ,	MED DIRECTOR 0	137,592.	5,200.	0.
JILL ZURAWSKI 2500 N. ROSE ST. ,	PHYSICIAN 0	156,362.	0.	0.
KIMBERLEY WILLIAMS-BARNES 2500 N. ROSE ST. ,	DENTAL DIRECTOR 0	123,912.	4,956.	0.
THOMAS BIGHAM 2500 N ROSE STREET FLAGSTAFF, AZ 86004	PHYSICIAN 0	114,500.	0.	0.
JAMES SIELSKI 2500 N. ROSE ST. ,	PHYSICIAN 0	124,913.	4,996.	0.
	TOTAL	<u>\$ 657,279.</u>	<u>\$ 15,152.</u>	<u>\$ 0.</u>

**STATEMENT 9**  
**SCHEDULE A, PART IV-A, LINE 22**  
**OTHER INCOME**

<u>DESCRIPTION</u>	<u>(A) 2004</u>	<u>(B) 2003</u>	<u>(C) 2002</u>	<u>(D) 2001</u>	<u>(E) TOTAL</u>
OTHER	\$ 984,327.	\$ 93,892.	\$ 71,151.	\$ 219,107.	\$ 1,368,477.
TOTAL	<u>\$ 984,327.</u>	<u>\$ 93,892.</u>	<u>\$ 71,151.</u>	<u>\$ 219,107.</u>	<u>\$ 1,368,477.</u>

**North Country Community Health Center  
Depreciation Schedule By Class  
For the Fiscal Year through 6/30/06**

Num		Cost	6/30/06 Acc Dep	Current Yr Year Dep	Annual Net Book	Depr Curr Period	Acct #
	Building (Fig) Land	1,260,000.00	0.00	0.00	1,260,000.00	0.00	1805
	Buildings	278,586.17	15,788.16	10,577.22	252,220.79	985.61	1810
		0.00	0.00	0.00	0.00	0.00	1810
	Bldg In Progress	79,511.29	0.00	0.00	79,511.29	0.00	1811
Class 10 Total	build Impr	508,398.81	297,005.56	34,390.22	360,081.03	2,865.87	1820
Class 11 Total	build Impr	50,973.00	25,952.80	3,190.40	21,829.80	265.86	1820
Class 12 Total	build Impr (con)	2,950.00	1,517.33	196.66	1,236.01	16.39	1820
Class 13 Total	buildings	5,058.00	2,062.62	634.48	2,360.90	52.87	1820
Class 01 Total	F&f	70,130.16	59,340.72	3,729.30	7,060.14	310.80	1840
Class 03 Total	F&F TT	1,385.00	1,385.00	0.00	0.00	0.00	1840
Class 05 Total	Med Filing Fed	8,578.00	8,578.00	0.00	0.00	0.00	1840
Class 06 Total	Med Filing TT	3,254.00	3,254.00	0.00	0.00	0.00	1840
Class 14 Total	equip med	372,497.88	279,785.82	17,216.71	75,495.35	1,637.59	1850
Class 15 Total	Leashold Imp	20,000.00	0.00	0.00	20,000.00	0.00	1850
Class 16 Total	Dental Equip	139,240.98	51,815.60	26,949.20	60,476.18	2,268.82	1860
Class 14a Total	Equip Pharm	18,373.47	4,041.16	3,674.69	10,657.62	306.22	1870
Class 17 Total	Capital Lease	76,127.00	22,221.57	15,225.40	38,680.03	1,268.78	1890
Class 07 Total	computers	462,715.97	271,041.26	74,157.12	117,517.59	6,179.73	1890
Class 08 Total	computers	10,471.00	10,397.20	73.80	0.00	6.15	1890
Class 18 Total	Office Equipment	26,435.80	858.73	1,397.06	24,180.01	116.42	1890
	Totals	3,394,686.53	1,055,045.53	191,412.26	2,331,306.74	16,281.11	

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

***New Bldg Land***

<b>Num</b>	<b>Description</b>	<b>Date</b>	<b>Method</b>	<b>Life</b>	<b>Cost</b>	<b>Prior Yr Acc Dep</b>	<b>Current Year Dep</b>	<b>Yr End NBV</b>	<b>Depr Cur Per</b>
1	land - 4th st	2/3/05			1,250,000.00	-	-	1,250,000.00	-
2	land - condo	10/1/01			10,000.00	-	-	10,000.00	-
<b>New Bldg Land Total</b>					<u>1,260,000.00</u>	<u>-</u>	<u>-</u>	<u>1,260,000.00</u>	<u>-</u>

1/0/00

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

**Condo - Building**

<b>Num</b>	<b>Description</b>	<b>Date</b>	<b>Method</b>	<b>Life</b>	<b>Cost</b>	<b>Prior Yr Acc Dep</b>	<b>Current Year Dep</b>	<b>Yr End NBV</b>	<b>Depr Cur Per</b>
1	Condo	10/1/01	S/L	27.5	115,438.97	14,692.56	4,197.78	96,548.63	349.82
2	Closing Costs	2/3/05	S/L	5	13,147.20	1,095.60	2,629.44	9,422.16	219.12
3	House	2/3/05	S/L	40	150,000.00	-	3,750.00	146,250.00	416.67
Condo Building total					<u>278,586.17</u>	<u>15,788.16</u>	<u>10,577.22</u>	<u>252,220.79</u>	<u>985.61</u>

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	Current	Yr End	Depr		
						Acc Dep	Year Dep	NBV	Cur Per	LOC	
6	Renovations	05/01/98	S/L	15	24,838.00	11,867.87	1,655.87	11,314.26	137.99		
7	Renovations	07/29/98	S/L	15	12,014.00	5,539.93	800.93	5,673.14	66.74		
8	Renovations	10/19/98	S/L	15	6,287.00	2,793.13	419.13	3,074.74	34.93		
9	Renovations	09/01/98	S/L	15	5,897.00	2,686.13	393.13	2,817.74	32.76		
10	Building Improvements	10/19/98	S/L	15	4,106.00	1,825.73	273.73	2,006.54	22.81		
11	Building Improvements	08/05/98	S/L	15	12,014.00	5,539.93	800.93	5,673.14	66.74		
12	Renovations	12/18/98	S/L	15	1,160.00	501.33	77.33	581.34	6.44		
13	Renovations	01/05/99	S/L	15	970.00	421.67	64.67	483.66	5.39		
14	Building Improvements	02/05/99	S/L	15	2,034.00	872.60	135.60	1,025.80	11.30		
15	Building Improvements	09/18/98	S/L	15	11,865.00	5,339.00	791.00	5,735.00	65.92		
16	Building Improvements	02/05/99	S/L	15	490.00	211.67	32.67	245.66	2.72		
17	Building Improvements	02/05/99	S/L	15	605.00	257.33	40.33	307.34	3.36		
18	Building Improvements	02/05/99	S/L	15	3,805.00	1,619.67	253.67	1,931.66	21.14		
19	Building Improvements	03/19/99	S/L	15	3,232.00	1,344.47	215.47	1,672.06	17.96		
20	Building Improvements	11/20/98	S/L	15	1,814.00	796.93	120.93	896.14	10.08		
21	Building Improvements	12/07/98	S/L	15	1,564.00	685.27	104.27	774.46	8.69		
23	Building Improvements	12/18/98	S/L	15	2,580.00	1,118.00	172.00	1,290.00	14.33		
24	Building Improvements	08/20/99	S/L	15	3,618.00	1,406.20	241.20	1,970.60	20.10		
25	Building Improvements	10/20/99	S/L	15	2,700.00	1,020.00	180.00	1,500.00	15.00		
26	New Carpet	11/30/99	S/L	15	1,682.00	625.13	112.13	944.74	9.34		
27	Building Improvements	11/30/99	S/L	15	2,187.00	814.80	145.80	1,226.40	12.15		
28	Building Improvements	11/30/99	S/L	15	912.00	339.80	60.80	511.40	5.07		
29	Building Improvements	05/14/00	S/L	15	560.00	204.33	37.33	318.34	3.11		
30	Building Improvements	06/30/00	S/L	15	1,161.00	385.40	77.40	698.20	6.45		
31	Building Improvements	07/01/00	S/L	15	293.00	99.53	19.53	173.94	1.63		
32	Building Improvements	07/26/00	S/L	15	1,609.00	526.27	107.27	975.46	8.94		
33	Building Improvements	07/31/00	S/L	15	328.00	107.87	21.87	198.26	1.82		
34	Building Improvements	09/11/00	S/L	15	320.00	102.33	21.33	196.34	1.78		
35	Building Improvements	09/21/00	S/L	15	930.00	295.00	62.00	573.00	5.17		
36	Building Improvements	10/01/00	S/L	15	577.00	181.47	38.47	357.06	3.21		
37	Shelving	01/01/01	S/L	15	761.00	228.73	50.73	481.54	4.23		
39	Building Improvements	02/28/01	S/L	15	4,410.00	1,207.00	294.00	2,909.00	24.50		
40	Building Improvements	<b>03/01/01</b>	S/L	15	310.00	90.67	20.67	198.66	1.72		
41	Building Improvements	<b>03/20/01</b>	S/L	15	1,116.00	315.40	74.40	726.20	6.20		
42	Building Improvements	<b>03/27/01</b>	S/L	15	786.00	221.40	52.40	512.20	4.37		
43	Building Improvements	04/24/01	S/L	15	34.00	8.27	2.27	23.46	0.19		
44	Security System	05/01/01	S/L	7	2,107.00	1,254.00	301.00	552.00	25.08		
45	Building Improvements	<b>05/21/01</b>	S/L	15	64,418.00	17,537.53	4,294.53	42,585.94	357.88		
46	Building Improvements	<b>06/27/01</b>	S/L	15	769.00	204.27	51.27	513.46	4.27		
47	Building Improvements	<b>06/29/01</b>	S/L	15	7,750.00	2,067.67	516.67	5,165.66	43.06		
48	Window Graphics (1/2)	07/30/01	S/L	7	256.00	144.57	36.57	74.86	3.05		
49	Security System	07/31/01	S/L	7	2,666.00	1,491.86	380.86	793.28	31.74		
50	Springerville Build-out	06/19/03	S/L	15	62,250.00	8,646.00	4,150.00	49,454.00	345.83		
51	Winslow Build-out	05/01/03	S/L	15	87,283.00	12,607.87	5,818.87	68,856.26	484.91		
52	Construct office on 4th	05/14/03	S/L	15	800.00	113.33	53.33	633.34	4.44		
53	Improvements at Rose	06/01/03	S/L	15	3,582.00	497.80	238.80	2,845.40	19.90		
54	Improvement Winslow	07/15/03	S/L	15	2,984.00	397.93	198.93	2,387.14	16.58		
55	RV Improvements	07/15/03	S/L	15	33,307.00	4,440.47	2,220.47	26,646.06	185.04		
56	Improvements at Rose (tr	08/15/03	S/L	15	8,426.00	1,076.73	561.73	6,787.54	46.81		
57	Improvements at Rose	09/04/03	S/L	15	6,969.00	851.60	464.60	5,652.80	38.72		
58	Fence at Rose	09/29/03	S/L	15	2,208.00	270.20	147.20	1,790.60	12.27		
59	Shed at Rose	11/30/03	S/L	15	1,025.00	108.33	68.33	848.34	5.69		
60	Pharmacy/bathroom/dent	11/15/03	S/L	15	42,863.00	4,521.87	2,857.53	35,483.60	238.13		
61	Dental Floor	11/19/03	S/L	15	17,471.00	1,843.73	1,164.73	14,462.54	97.06		
62	Pharmacy/bathroom/dent	12/19/03	S/L	15	30,000.00	3,000.00	2,000.00	25,000.00	166.67		
63	Shelving	10/31/03	S/L	15	2,335.00	272.67	155.67	1,906.66	12.97		
64	Conference/Trailer Bath	02/15/04	S/L	15	2,746.00	259.07	183.07	2,303.86	15.26		
65	Stratline - Improvements	03/17/04	S/L	15	5,121.00	455.40	341.40	4,324.20	28.45		
66	Aegis Security - Trailers	04/06/04	S/L	7	1,493.81	264.40	213.40	1,016.01	17.78		
Class 10 Total					<b>508,398.81</b>	<b>113,927.56</b>	<b>34,390.22</b>	<b>360,081.03</b>	<b>2,865.87</b>		

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	Yr End NBV	Depr Cur Per LOC
4	renovations	4/1/98	S/L	15	17,699.00	8,554.93	1,179.93	7,964.14	98.33
5	renovations	5/1/98	S/L	15	17,699.00	8,456.93	1,179.93	8,062.14	98.33
7	renovations	6/11/98	S/L	15	1,564.00	737.27	104.27	722.46	8.69
8	renovations	6/19/98	S/L	15	886.00	413.07	59.07	413.86	4.92
9	renovations	6/30/98	S/L	15	6,666.00	3,108.40	444.40	3,113.20	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	241.00	34.00	235.00	2.83
12	floors	6/30/98	S/L	15	2,832.00	1,324.20	188.80	1,319.00	15.73
Class 11 Total					<u>50,973.00</u>	<u>25,952.80</u>	<u>3,190.40</u>	<u>21,829.80</u>	<u>265.86</u>

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**

<b>Num</b>	<b>Description</b>	<b>Date</b>	<b>Method</b>	<b>Life</b>	<b>Cost</b>	<b>Prior Yr Acc Dep</b>	<b>Current Year Dep</b>	<b>Yr End NBV</b>	<b>Depr Cur Per</b>	<b>LOC</b>
1	Leashold imspvements	6/5/97	S/L	15	1,083.00	582.20	72.20	428.60	6.02	
2	flooring	11/20/97	S/L	15	527.00	265.13	35.13	226.74	2.93	
3	revovations	1/1/98	S/L	15	1,340.00	670.00	89.33	580.67	7.44	
<b>Class 12 Total</b>					<b>2,950.00</b>	<b>1,517.33</b>	<b>196.66</b>	<b>1,236.01</b>	<b>16.39</b>	

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	Yr End NBV	Depr Cur Per	LOC
1	Condo improvements	7/11/01	S/L	15	2,000.00	532.33	133.33	1,334.34	11.11	
2	Furniture	9/7/01	S/L	7	125.00	68.86	17.86	38.28	1.49	
3	Appraisal	9/13/01	S/L	3	350.00	350.00	-	-	-	
4	Beds	9/19/01	S/L	7	583.00	311.29	83.29	188.42	6.94	
5	Trailers	6/30/03	S/L	5	2,000.00	800.14	400.00	799.86	33.33	
Class 13 Total					<u>5,058.00</u>	<u>2,062.62</u>	<u>634.48</u>	<u>2,360.90</u>	<u>52.87</u>	

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	Yr End NBV	Depr Cur Per	06-07 Budget
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	844.71	63.29	0.00	5.27	
21	Credit Card Machine	3/5/99	S/L	7	575.00	519.14	55.86	0.00	4.66	
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	828.00	0.00	0.00	0.00	
24	Walkie Talkies	11/30/99	S/L	7	1,480.00	1,178.43	211.43	90.14	17.62	90.14
25	Chairs	11/30/99	S/L	7	5,433.00	4,333.14	776.14	323.72	64.68	323.72
26	Walkie Talkies	3/3/00	S/L	7	365.00	282.14	52.14	30.72	4.35	30.72
27	Phone system upgrade	2/3/00	S/L	7	1,721.00	1,331.86	245.86	143.28	20.49	143.28
28	Walkie Talkies	6/2/00	S/L	7	295.00	214.14	42.14	38.72	3.51	38.72
29		8/24/00	S/L	7	3,496.00	2,412.43	499.43	584.14	41.62	499.43
30	Walkie Talkies	8/1/00	S/L	7	295.00	207.14	42.14	45.72	3.51	42.14
31	Furniture-Outreach	8/1/00	S/L	7	1,353.00	949.29	193.29	210.42	16.11	193.29
32	Desk	9/1/00	S/L	7	472.00	324.43	67.43	80.14	5.62	67.43
33	Fax Machine-outreach	9/15/00	S/L	5	139.00	134.80	4.20	0.00	0.35	0
34	Office Equip-Outreach	9/20/00	S/L	7	1,539.00	1,044.86	219.86	274.28	18.32	219.86
35	End Tab File Cart	9/20/00	S/L	7	849.00	575.29	121.29	152.42	10.11	121.29
36	Medical Record Cabinet	9/25/00	S/L	7	565.00	384.71	80.71	99.58	6.73	80.71
37	File Cabinets	12/1/00	S/L	7	672.00	440.00	96.00	136.00	8.00	96
38	Phone System	1/9/01	S/L	5	1,886.17	1,700.54	185.63	0.00	15.47	185.63
39	Waiting Room Chairs - Flag	8/31/04	S/L	5	3,147.99	524.67	629.60	1,993.72	52.47	629.6
	Furniture housing units (2)	3/24/06	S/L	7	3,000.00	0.00	142.86	2,857.14	11.91	428.57
Class 01 Total					<u>70,130.16</u>	<u>59,340.72</u>	<u>3,729.30</u>	<u>7,060.14</u>	<u>310.80</u>	3190.53

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

**03- Furniture & Fixtures - Tobacco Tax**

<b>Num</b>	<b>Description</b>	<b>Date</b>	<b>Method</b>	<b>Life</b>	<b>Cost</b>	<b>Prior Yr Acc Dep</b>	<b>Current Year Dep</b>	<b>Yr End NBV</b>	<b>Depr Cur Per</b>
18	50 stacking chairs	11/8/97	S/L	7	1,385.00	1,385.00	0.00	0.00	0.00
<b>Class 03 Total</b>					<u>1,385.00</u>	<u>1,385.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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**

<b>Num</b>	<b>Description</b>	<b>Date</b>	<b>Method</b>	<b>Life</b>	<b>Cost</b>	<b>Prior Yr Acc Dep</b>	<b>Current Year Dep</b>	<b>Yr End NBV</b>	<b>Depr Cur Per</b>
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					<u>8,578.00</u>	<u>8,578.00</u>	-	-	-

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**

<b>Num</b>	<b>Description</b>	<b>Date</b>	<b>Method</b>	<b>Life</b>	<b>Cost</b>	<b>Prior Yr Acc Dep</b>	<b>Current Year Dep</b>	<b>Yr End NBV</b>	<b>Depr Cur Per</b>
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**

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Yr End NBV	Depr Cur Per	LOC	06-07 Budget
1	medical equipment	6/1/97	S/L	7	1,102 00						
2	dental equipment	6/20/97	S/L	5	22,234 00	22,234 00					
3	Statm 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	Marte 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	dial 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	8,999 02					
16	Midmark M9 ultracav	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	maximizer vacuum 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	lyfrecator	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	3,083 00	3,083 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	Defibrillator kit	04/05/99	S/L	5	3,085 00	3,085 00					
79	Sink	04/28/99	S/L	5	720 00	720 00					
80	Coposcopy Machine	10/05/99	S/L	5	1,000 00	1,000 00					
72	Conversion kit	08/03/00	S/L	5	654 00	643 80	10 20	0 00	0 85		
83	Cholestech LDX System	06/01/01	S/L	5	2,916 00	2,381 20	534 80	-	44 57		
84	Phse Oxlmeter	09/27/01	S/L	5	556 00	416 20	111 20	28 60	9 27		28 6
86	Winslow Equipment	04/22/03	S/L	5	14,829 00	8,403 80	2,965.80	3,459 40	247 15	Wtn	2965 8
87	Round Valley Equipment	06/17/03	S/L	5	5,347 00	3,029 40	1,069 40	1,248 20	89 12	RV	1069 4
88	Round Valley Equipment	07/15/03	S/L	5	23,832 00	9,520 40	4,760 40	5,521 20	396 70	RV	4760 4
89	Enteck	12/01/03	S/L	5	988 00	312 60	197 60	477 80	16 47		197 6
91	Provider licensure on Centrlicity	09/30/04	S/L	5	14,595 00	2,189 25	2,919 00	9,466 75	243 25		2919
92	Sterilizer Steam Auto - Medical	09/27/04	S/L	5	2,417 78	362 67	483 56	1,571.55	40 30		483 56
93	EKG Machine	11/14/04	S/L	5	1,923 60	256 48	384 72	1,282 40	32 06		384 72
94	Grand Canyon walk-in Clinic - Purch	06/31/05	S/L	5	25,000 00	-	4,166 67	20,833 33	416 67	GC	5,000 00
95	Sterilizer Steam Auto - Medical	09/01/05	S/L	5	3,102 36	-	517 06	2,585 30	51 71		620 47
96	Automated monitor	12/17/05	S/L	5	3,534 15	-	412.32	3,121.83	58 90	GC	706 83
97	Leisegang Coposcope (used)	01/23/06	S/L	5	3,550 00	-	355 00	3,195 00	50 71		710 00
98	LEEP System 1000 workstation	02/17/06	S/L	5	4,350 00	-	362.50	3,987.50	51 79	flag- OB/Gyn	870 00
99	Chemistry analyzer	03/15/06	S/L	5	15,000 00	-	1,000 00	14,000 00	142 86	GC	3,000 00
100	Hemoglobin analyzer kits	04/01/06	S/L	5	13,475 00	-	673 75	12,801 25	96 25	flag	2,695 00
101	Vital signs monitors	04/01/06	S/L	5	4,887 06	-	244.35	4,642 71	34 91	GC	977 41
102	HP Codemaster Defibrillator	04/20/06	S/L	5	1,800 00	-	90 00	1,710 00	12 86	SJ	360 00
	Ice Machine	06/15/06	S/L	5	2,500 91	-	125 05	2,375.86	17 86	GC	500 182

Class 14 Total

397,497 88    279,785 82    21,383 38    96,328 68    2,054 26

28248 98



**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	Yr End NBV	Depr Cur Per	LOC	06-07 Budget
1	Winslow Dental Equipment	6/15/03	S/L	5	117,893.00	48,139.60	23,578.60	46,174.80	1,964.88		23,578.60
	Winslow Dental Equipment	07/15/03	S/L	5	5,810.00	2,324.00	1,162.00	2,324.00	96.83		1,162.00
	Dental	09/30/03	S/L	5	2,759.00	965.80	551.80	1,241.40	45.98		551.80
	Dental Chair Installations	02/15/04	S/L	5	1,364.98	386.20	273.00	705.78	22.75		273.00
	X-ray Machine (wnslw)	09/01/05	S/L	5	7,525.00	-	1,254.17	6,270.83	125.42	60	1,505.00
	X-ray Machine	05/11/06	S/L	5	3,889.00	-	129.63	3,759.37	12.96		777.80
<b>Class 16 Total</b>					<b>139,240.98</b>	<b>51,815.60</b>	<b>26,949.20</b>	<b>60,476.18</b>	<b>2,268.82</b>		<b>27,848.20</b>

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

**14a - Equipment- Pharmacy - Non-Federal**

Num	Description	Date	Method	Life	Cost	Prior Yr Acc Dep	Current Year Dep	Yr End NBV	Depr Cur Per	LOC	06-07 budget
85	Pharmacy Equipment	02/20/01	S/L	5	645.00	516.00	129.00	-	10.75		0
90	QS1 POS	09/26/03	S/L	5	7,675.47	2,687.41	1,535.09	3,452.97	127.92		1535.09
95	QS1 equipment	02/01/05	S/L	5	10,053.00	837.75	2,010.60	7,204.65	167.55		2010.6
Class 14a Total					<u>18,373.47</u>	<u>4,041.16</u>	<u>3,674.69</u>	<u>10,657.62</u>	<u>306.22</u>		3545.69

01/00/00

**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	Yr End NBV	Depr Cur Per	LOC	06-07 Budget
2	YM6-00540 Xerox SJ	10/31/02	S/L	5	6,110.00	2,840.72	1,222.00	2,047.28	101.83		1,222.00
3	3 in 1 GFE025447 Rose MR	10/31/02	S/L	5	2,343.00	1,565.74	468.60	308.66	39.05		308.66
4	3 in 1 GFE021981 Rose HR	10/31/02	S/L	5	2,343.00	1,565.74	468.60	308.66	39.05		308.66
5	Equipment - lap, base, pro	09/23/02	S/L	5	6,699.00	3,884.80	1,339.80	1,474.40	111.65		1,339.80
6	3 in 1 GFE-049621 RV	07/01/03		5	2,994.00	1,197.80	598.80	1,197.40	49.90		598.80
7	3 in 1 GFE-049621 W	07/01/03		5	2,749.00	1,099.80	549.80	1,099.40	45.82		549.80
8	WCP32 - AHEC	08/01/03		5	17,150.00	6,860.00	3,430.00	6,860.00	285.83		3,430.00
10	MWH162275 - West FO	02/12/04		5	6,725.00	1,905.00	1,345.00	3,475.00	112.08		1,345.00
11	Dell Computers	07/01/04		5	4,464.00	892.80	892.80	2,678.40	74.40		892.80
12	WC45HC Copier - Mail Rm	06/01/05		5	24,550.00	409.17	4,910.00	19,230.83	409.17		4,910.00
Class 17 Total					<u>76,127.00</u>	<u>22,221.57</u>	<u>15,225.40</u>	<u>38,680.03</u>	<u>1,268.78</u>		14,905.52

6110 Note to Auditors  
Amount s/h/b 10796  
with num 2,3,4

**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	Yr End NBV	Depr Cur Per	LOC
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	1,723 00	0.00	0.00	0.00	
26	Computer/2 monitors	03/27/00	S/L	5	1,022 00	1,022 00	0.00	0.00	0.00	
27	Computer Hardware	05/16/00	S/L	5	1,226 00	1,226 00	0.00	0.00	0.00	
28	Computer Modem	06/16/00	S/L	5	152 00	150 40	1 60	0.00	0.13	
29	Computer	07/03/00	S/L	5	704 00	704 00	0.00	0.00	0.00	
30	Computer Server	07/20/00	S/L	5	4,625.00	4,548 00	77 00	0.00	6 42	
31	Computer	08/01/00	S/L	5	800 00	787 00	13.00	0.00	1 08	
32	Computers	09/20/00	S/L	5	3,275.00	3,111.00	164.00	0.00	13 67	
33	Computer	09/21/00	S/L	5	751 00	713 20	37.80	0.00	3 15	
34	Computer	10/05/00	S/L	5	519 00	493 80	25 20	0.00	2 10	
35	Computer	11/03/00	S/L	5	719 00	671 80	47 20	0.00	3 93	
36	Server/Hardware Upg	01/01/01	S/L	5	5,121 00	4,608 20	512 80	0.00	42 73	
38	New Server Install	01/09/01	S/L	5	1,250 00	1,125 00	125 00	0.00	10 42	
39	Phone System	1/9/01	S/L	5	1,886.00	1,697 20	188 80	0.00	15 73	
40	Okidata Printer	02/06/01	S/L	5	1,416.00	1,250 20	165 80	0.00	13 82	
41	Computer	02/15/01	S/L	5	941.00	830 20	110 80	0.00	9 23	
42	Compaq DeskPro	03/26/01	S/L	5	1,088 00	925 60	162 40	0.00	13.53	
43	Compaq DeskPro	04/04/01	S/L	5	986.00	804.20	181.80	0.00	15 15	
44	Powerchute Plus	06/21/01	S/L	5	498 00	399 60	98 40	0.00	8 20	
45	Gateway Computer	06/30/01	S/L	5	693 00	555 60	137 40	0.00	11 45	
46	15 Computers/7 Mon	07/08/01	S/L	5	12,089 00	9,671.80	2,417 20	0.00	201 43	
47	Danbuild Computer	07/30/01	S/L	5	1,103 00	864 60	220 60	17 80	18 38	
48	Computer GNAT Box	07/31/01	S/L	5	3,523 00	2,760 60	704 60	57 80	58 72	
49	Computers, Monitors	08/31/01	S/L	5	4,397 00	3,370 40	879 40	147 20	73 28	
50	15" LCD Flat Display	08/31/01	S/L	5	3,548 00	2,720 60	709 60	117 80	59 13	
51	Network Hardware	08/31/01	S/L	5	728 00	558 60	145 60	23 80	12 13	
52	Network Hardware	08/31/01	S/L	5	1,290 00	989 00	258 00	43.00	21 50	
86	Crediting Software	08/31/01	S/L	3	4,063 00	5,191.33	-1,128 33	0.00	-94 03	
87	Accounting Software	09/12/01	S/L	3	6,536 00	8,352.67	-1,816 67	0.00	-151 39	
88	Star Band Satellite	09/13/01	S/L	5	792 00	606 40	158 40	27 20	13 20	
89	Software	09/27/01	S/L	3	770 00	963 67	-193 67	0.00	-16.14	
90	Computers	10/17/01	S/L	5	2,429 00	1,781 80	485 80	161.40	40 48	
91	Software Licenses	11/07/01	S/L	3	2,193 00	2,680 00	-487 00	0.00	-40 58	
93	Computers	12/31/01	S/L	5	6,476.00	4,531 20	1,295 20	649 60	107 93	
94	Computers	02/15/02	S/L	5	1,500 00	1,025 00	300 00	175 00	25 00	
95	Computer	04/14/02	S/L	5	872 00	522.40	174 40	175 20	14 53	
96	Cisco PIX Firewall (St Johns)	08/19/02	S/L	5	616 42	359 28	123 28	133 86	10 27	
97	Dell Laptop - Sue	08/13/02	S/L	5	2,850 00	1,663 00	570 00	617 00	47 50	
98	Dell Server - telephones	08/13/02	S/L	5	1,478 00	862 60	295 60	319 80	24 63	
99a	Dell Computers - WW	09/23/02	S/L	5	1,495.51	847 20	299 10	349.21	24 93	
100	5 Flat Panel monitors - 1 dental	09/23/02	S/L	5	2,563 60	1,452 72	512.72	598 16	42 73	Credit from dell adjusted in amount
101	Computer	12/17/02	S/L	5	1,532 23	765 45	306 45	460 33	25 54	
102	Winslow Computers	10/18/01	S/L	5	660 00	484 00	132 00	44 00	11 00	
103	Millbrook Practice Management	06/30/03	S/L	5	134,675 00	53,870 00	26,935 00	53,870 00	2,244 58	
104	Purchases from Insight	06/30/03	S/L	5	4,961.00	1,984 20	992 20	1,984 60	82 68	
105	Purchases from OCB	06/30/03	S/L	5	6,670 00	2,668 00	1,334 00	2,668 00	111 17	
106	Purchases from Acute Technologies	06/30/03	S/L	5	1,809 00	723 80	361 80	723 40	30 15	
107	Dell Computers	07/15/03	S/L	5	24,980 00	9,992 00	4,996 00	9,992 00	416 33	
108	Dell Computers	07/15/03	S/L	5	22,489 00	8,995 60	12,831 80	661 60	1,069 32	
109	Dell Computers	07/15/03	S/L	5	24,597 00	9,838 40	4,919 40	9,839 20	409 95	
110	Thin Clients (acute technology)	07/17/03	S/L	5	1,754 00	701 80	350 80	701 40	29 23	
111	Millbrook Practice Management completed	07/31/03	S/L	5	33,669 00	12,904 23	6,733 80	14,030 97	561 15	
112	Telephone Licenses	02/15/04	S/L	5	1,630 00	462 00	326 00	842 00	27 17	
113	AMEX CDW Govt Equip - network	03/03/04	S/L	5	1,029 00	274 80	205 80	548 40	17 15	
114	AMEX Worldwide Technology - network	04/22/04	S/L	5	8,507 35	1,985 47	1,701 47	4,820 41	141 79	
115	Dell Computers (4) 3 ww 1 bill	05/12/04	S/L	5	3,868 00	902 60	773 60	2,191 80	64 47	
116	Computer Equip final prnt	05/12/04	S/L	5	931 92	217 38	186 38	528 16	15 53	
117	Computer s	06/02/04	S/L	5	3,798 00	822 60	759 60	2,215 80	63 30	
118	Dell Computer (2) wins + ash	01/26/04	S/L	5	3,072.83	870.57	614.57	1,587 69	51 21	
119	MIPS payroll module	08/06/04	S/L	5	3,341.11	612 54	668 22	2,060 35	55 69	
120	Voicemail system upgrade - fig	05/31/05	S/L	5	5,277.00	87.95	1,055 40	4,133 65	87.95	
121										

Class 07 Total

462,715.97 271,041.26 74,157.12 117,517.59 6,179.73

**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	Yr End NBV	Depr Cur Per	LOC
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	674.20	73.80	0.00	6.15	
Class 08 Total					<u>10,471.00</u>	<u>10,397.20</u>	<u>73.80</u>	<u>0.00</u>	<u>6.15</u>	

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	Yr End NBV	Depr Cur Per	06-07 Budget
6	Medical Arts Press	8/25/03	S/L	5	2,342.00	858.73	468.40	1,014.87	39.03	468.40
	Telephones (14) 4th st	3/21/06	S/L	5	6,623.00	-	441.53	6,181.47	36.79	1,324.60
	Toshiba IP phones 4th st	5/2/06	S/L	5	5,042.00	-	168.07	4,873.93	14.01	1,008.40
	Router for 4th St phones	5/31/06	S/L	5	2,428.80	-	80.96	2,347.84	6.75	485.76
	'97 FORD Diesel 250	5/20/06	S/L	7	10,000.00	-	238.10	9,761.90	19.84	1,428.57
					-	-	-	-	-	
Class 18 Total					<u>26,435.80</u>	<u>858.73</u>	<u>1,397.06</u>	<u>24,180.01</u>	<u>116.42</u>	4715.73

# 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](http://www.irs.gov/efile).

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	NORTH COUNTRY COMMUNITY HEALTH CENTER, INC.	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	state ZIP code
	FLAGSTAFF, AZ 86004	

**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 ▶ LISA NELSON -----

Telephone No. ▶ 928-213-6100 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 07, 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 05, and ending 6/30, 20 06
- 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.**

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.**

<b>Type or print</b>  <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization <b>NORTH COUNTRY COMMUNITY HEALTH CENTER, INC.</b>	Employer identification number <b>86-0663432</b>
	Number, street, and room or suite number If a P O box, see instructions <b>2500 N. ROSE STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>FLAGSTAFF, AZ 86004</b>	

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

**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 **LISA NELSON**  
 Telephone No. **928-213-6100** 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.

**4** I request an additional 3-month extension of time until 5/15, 20 07.

**5** For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 05, and ending 6/30, 20 06

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

**7** State in detail why you need the extension ADDITIONAL TIME IS REQUIRED IN ORDER TO OBTAIN THE INFORMATION NECESSARY TO COMPLETE AN ACCURATE RETURN.

**8a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

**b** 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 \$ \_\_\_\_\_

**c 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 [Signature] Title Agent Date 5/5/07

**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. \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

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

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