

**Return of Organization Exempt From Income Tax**

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

**2006**

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 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

- 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.

**C**  
NORTH COUNTRY COMMUNITY  
HEALTH CENTER, INC.  
2920 N. 4TH STREET  
FLAGSTAFF, AZ 86004

**D** Employer Identification Number  
86-0663432

**E** Telephone number  
928-213-6100

**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  
(If 'No,' attach a list. See instructions.)
- H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site: N/A

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

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

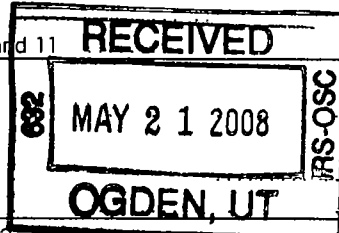
**I** Group Exemption Number

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

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 13,836,933.

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

<b>1</b> Contributions, grants, and similar amounts received:				
<b>a</b> Contributions to donor advised funds	<b>1a</b>			
<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	291,763.		
<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	3,754,119.		
<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>4,045,882.</u> noncash \$ _____)	<b>1e</b>			4,045,882.
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			6,039,959.
<b>3</b> Membership dues and assessments	<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b> Dividends and interest from securities	<b>5</b>			95,294.
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>			
<b>8d</b>	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	1,381,907.		
<b>b</b> Less cost of goods sold	<b>10b</b>	763,670.		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			618,237.
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			2,273,891.
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			13,073,263.
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			8,496,811.
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			3,947,552.
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			34,035.
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			12,478,398.
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>			594,865.
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			6,184,405.
<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	<b>20</b>			119,505.
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			6,898,775.



SCANNED JUN 26 2008

EXEMPT ASSETS

P 1

**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
<b>22 a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22 a</b>			
<b>22 b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22 b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25 a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	<b>25 a</b>	0.	0.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	<b>25 b</b>	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25 c</b>	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	7,160,409.	5,612,504.	1,547,905.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>	109,688.	85,473.	24,215.
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	735,553.	448,516.	287,037.
<b>29</b> Payroll taxes	<b>29</b>	498,885.	390,807.	108,078.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>	440,663.	306,247.	134,416.
<b>34</b> Telephone	<b>34</b>	184,503.	26,305.	158,198.
<b>35</b> Postage and shipping	<b>35</b>			
<b>36</b> Occupancy	<b>36</b>	317,756.	27,318.	290,438.
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>	102,103.	44,816.	57,287.
<b>39</b> Travel	<b>39</b>	159,749.	104,431.	55,318.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>	164,845.	72,259.	92,586.
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	400,209.		400,209.
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> SEE STATEMENT 3	<b>43 a</b>	2,204,035.	1,378,135.	791,865.
<b>b</b> -----	<b>43 b</b>			
<b>c</b> -----	<b>43 c</b>			
<b>d</b> -----	<b>43 d</b>			
<b>e</b> -----	<b>43 e</b>			
<b>f</b> -----	<b>43 f</b>			
<b>g</b> -----	<b>43 g</b>			
<b>44</b> Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	12,478,398.	8,496,811.	3,947,552.

**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? ▶ SEE STATEMENT 4  
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) 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** HEALTH CARE WAS PROVIDED TO MEDICALLY UNDERSERVED IN HEALTH PROFESSIONAL SHORTAGE AREA. PROVIDE TRAINING AND CONTINUING EDUCATION TO HEALTH CARE PROFESSIONALS

(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here

8,496,811.

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

(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here

**c** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here

**d** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here

**e** Other program services  
(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ **8,496,811.**

BAA

**Part IV Balance Sheets** (See the 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>ASSETS</b>	45 Cash — non-interest-bearing	917,449.	45	1,560,170.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 1,588,835.		
	b Less: allowance for doubtful accounts	47b	47c	1,588,835.
	48a Pledges receivable	48a 325,075.		
	b Less: allowance for doubtful accounts	48b	48c	325,075.
	49 Grants receivable	239,842.	49	243,905.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	212,223.	52	287,373.
	53 Prepaid expenses and deferred charges	34,983.	53	45,449.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	1,563,061.
55a Investments — land, buildings, & equipment basis	55a			
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 3,771,363.			
b Less: accumulated depreciation (attach schedule) <b>STATEMENT 5</b>	57b 1,414,555.	57c	2,356,808.	
58 Other assets, including program-related investments (describe ► <b>SEE STATEMENT 6</b> )	1,448,370.	58	5,916,003.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	8,642,799.	59	13,886,679.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	718,246.	60	1,863,964.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) <b>SEE STATEMENT 7</b>	1,306,738.	64b	5,009,222.
	65 Other liabilities (describe ► <b>SEE STATEMENT 8</b> )	433,410.	65	114,718.
66 <b>Total liabilities.</b> Add lines 60 through 65	2,458,394.	66	6,987,904.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	4,552,032.	67	6,861,202.
	68 Temporarily restricted	1,613,923.	68	19,123.
	69 Permanently restricted	18,450.	69	18,450.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	6,184,405.	73	6,898,775.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	8,642,799.	74	13,886,679.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	13,073,263.
<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>	13,073,263.
<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>	13,073,263.

**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>	12,478,398.
<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>	12,478,398.
<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>	12,478,398.

**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 9		0.	0.	0.
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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> 257,803.		
<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 <i>quid pro quo</i> 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 a</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>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
<b>89 a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
<b>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 <u>0.</u>		
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
<b>e All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>f All organizations</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>g For supporting organizations and sponsoring organizations maintaining donor advised funds</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>90 a</b> List the states with which a copy of this return is filed <u>AZ</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		0
<b>91 a</b> The books are in care of <u>LISA NELSON</u> Telephone number <u>928-213-6100</u> Located at <u>2920 N. 4TH STREET, FLAGSTAFF AZ</u> ZIP + 4 <u>86004</u>		
<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 <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts		

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91c		X

If 'Yes,' enter the name of the foreign country

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

N/A

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

92 N/A

**Part VII Analysis of Income-Producing Activities** (See 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					6,039,959.
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	95,294.	
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	618,237.	
103 Other revenue a					
b MISCELLANEOUS					2,273,891.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				713,531.	8,313,850.
105 Total (add line 104, columns (B), (D), and (E))					9,027,381.

Note: Line 105 plus line 1e, 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.
103B	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)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**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: 5/12/08

Type or print name and title: Benjamin Locklear, CFO

**Paid Preparer's Use Only**

Preparer's signature: William F. Chapman Date: 5/7/08

Check if self-employed:

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

Firm's name (or yours if self-employed), address, and ZIP + 4: FESTER & CHAPMAN P.C.  
5725 N. SCOTTSDALE RD., SUITE 173  
SCOTTSDALE, AZ 85250

EIN: N/A

Phone no: (602) 264-3077

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

Department of the Treasury  
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

**2006**

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 10		758,127.	0.	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
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )		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		
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets?		X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments )		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?		X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		X
<b>b</b> Did the organization make any taxable distributions under section 4966?		N/A
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		0.

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

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization: ▶  
 Type I  Type II  Type III-Functionally Integrated  Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					0.

- 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,688,124.	3,648,450.	3,333,614.	2,639,481.	14,309,669.
<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	4,820,390.	2,993,711.	3,495,654.	2,163,922.	13,473,677.
<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	40,606.	11,110.	4,222.	14,601.	70,539.
<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 11	2,990,064.	984,327.	93,892.	71,151.	4,139,434.
<b>23</b> Total of lines 15 through 22	12,539,184.	7,637,598.	6,927,382.	4,889,155.	31,993,319.
<b>24</b> Line 23 minus line 17	7,718,794.	4,643,887.	3,431,728.	2,725,233.	18,519,642.
<b>25</b> Enter 1% of line 23	125,392.	76,376.	69,274.	48,892.	
<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> 370,393.
<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 2002 through 2005 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> 18,519,642.
<b>d</b> Add Amounts from column (e) for lines	<b>18</b> 70,539.	<b>19</b>			<b>26d</b> 4,209,973.
	<b>22</b> 4,139,434.	<b>26b</b>			<b>26e</b> 14,309,669.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 77.27 %
<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					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
<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					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
<b>c</b> Add Amounts from column (e) for lines	<b>15</b> _____	<b>16</b> _____			<b>27c</b> _____
	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____		
<b>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 2002 through 2005, 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
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 ) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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		





NORTH COUNTRY COMMUNITY  
HEALTH CENTER, INC.

86-0663432

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

PHARMACY SALES, NET	\$ 1,381,907.
GROSS SALES	<u>\$ 1,381,907.</u>
LESS RETURNS & ALLOWANCES	<u>0.</u>
NET SALES	\$ 1,381,907.
LESS COST OF GOODS SOLD	<u>763,670.</u>
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 618,237.</u>

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

UNRECOGNIZED HOLDING GAIN	\$ 119,505.
TOTAL	<u>\$ 119,505.</u>

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DUES & MEMBERSHIP	158,248.	15,545.	142,703.	
EDUCATION	65,615.	65,615.		
FUNDRAISING	34,035.			34,035.
INSURANCE	87,097.	48,231.	38,866.	
MISCELLANEOUS	308,880.	179,662.	129,218.	
PROFESSIONAL FEES	1,354,286.	1,008,077.	346,209.	
REPAIRS & MAINTENANCE	195,874.	61,005.	134,869.	
TOTAL	<u>\$ 2,204,035.</u>	<u>\$ 1,378,135.</u>	<u>\$ 791,865.</u>	<u>\$ 34,035.</u>

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

TO PROVIDE HEALTH CARE TO THE UNDERSERVED.

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 83,347.	\$ 79,292.	\$ 4,055.
MACHINERY AND EQUIPMENT	915,700.	451,346.	464,354.
BUILDINGS	278,586.	36,943.	241,643.

NORTH COUNTRY COMMUNITY  
HEALTH CENTER, INC.

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

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
IMPROVEMENTS	\$ 593,544.	\$ 394,326.	\$ 199,218.
LAND	1,260,000.		1,260,000.
MISCELLANEOUS	640,186.	452,648.	187,538.
TOTAL	<u>\$ 3,771,363.</u>	<u>\$ 1,414,555.</u>	<u>\$ 2,356,808.</u>

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

CONSTRUCTION IN PROGRESS		\$ 5,133,558.
LOAN ISSUANCE COST		61,431.
OTHER ASSETS		5,630.
PATIENT BASE		159,300.
PLEDGES NONCURRENT PORTION		556,083.
ROUNDING		1.
TOTAL		<u>\$ 5,916,003.</u>

STATEMENT 7  
FORM 990, PART IV, LINE 64B  
MORTGAGES AND OTHER NOTES PAYABLE

<u>MORTGAGES PAYABLE</u>	<u>BALANCE DUE</u>
BANK OF AMERICA	\$ 74,288.
TOTAL MORTGAGES	<u>\$ 74,288.</u>

OTHER NOTES PAYABLE

LENDER'S NAME:	J.P. MORGAN CHASE BANK	
DATE OF NOTE:	6/30/2006	
MATURITY DATE:	10/10/2012	
REPAYMENT TERMS:	INTEREST ONLY	
INTEREST RATE:	6.95%	
SECURITY PROVIDED:	CENTER'S LAND	
PURPOSE OF LOAN:	CONSTRUCTION & REFINANCING	
ORIGINAL AMOUNT:	6,247,500.	
BALANCE DUE:		\$ 4,434,156.
LENDER'S NAME:	FAMILY HEALING CENTER P.C.	
DATE OF NOTE:	12/20/2006	
MATURITY DATE:	12/17/2017	
REPAYMENT TERMS:	\$2,711.MO. PRIN & INT	
INTEREST RATE:	6.50%	
SECURITY PROVIDED:	HOLBROOK CLINIC	
ORIGINAL AMOUNT:	225,000.	
BALANCE DUE:		\$ 230,152.

NORTH COUNTRY COMMUNITY  
HEALTH CENTER, INC.

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STATEMENT 7 (CONTINUED)  
FORM 990, PART IV, LINE 64B  
MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME:	J.P. MORGAN CHASE BANK	
DATE OF NOTE:	5/14/2007	
MATURITY DATE:	1/14/2013	
REPAYMENT TERMS:	INTEREST ONLY PAYMENTS	
INTEREST RATE:	8.25%	
SECURITY PROVIDED:	PURCHASED EQUIPMENT	
PURPOSE OF LOAN:	PURCHASE OF DENTAL EQUIPMENT	
ORIGINAL AMOUNT:	500,000.	
BALANCE DUE:		\$ 270,626.
TOTAL OTHER NOTES PAYABLE		\$ 4,934,934.
TOTAL		<u>\$ 5,009,222.</u>

STATEMENT 8  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES

CAPITAL LEASES	\$ 17,864.
REFUNDABLE ADVANCES	96,854.
TOTAL	<u>\$ 114,718.</u>

STATEMENT 9  
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	EXECUTIVE DIREC 0	\$ 0.	\$ 0.	\$ 0.
ROGER SCHULER 901 N. FOX HILL ROAD FLAGSTAFF, AZ 86001	TREASURER 0	0.	0.	0.
MICHAEL EARL, MD 1091 N. CONIFER FLAGSTAFF, AZ 86001	BOARD MEMBER 0	0.	0.	0.
MAURICE MILLER 1300 SOUTH YALE STREET FLAGSTAFF, AZ 86001	BOARD MEMBER 0	0.	0.	0.

NORTH COUNTRY COMMUNITY  
HEALTH CENTER, INC.

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STATEMENT 9 (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
JOE MONTOYA 3420 S. PIMA FLAGSTAFF, AZ 86001	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
SHARLENE FOUSER 9455 ANTOINETTE WAY FLAGSTAFF, AZ 86001	PRESIDENT 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	PRESIDENT ELECT 0	0.	0.	0.
DON E. KEIL PO BOX 69 GRAND CANYON, AZ 86023	MEMBER AT LARGE 0	0.	0.	0.
TODD BOSEN P.O BOX 1087 EAGAR, AZ 85925	SECRETARY 0	0.	0.	0.
PHILIP B. DOWNUM 5120 E. HAWTHORNE DRIVE FLAGSTAFF, AZ 86004	BOARD MEMBER 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.
NANCY J. MCCARTHY 815 N. 5TH AVENUE HOLBROOK, AZ 86025	BOARD MEMBER 0	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

NORTH COUNTRY COMMUNITY  
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STATEMENT 10  
SCHEDULE A, PART I  
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
ANDREW SAAL M.D. 2500 N. ROSE ST. FLAGSTAFF, AZ 86004	MED DIRECTOR 0	162,127.	0.	0.
JILL ZURAWSKI 2500 N. ROSE ST. FLAGSTAFF, AZ 86004	PHYSICIAN 0	206,000.	0.	0.
CATHY TAYLOR 2500 N. ROSE ST. FLAGSTAFF, AZ 86004	PHYSICIAN 0	130,000.	0.	0.
SANDRA GARRARD 2500 N ROSE STREET FLAGSTAFF, AZ 86004	PHYSICIAN 0	130,000.	0.	0.
JAMES SIELSKI 2500 N. ROSE ST. FLAGSTAFF, AZ 86004	PHYSICIAN 0	130,000.	0.	0.
	TOTAL	<u>\$ 758,127.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

DESCRIPTION	(A) 2005	(B) 2004	(C) 2003	(D) 2002	(E) TOTAL
OTHER	\$ 2990064.	\$ 984,327.	\$ 93,892.	\$ 71,151.	\$ 4,139,434.
TOTAL	<u>\$ 2990064.</u>	<u>\$ 984,327.</u>	<u>\$ 93,892.</u>	<u>\$ 71,151.</u>	<u>\$ 4,139,434.</u>

**North Country Community Health Center  
Depreciation Schedule  
June 30, 2007**

<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>Current Yr Acc Dep</b>
<b>Leasehold Improvements</b>								
6	Renovations	05/01/98	S/L	15	24,838.00	13,523.74	1,655.87	15,179.61
7	Renovations	07/29/98	S/L	15	12,014.00	6,340.86	800.93	7,141.79
8	Renovations	10/19/98	S/L	15	6,287.00	3,212.26	419.13	3,631.39
9	Renovations	09/01/98	S/L	15	5,897.00	3,079.26	393.13	3,472.39
10	Building Improvements	10/19/98	S/L	15	4,106.00	2,099.46	273.73	2,373.19
11	Building Improvements	08/05/98	S/L	15	12,014.00	6,340.86	800.93	7,141.79
12	Renovations	12/18/98	S/L	15	1,160.00	578.66	77.33	655.99
13	Renovations	01/05/99	S/L	15	970.00	486.34	64.67	551.01
14	Building Improvements	02/05/99	S/L	15	2,034.00	1,008.20	135.60	1,143.80
15	Building Improvements	09/18/98	S/L	15	11,865.00	6,130.00	791.00	6,921.00
16	Building Improvements	02/05/99	S/L	15	490.00	244.34	32.67	277.01
17	Building Improvements	02/05/99	S/L	15	605.00	297.66	40.33	337.99
18	Building Improvements	02/05/99	S/L	15	3,805.00	1,873.34	253.67	2,127.01
19	Building Improvements	03/19/99	S/L	15	3,232.00	1,559.94	215.47	1,775.41
20	Building Improvements	11/20/98	S/L	15	1,814.00	917.86	120.93	1,038.79
21	Building Improvements	12/07/98	S/L	15	1,564.00	789.54	104.27	893.81
23	Building Improvements	12/18/98	S/L	15	2,580.00	1,290.00	172.00	1,462.00
24	Building Improvements	08/20/99	S/L	15	3,618.00	1,647.40	241.20	1,888.60
25	Building Improvements	10/20/99	S/L	15	2,700.00	1,200.00	180.00	1,380.00
26	New Carpet	11/30/99	S/L	15	1,682.00	737.26	112.13	849.39
27	Building Improvements	11/30/99	S/L	15	2,187.00	960.60	145.80	1,106.40
28	Building Improvements	11/30/99	S/L	15	912.00	400.60	60.80	461.40
29	Building Improvements	05/14/00	S/L	15	560.00	241.66	37.33	278.99
30	Building Improvements	06/30/00	S/L	15	1,161.00	462.80	77.40	540.20
31	Building Improvements	07/01/00	S/L	15	293.00	119.06	19.53	138.59
32	Building Improvements	07/26/00	S/L	15	1,609.00	633.54	107.27	740.81
33	Building Improvements	07/31/00	S/L	15	328.00	129.74	21.87	151.61
34	Building Improvements	09/11/00	S/L	15	320.00	123.66	21.33	144.99

**North Country Community Health Center  
Depreciation Schedule  
June 30, 2007**

Num	Description	Date	Method	Life	Cost	Prior Yr		Current		Current Yr	
						Acc Dep	Year Dep	Acc Dep	Year Dep	Acc Dep	Year Dep
35	Building Improvements	09/21/00	S/L	15	930.00	357.00	62.00	419.00	62.00	419.00	62.00
36	Building Improvements	10/01/00	S/L	15	577.00	219.94	38.47	258.41	38.47	258.41	38.47
37	Shelving	01/01/01	S/L	15	761.00	279.46	50.73	330.19	50.73	330.19	50.73
39	Building Improvements	02/28/01	S/L	15	4,410.00	1,501.00	294.00	1,795.00	294.00	1,795.00	294.00
40	Building Improvements	03/01/01	S/L	15	310.00	111.34	20.67	132.01	20.67	132.01	20.67
41	Building Improvements	03/20/01	S/L	15	1,116.00	389.80	74.40	464.20	74.40	464.20	74.40
42	Building Improvements	03/27/01	S/L	15	786.00	273.80	52.40	326.20	52.40	326.20	52.40
43	Building Improvements	04/24/01	S/L	15	34.00	10.54	2.27	12.81	2.27	12.81	2.27
44	Security System	05/01/01	S/L	7	2,107.00	1,555.00	301.00	1,856.00	301.00	1,856.00	301.00
45	Building Improvements	05/21/01	S/L	15	64,418.00	21,832.06	4,294.53	26,126.59	4,294.53	26,126.59	4,294.53
46	Building Improvements	06/27/01	S/L	15	769.00	255.54	51.27	306.81	51.27	306.81	51.27
47	Building Improvements	06/29/01	S/L	15	7,750.00	2,584.34	516.67	3,101.01	516.67	3,101.01	516.67
48	Window Graphics (1/2)	07/30/01	S/L	7	256.00	181.14	36.57	217.71	36.57	217.71	36.57
49	Security System	07/31/01	S/L	7	2,666.00	1,872.72	380.86	2,253.58	380.86	2,253.58	380.86
50	Springerville Build-out	06/19/03	S/L	15	62,250.00	12,796.00	4,150.00	16,946.00	4,150.00	16,946.00	4,150.00
51	Winslow Build-out	05/01/03	S/L	15	87,283.00	18,426.74	5,818.87	24,245.61	5,818.87	24,245.61	5,818.87
52	Construct office on 4th	05/14/03	S/L	15	800.00	166.66	53.33	219.99	53.33	219.99	53.33
53	Improvements at Rose	06/01/03	S/L	15	3,582.00	736.60	238.80	975.40	238.80	975.40	238.80
54	Improvement Winslow	07/15/03	S/L	15	2,984.00	596.86	198.93	795.79	198.93	795.79	198.93
55	RV Improvements	07/15/03	S/L	15	33,307.00	6,660.94	2,220.47	8,881.41	2,220.47	8,881.41	2,220.47
56	Improvements at Rose (trailers)	08/15/03	S/L	15	8,426.00	1,638.46	561.73	2,200.19	561.73	2,200.19	561.73
57	Improvements at Rose	09/04/03	S/L	15	6,969.00	1,316.20	464.60	1,780.80	464.60	1,780.80	464.60
58	Fence at Rose	09/29/03	S/L	15	2,208.00	417.40	147.20	564.60	147.20	564.60	147.20
59	Shed at Rose	11/30/03	S/L	15	1,025.00	176.66	68.33	244.99	68.33	244.99	68.33
60	Pharmacy/bathroom/dental	11/15/03	S/L	15	42,863.00	7,379.40	2,857.53	10,236.93	2,857.53	10,236.93	2,857.53
61	Dental Floor	11/19/03	S/L	15	17,471.00	3,008.46	1,164.73	4,173.19	1,164.73	4,173.19	1,164.73
62	Pharmacy/bathroom/dental	12/19/03	S/L	15	30,000.00	5,000.00	2,000.00	7,000.00	2,000.00	7,000.00	2,000.00
63	Shelving	10/31/03	S/L	15	2,335.00	428.34	155.67	584.01	155.67	584.01	155.67
64	Conference/Trailer Bath	02/15/04	S/L	15	2,746.00	442.14	183.07	625.21	183.07	625.21	183.07

**North Country Community Health Center  
Depreciation Schedule  
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Num	Description	Date	Method	Life	Cost	Prior Yr		Current		Current Yr	
						Acc Dep	Year Dep	Acc Dep	Year Dep	Acc Dep	Year Dep
65	Straitline - Improvements @ Rose	03/17/04	S/L	15	5,121.00	796.80	341.40	1,138.20			
66	Aegis Security - Trailers	04/06/04	S/L	7	1,493.81	477.80	213.40	691.20			
4	renovations	4/1/98	S/L	15	17,699.00	9,734.86	1,179.93	10,914.79			
5	renovations	5/1/98	S/L	15	17,699.00	9,636.86	1,179.93	10,816.79			
7	renovations	6/11/98	S/L	15	1,564.00	841.54	104.27	945.81			
8	renovations	6/19/98	S/L	15	886.00	472.14	59.07	531.21			
9	renovations	6/30/98	S/L	15	6,666.00	3,552.80	444.40	3,997.20			
10	security system	6/20/98	S/L	5	3,117.00	3,117.00	-	3,117.00			
11	floors	6/5/98	S/L	15	510.00	275.00	34.00	309.00			
12	floors	6/30/98	S/L	15	2,832.00	1,513.00	188.80	1,701.80			
1	Leashold improvements	6/5/97	S/L	15	1,083.00	654.40	72.20	726.60			
2	flooring	11/20/97	S/L	15	527.00	300.26	35.13	335.39			
3	revovations	1/1/98	S/L	15	1,340.00	759.33	89.33	848.66			
1	Condo improvements	7/11/01	S/L	15	2,000.00	665.66	133.33	798.99			
2	Furniture	9/7/01	S/L	7	125.00	86.72	17.86	104.58			
3	Appraisal	9/13/01	S/L	3	350.00	350.00	-	350.00			
4	Beds	9/19/01	S/L	7	583.00	394.58	83.29	477.87			
5	Trailers	6/30/03	S/L	5	2,000.00	1,200.14	400.00	1,600.14			
6	Leasehold Improvemnts	3/20/06			10,000.00	-	-	-			
7	Leasehold Improvemnts	4/25/06			10,000.00	-	-	-			
8	Leasehold Improvemnts	7/31/06			5,600.00	-	-	-			
9	Leasehold Improvemnts	9/11/06			564.50	-	-	-			
Total Leasehold Improvements						\$ 593,544.31	\$ 181,872.07	\$ 38,411.76	\$ 220,283.83		

**Office Equipment:**

1	Computer Warehouse	09/02/87	Macrs	5	942.00	942.00	-	942.00			
2	AZ Computer specialists	09/02/87	Macrs	5	3,360.00	3,360.00	-	3,360.00			
3	AZ Computer products	09/24/87	Macrs	5	2,933.00	2,933.00	-	2,933.00			
4	AZ Computer products	11/05/87	Macrs	5	445.00	445.00	-	445.00			
5	AZ Computer Center	09/30/88	Macrs	7	3,103.00	3,103.00	-	3,103.00			

**North Country Community Health Center  
Depreciation Schedule  
June 30, 2007**

Num	Description	Date	Method	Life	Cost	Prior Yr		Current		Current Yr	
						Acc Dep	Year Dep	Acc Dep	Year Dep	Acc Dep	Year Dep
6	Powerbook Computer	12/06/96	S/L	5	1,441.00	1,441.00	-	-	-	1,441.00	1,441.00
7	PC Laptop	02/05/97	S/L	5	2,724.00	2,724.00	-	-	-	2,724.00	2,724.00
8	Apple Computer	12/31/91	Macrs	5	6,996.00	6,996.00	-	-	-	6,996.00	6,996.00
9	Computer	03/20/92	Macrs	5	1,802.00	1,802.00	-	-	-	1,802.00	1,802.00
10	Computer monitor	05/05/92	Macrs	5	124.00	124.00	-	-	-	124.00	124.00
11	Computer monitor	05/26/92	Macrs	5	122.00	122.00	-	-	-	122.00	122.00
12	Macintosh Computer	04/20/93	S/L	5	2,250.00	2,250.00	-	-	-	2,250.00	2,250.00
13	Apple Writer	06/01/93	S/L	5	315.00	315.00	-	-	-	315.00	315.00
14	MicroAge Computer	10/20/93	S/L	5	990.00	990.00	-	-	-	990.00	990.00
15	MicroAge Computer	11/05/93	S/L	5	2,519.00	2,519.00	-	-	-	2,519.00	2,519.00
16	Connecting Point Comp	01/20/94	S/L	5	638.00	638.00	-	-	-	638.00	638.00
17	Computer	09/01/94	S/L	5	5,174.00	5,174.00	-	-	-	5,174.00	5,174.00
18	Computer Software	04/01/96	S/L	5	31,000.00	31,000.00	-	-	-	31,000.00	31,000.00
19	2 Ntwk workstations	10/04/96	S/L	5	3,798.00	3,798.00	-	-	-	3,798.00	3,798.00
20	Ink jet printer	09/05/97	S/L	5	598.00	598.00	-	-	-	598.00	598.00
21	Mac computer	09/20/96	S/L	5	2,558.00	2,558.00	-	-	-	2,558.00	2,558.00
22	Computer	10/15/98	S/L	5	2,497.00	2,497.00	-	-	-	2,497.00	2,497.00
23	Computer	05/14/00	S/L	5	1,300.00	1,300.00	-	-	-	1,300.00	1,300.00
24	Computer Network	12/18/98	S/L	5	5,128.00	5,128.00	-	-	-	5,128.00	5,128.00
25	Computers	01/20/00	S/L	5	1,723.00	1,723.00	-	-	-	1,723.00	1,723.00
26	Computer/2 monitors	03/27/00	S/L	5	1,022.00	1,022.00	-	-	-	1,022.00	1,022.00
27	Computer Hardware	05/16/00	S/L	5	1,226.00	1,226.00	-	-	-	1,226.00	1,226.00
28	Computer Modem	06/16/00	S/L	5	152.00	152.00	-	-	-	152.00	152.00
29	Computer	07/03/00	S/L	5	704.00	704.00	-	-	-	704.00	704.00
30	Computer Server	07/20/00	S/L	5	4,625.00	4,625.00	-	-	-	4,625.00	4,625.00
31	Computer	08/01/00	S/L	5	800.00	800.00	-	-	-	800.00	800.00
32	Computers	09/20/00	S/L	5	3,275.00	3,275.00	-	-	-	3,275.00	3,275.00
33	Computer	09/21/00	S/L	5	751.00	751.00	-	-	-	751.00	751.00
34	Computer	10/05/00	S/L	5	519.00	519.00	-	-	-	519.00	519.00

**North Country Community Health Center  
Depreciation Schedule  
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Num	Description	Date	Method	Life	Cost	Prior Yr		Current		Current Yr	
						Acc Dep	Year Dep	Acc Dep	Year Dep	Acc Dep	Year Dep
35	Computer	11/03/00	S/L	5	719.00	719.00	-	-	-	719.00	719.00
36	Server/Hardware Upg.	01/01/01	S/L	5	5,121.00	5,121.00	-	-	-	5,121.00	5,121.00
38	New Server Install	01/09/01	S/L	5	1,250.00	1,250.00	-	-	-	1,250.00	1,250.00
39	Phone System	1/9/01	S/L	5	1,886.00	1,886.00	-	-	-	1,886.00	1,886.00
40	Okidata Printer	02/06/01	S/L	5	1,416.00	1,416.00	-	-	-	1,416.00	1,416.00
41	Computer	02/15/01	S/L	5	941.00	941.00	-	-	-	941.00	941.00
42	Compaq DeskPro	03/26/01	S/L	5	1,088.00	1,088.00	-	-	-	1,088.00	1,088.00
43	Compaq DeskPro	04/04/01	S/L	5	986.00	986.00	-	-	-	986.00	986.00
44	Powerchute Plus	06/21/01	S/L	5	498.00	498.00	-	-	-	498.00	498.00
45	Gateway Computer	06/30/01	S/L	5	693.00	693.00	-	-	-	693.00	693.00
46	15 Computers/7 Mon.	07/08/01	S/L	5	12,089.00	12,089.00	-	-	-	12,089.00	12,089.00
47	Danbuild Computer	07/30/01	S/L	5	1,103.00	1,085.20	17.80	17.80	17.80	1,103.00	1,103.00
48	Computer GNAT Box	07/31/01	S/L	5	3,523.00	3,465.20	57.80	57.80	57.80	3,523.00	3,523.00
49	Computers,Monitors	08/31/01	S/L	5	4,397.00	4,249.80	147.20	147.20	147.20	4,397.00	4,397.00
50	15" LCD Flat Display	08/31/01	S/L	5	3,548.00	3,430.20	117.80	117.80	117.80	3,548.00	3,548.00
51	Network Hardware	08/31/01	S/L	5	728.00	704.20	23.80	23.80	23.80	728.00	728.00
52	Network Hardware	08/31/01	S/L	5	1,290.00	1,247.00	43.00	43.00	43.00	1,290.00	1,290.00
86	Crediting Software	08/31/01	S/L	3	4,063.00	4,063.00	-	-	-	4,063.00	4,063.00
87	Accounting Software	09/12/01	S/L	3	6,536.00	6,536.00	-	-	-	6,536.00	6,536.00
88	Star Band Satellite	09/13/01	S/L	5	792.00	764.80	27.20	27.20	27.20	792.00	792.00
89	Software	09/27/01	S/L	3	770.00	770.00	-	-	-	770.00	770.00
90	Computers	10/17/01	S/L	5	2,429.00	2,267.60	161.40	161.40	161.40	2,429.00	2,429.00
91	Software Licenses	11/07/01	S/L	3	2,193.00	2,193.00	-	-	-	2,193.00	2,193.00
93	Computers	12/31/01	S/L	5	6,476.00	5,826.40	649.60	649.60	649.60	6,476.00	6,476.00
94	Computers	02/15/02	S/L	5	1,500.00	1,325.00	175.00	175.00	175.00	1,500.00	1,500.00
95	Computer	04/14/02	S/L	5	872.00	696.80	175.20	175.20	175.20	872.00	872.00
96	Cisco PIX Firewall (St. Johns)	08/19/02	S/L	5	616.42	482.56	133.86	133.86	133.86	616.42	616.42
97	Dell Laptop - Sue	08/13/02	S/L	5	2,850.00	2,233.00	570.00	570.00	570.00	2,850.00	2,850.00
98	Dell Server - telephones	08/13/02	S/L	5	1,478.00	1,158.20	295.60	295.60	295.60	1,478.00	1,478.00

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<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>Current Yr Acc Dep</b>
99a	Dell Computers - WW	09/23/02	S/L	5	1,495.51	1,146.30	299.10	1,445.40
100	5 Flat Panel monitors - 1 dental	09/23/02	S/L	5	2,563.60	1,965.44	512.72	2,478.16
101	Computer	12/17/02	S/L	5	1,532.23	1,071.90	306.45	1,378.35
102	Winslow Computers	10/18/01	S/L	5	660.00	616.00	44.00	660.00
103	Millbrook Practice Management	06/30/03	S/L	5	134,675.00	80,805.00	26,935.00	107,740.00
104	Purchases from Insight	06/30/03	S/L	5	4,961.00	2,976.40	992.20	3,968.60
105	Purchases from CCB	06/30/03	S/L	5	6,670.00	4,002.00	1,334.00	5,336.00
106	Purchases from Acute Technologies	06/30/03	S/L	5	1,809.00	1,085.60	361.80	1,447.40
107	Dell Computers	07/15/03	S/L	5	24,980.00	14,988.00	4,996.00	19,984.00
108	Dell Computers	07/15/03	S/L	5	22,489.00	13,493.40	4,497.80	17,991.20
109	Dell Computers	07/15/03	S/L	5	24,597.00	14,757.80	4,919.40	19,677.20
110	Thin Clients (acute technology)	07/17/03	S/L	5	1,754.00	1,052.60	350.80	1,403.40
111	Millbrook Practice Management completed	07/31/03	S/L	5	33,669.00	19,638.03	6,733.80	26,371.83
112	Telephone Licenses	02/15/04	S/L	5	1,630.00	788.00	326.00	1,114.00
113	AMEX CDW Govt Equip - network	03/03/04	S/L	5	1,029.00	480.60	205.80	686.40
114	AMEX Worldwide Technology - network	04/22/04	S/L	5	8,507.35	3,686.94	1,701.47	5,388.41
115	Dell Computers (4) 3 ww 1 bill	05/12/04	S/L	5	3,868.00	1,676.20	773.60	2,449.80
116	Computer Equip final pmt	05/12/04	S/L	5	931.92	403.76	186.38	590.14
117	Computer s	06/02/04	S/L	5	3,798.00	1,582.20	759.60	2,341.80
118	Dell Computer (2) wins + ash	01/26/04	S/L	5	3,072.83	1,485.14	614.57	2,099.71
119	MIPS payroll module	08/06/04	S/L	5	3,341.11	1,280.76	668.22	1,948.98
120	Voicemail system upgrade - fig	05/31/05	S/L	5	5,277.00	1,143.35	1,055.40	2,198.75
121	Centricity Interface- (Healthco)	11/09/06	S/L	5	8,940.00	-	1,192.00	1,192.00
122	Centricity Report writer (Healthco)	01/22/07	S/L	5	12,775.00	-	1,064.58	1,064.58
123	Eclincworks holbrook interface w/centricity	02/01/07	S/L	5	5,000.00	-	416.67	416.67
124	Router - SJ (WAN upgrade)	02/02/07	S/L	5	3,237.00	-	269.75	269.75
125	Router - Hol (WAN upgrade)	02/02/07	S/L	5	1,437.00	-	119.75	119.75
126	Router - Flag (WAN upgrade)	02/02/07	S/L	5	1,200.00	-	100.00	100.00
127	Server - Power Edge 2950	02/02/07	S/L	5	7,061.00	-	588.42	588.42

**North Country Community Health Center  
Depreciation Schedule  
June 30, 2007**

Num	Description	Date	Method	Life	Cost	Prior Yr		Current		Current Yr	
						Acc Dep	Year Dep	Acc Dep	Year Dep		
128	Labor (WAN upgrade)	02/27/07	S/L	5	3,220.00	-	268.33	268.33	-	268.33	268.33
129	Projector	03/29/07	S/L	5	2,357.32	-	117.87	117.87	-	117.87	117.87
130	Labor (WAN upgrade)- additional labor	05/01/07	S/L	5	840.00	-	28.00	28.00	-	28.00	28.00
131	Server	6/23/98	S/L	5	3,766.00	3,766.00	-	-	-	3,766.00	3,766.00
132	Terminals	6/30/98	S/L	5	5,209.00	5,209.00	-	-	-	5,209.00	5,209.00
133	Printer	6/1/98	S/L	5	748.00	748.00	-	-	-	748.00	748.00
134	Computers	1/3/01	S/L	5	748.00	748.00	-	-	-	748.00	748.00
135	YM6-00540 Xerox SJ	10/31/02	S/L	5	6,110.00	4,062.72	1,222.00	1,222.00	1,222.00	5,284.72	5,284.72
136	Equipment - lap, base, pro	09/23/02	S/L	5	6,699.00	5,224.60	1,339.80	1,339.80	1,339.80	6,564.40	6,564.40
137	3 in 1 GFE-049621 RV	07/01/03	S/L	5	2,994.00	1,796.60	598.80	598.80	598.80	2,395.40	2,395.40
138	3 in 1 GFE-049621 W	07/01/03	S/L	5	2,749.00	1,649.60	549.80	549.80	549.80	2,199.40	2,199.40
139	Dell Computers	07/01/04	S/L	5	4,464.00	1,785.60	892.80	892.80	892.80	2,678.40	2,678.40
140	WC45HC Copier - Mail Rm	06/01/05	S/L	5	24,550.00	5,319.17	4,910.00	4,910.00	4,910.00	10,229.17	10,229.17
141	Medical Arts Press	8/25/03	S/L	5	2,342.00	1,327.13	468.40	468.40	468.40	1,795.53	1,795.53
142	Telephones (14) 4th st	3/21/06	S/L	5	6,623.00	441.53	1,324.60	1,324.60	1,324.60	1,766.13	1,766.13
143	Toshiba IP phones 4th st	5/2/06	S/L	5	5,042.00	168.07	1,008.40	1,008.40	1,008.40	1,176.47	1,176.47
144	Router for 4th St phones	5/31/06	S/L	5	2,428.80	80.96	485.76	485.76	485.76	566.72	566.72
145	97 FORD Diesel 250	5/20/06	S/L	5	10,000.00	238.10	2,000.00	2,000.00	2,000.00	2,238.10	2,238.10
146	Postage machine- Pitney bowes	7/27/06	S/L	5	3,397.50	-	622.88	622.88	622.88	622.88	622.88
147	Phones - Cix 100, licenses	9/29/06	S/L	5	4,257.00	-	638.55	638.55	638.55	638.55	638.55
148	Phones - BPTU1A cards, licenses	10/13/06	S/L	5	5,052.00	-	673.60	673.60	673.60	673.60	673.60
149	Change T1 to PR1T1	12/5/06	S/L	5	4,347.00	-	434.70	434.70	434.70	434.70	434.70
150	Phone system (toshiba)	1/5/07	S/L	5	7,138.00	-	713.80	713.80	713.80	713.80	713.80
151	Phones ACD call center 60% deposit	5/10/07	S/L	5	13,642.80	-	-	-	-	-	-
152	Phones ACD call center 40% balance	6/13/07	S/L	5	9,095.20	-	-	-	-	-	-
Total Office Equipment						\$ 640,185.59	\$ 369,429.46	\$ 83,218.63	\$ 83,218.63	\$ 452,648.09	\$ 452,648.09

**Furniture & Fixtures:**

1	2 drawer filing cabinet	5/1/93	S/L	5	100.00	100.00	-	-	-	100.00	100.00
2	2 drawer filing cabinet	5/1/93	S/L	5	100.00	100.00	-	-	-	100.00	100.00
3	4 drawer filing cabinet	5/1/93	S/L	5	20.00	20.00	-	-	-	20.00	20.00
4	4 drawer filing cabinet	5/1/93	S/L	5	38.00	38.00	-	-	-	38.00	38.00

**North Country Community Health Center  
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Num	Description	Date	Method	Life	Cost	Prior Yr		Current		Current Yr	
						Acc Dep	Year Dep	Year Dep	Acc Dep		
5	bookcase	6/1/93	S/L	5	30.00						30.00
6	desk	6/1/93	S/L	5	140.00						140.00
7	microwave stand	6/1/93	S/L	5	60.00						60.00
8	advertising display	6/1/93	Macrs	7	325.00						325.00
9	advertising display	2/5/88	Macrs	7	322.00						322.00
10	pitney bowes mail mach	6/20/88	Macrs	7	4,561.00						4,561.00
11	desk/chair	10/5/91	Macrs	5	434.00						434.00
12	2 chairs/2 desks	1/5/92	Macrs	5	877.00						877.00
13	VCR	12/5/92	S/L	5	518.00						518.00
14	Signage	10/4/96	S/L	7	1,129.00						1,129.00
15	Xerox copier	10/4/96	S/L	5	11,303.00						11,303.00
16	Phone system	9/20/96	S/L	5	10,637.00						10,637.00
17	Xerox copier	9/5/97	S/L	5	5,211.00						5,211.00
18	Medical Trans Machine	8/28/98	S/L	5	4,665.00						4,665.00
20	Timeclock(1/2F,1/2 TT)	12/29/98	S/L	7	908.00						908.00
21	Credit Card Machine	3/5/99	S/L	7	575.00						575.00
22	Copier	4/20/99	S/L	5	641.00						641.00
23	Copier	11/12/99	S/L	5	828.00						828.00
24	Walkie Talkies	11/30/99	S/L	7	1,480.00			90.14			1,480.00
25	Chairs	11/30/99	S/L	7	5,433.00			323.72			5,433.00
26	Walkie Talkies	5/14/00	S/L	7	365.00			30.72			365.00
27	Phone system upgrade	2/3/00	S/L	7	1,721.00			143.28			1,721.00
28	Walkie Talkies	6/2/00	S/L	7	295.00			38.72			295.00
29	Walkie Talkies	8/24/00	S/L	7	3,496.00			499.43			3,411.29
30	Walkie Talkies	8/1/00	S/L	7	295.00			42.14			291.42
31	Furniture-Outreach	8/1/00	S/L	7	1,353.00			193.29			1,335.87
32	Desk	9/1/00	S/L	7	472.00			67.43			459.29
33	Fax Machine-outreach	9/15/00	S/L	5	139.00			-			139.00
34	Office Equip-Outreach	9/20/00	S/L	7	1,539.00			219.86			1,484.58
35	End Tab File Cart	9/20/00	S/L	7	849.00			121.29			817.87
36	Medical Record Cabinet	9/25/00	S/L	7	565.00			80.71			546.13
37	File Cabinets	12/1/00	S/L	7	672.00			96.00			632.00
38	Phone System	1/9/01	S/L	5	1,886.17			-			1,886.17

**North Country Community Health Center  
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Num	Description	Date	Method	Life	Cost	Prior Yr		Current		Current Yr	
						Acc Dep	Year Dep	Acc Dep	Year Dep	Acc Dep	Year Dep
39	Waiting Room Chairs - Flag	8/31/04	S/L	5	3,147.99	1,154.27	629.60	1,783.87			
40	Furniture housing units (2)	3/24/06	S/L	7	3,000.00	142.86	428.57	571.43			
39	50 stacking chairs	11/8/97	S/L	7	1,385.00	1,385.00	-	1,385.00			
40	Sliding File System	6/30/98	S/L	5	2,980.00	2,980.00	-	2,980.00			
41	Medical Filing System	7/1/99	S/L	5	5,598.00	5,598.00	-	5,598.00			
42	Medical Filing System	6/5/97	S/L	7	3,254.00	3,254.00	-	3,254.00			
Total Furniture & Fixtures						\$ 83,347.16	\$ 76,287.02	\$ 3,004.90	\$ 76,037.92		

**Medical Equipment:**

16	Midmark M9 ultraclav	06/05/98	S/L	5	3,395.00	3,395.00	-	3,395.00			
17	ultra sonic cleaner	06/05/98	S/L	5	1,368.00	1,368.00	-	1,368.00			
18	maximizer vacuum pump	06/05/98	S/L	5	1,865.00	1,865.00	-	1,865.00			
19	fiber optic handpieces	06/05/98	S/L	5	539.00	539.00	-	539.00			
20	fiber optic handpieces	06/05/98	S/L	5	539.00	539.00	-	539.00			
21	fiber optic handpieces	06/05/98	S/L	5	539.00	539.00	-	539.00			
22	fiber optic handpieces	06/05/98	S/L	5	540.00	540.00	-	540.00			
23	slow speed handpieces	06/05/98	S/L	5	977.00	977.00	-	977.00			
24	slow speed handpieces	06/05/98	S/L	5	977.00	977.00	-	977.00			
25	slow speed handpieces	06/05/98	S/L	5	977.00	977.00	-	977.00			
26	dental chair	06/05/98	S/L	5	3,550.00	3,550.00	-	3,550.00			
27	dental chair	06/05/98	S/L	5	3,550.00	3,550.00	-	3,550.00			
28	dental chair	06/05/98	S/L	5	3,550.00	3,550.00	-	3,550.00			
29	dental chair	06/05/98	S/L	5	3,550.00	3,550.00	-	3,550.00			
30	dental chair	06/05/98	S/L	5	3,550.00	3,550.00	-	3,550.00			
31	cascade duo chart	06/05/98	S/L	5	3,550.00	3,550.00	-	3,550.00			
32	cascade duo chart	06/05/98	S/L	5	3,550.00	3,550.00	-	3,550.00			
33	cascade duo chart	06/05/98	S/L	5	3,550.00	3,550.00	-	3,550.00			
34	intra oral x-ray	06/05/98	S/L	5	3,175.00	3,175.00	-	3,175.00			
35	procedure table	06/20/98	S/L	5	6,042.00	6,042.00	-	6,042.00			

**North Country Community Health Center  
Depreciation Schedule  
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Num	Description	Date	Method	Life	Cost	Prior Yr		Current		Current Yr	
						Acc Dep	Year Dep	Acc Dep	Year Dep	Acc Dep	Year Dep
36	fyfrecator	06/20/98	S/L	5	681.00	681.00	-	-	-	681.00	-
37	cast cutter	06/20/98	S/L	5	570.00	570.00	-	-	-	570.00	-
38	EKG machine	05/14/00	S/L	5	4,586.00	4,586.00	-	-	-	4,586.00	-
39	fetal monitor	06/20/98	S/L	5	6,220.00	6,220.00	-	-	-	6,220.00	-
40	pulseoximeter	06/20/98	S/L	5	968.00	968.00	-	-	-	968.00	-
41	pulmonary	06/20/98	S/L	5	3,063.00	3,063.00	-	-	-	3,063.00	-
42	tympanic	06/20/98	S/L	5	2,194.00	2,194.00	-	-	-	2,194.00	-
43	exam table	06/20/98	S/L	5	1,419.00	1,419.00	-	-	-	1,419.00	-
44	exam table	06/20/98	S/L	5	1,420.00	1,420.00	-	-	-	1,420.00	-
45	exam table	06/20/98	S/L	5	1,419.00	1,419.00	-	-	-	1,419.00	-
46	exam table	06/20/98	S/L	5	1,420.00	1,420.00	-	-	-	1,420.00	-
47	exam table	06/20/98	S/L	5	1,419.00	1,419.00	-	-	-	1,419.00	-
48	exam table	06/20/98	S/L	5	1,420.00	1,420.00	-	-	-	1,420.00	-
49	exam table	06/20/98	S/L	5	1,419.00	1,419.00	-	-	-	1,419.00	-
50	exam table	06/20/98	S/L	5	1,420.00	1,420.00	-	-	-	1,420.00	-
51	exam table	06/20/98	S/L	5	1,419.00	1,419.00	-	-	-	1,419.00	-
52	exam table	06/20/98	S/L	5	1,420.00	1,420.00	-	-	-	1,420.00	-
53	microscope	06/20/98	S/L	5	1,420.00	1,420.00	-	-	-	1,420.00	-
54	autoclave	06/20/98	S/L	5	1,499.00	1,499.00	-	-	-	1,499.00	-
55	hemocue	06/20/98	S/L	5	3,161.00	3,161.00	-	-	-	3,161.00	-
56	central console	06/20/98	S/L	5	600.00	600.00	-	-	-	600.00	-
57	central console	06/30/98	S/L	5	3,999.00	3,999.00	-	-	-	3,999.00	-
58	central console	06/30/98	S/L	5	3,999.00	3,999.00	-	-	-	3,999.00	-
59	ADEC columns	06/30/98	S/L	5	4,000.00	4,000.00	-	-	-	4,000.00	-
60	ADEC columns	06/30/98	S/L	5	3,083.00	3,083.00	-	-	-	3,083.00	-
61	ADEC columns	06/30/98	S/L	5	3,082.00	3,082.00	-	-	-	3,082.00	-
62	ADEC columns	06/30/98	S/L	5	3,083.00	3,083.00	-	-	-	3,083.00	-
63	wall mount	06/30/98	S/L	5	3,082.00	3,082.00	-	-	-	3,082.00	-
64	wall mount	06/30/98	S/L	5	569.00	569.00	-	-	-	569.00	-
		06/30/98	S/L	5	569.00	569.00	-	-	-	569.00	-

**North Country Community Health Center  
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Num	Description	Date	Method	Life	Cost	Prior Yr		Current		Current Yr	
						Acc Dep	Year Dep	Acc Dep	Year Dep	Acc Dep	Year Dep
65	wall mount	06/30/98	S/L	5	569.00	569.00	-	-	-	569.00	569.00
66	wall mount	06/30/98	S/L	5	569.00	569.00	-	-	-	569.00	569.00
67	mount light	06/30/98	S/L	5	1,850.00	1,850.00	-	-	-	1,850.00	1,850.00
68	mount light	06/30/98	S/L	5	1,850.00	1,850.00	-	-	-	1,850.00	1,850.00
69	mount light	06/30/98	S/L	5	1,850.00	1,850.00	-	-	-	1,850.00	1,850.00
70	mount light	06/30/98	S/L	5	1,850.00	1,850.00	-	-	-	1,850.00	1,850.00
71	square console	06/30/98	S/L	5	5,999.00	5,999.00	-	-	-	5,999.00	5,999.00
72	square console	06/30/98	S/L	5	5,999.00	5,999.00	-	-	-	5,999.00	5,999.00
75	ultrasound	06/20/98	S/L	5	25,200.00	25,200.00	-	-	-	25,200.00	25,200.00
76	pelton crane light	06/05/98	S/L	5	1,475.00	1,475.00	-	-	-	1,475.00	1,475.00
77	stat kit	03/19/99	S/L	5	522.00	522.00	-	-	-	522.00	522.00
78	Defibrulator kit	04/05/99	S/L	5	3,085.00	3,085.00	-	-	-	3,085.00	3,085.00
79	Sink	04/28/99	S/L	5	720.00	720.00	-	-	-	720.00	720.00
80	Coposcopy Machine	10/05/99	S/L	5	1,000.00	1,000.00	-	-	-	1,000.00	1,000.00
72	Conversion kit	08/03/00	S/L	5	654.00	654.00	-	-	-	654.00	654.00
83	Cholestech LDX System	06/01/01	S/L	5	2,916.00	2,916.00	-	-	-	2,916.00	2,916.00
84	Pluse Oximeter	09/27/01	S/L	5	556.00	527.40	28.60	28.60	28.60	556.00	556.00
86	Winslow Equipment	04/22/03	S/L	5	14,829.00	11,369.60	2,965.80	2,965.80	2,965.80	14,335.40	14,335.40
87	Round Valley Equipment	06/17/03	S/L	5	5,347.00	4,098.80	1,069.40	1,069.40	1,069.40	5,168.20	5,168.20
88	Round Valley Equipment	07/15/03	S/L	5	23,802.00	14,280.80	4,760.40	4,760.40	4,760.40	19,041.20	19,041.20
89	Enteck	12/01/03	S/L	5	988.00	510.20	197.60	197.60	197.60	707.80	707.80
91	Provider Licensure on Centricity	09/30/04	S/L	5	14,595.00	5,108.25	2,919.00	2,919.00	2,919.00	8,027.25	8,027.25
92	Sterilizer Steam Auto - Medical	09/27/04	S/L	5	2,417.78	846.23	483.56	483.56	483.56	1,329.79	1,329.79
93	EKG Machine	11/14/04	S/L	5	1,923.60	641.20	384.72	384.72	384.72	1,025.92	1,025.92
94	Grand Canyon walk-in Clinic Purch	08/31/05	S/L	5	25,000.00	4,166.67	5,000.00	5,000.00	5,000.00	9,166.67	9,166.67
95	Sterilizer Steam Auto - Medical	09/01/05	S/L	5	3,102.36	517.06	620.47	620.47	620.47	1,137.53	1,137.53
96	Automated monitor	12/17/05	S/L	5	3,534.15	412.32	706.83	706.83	706.83	1,119.15	1,119.15
97	Leisegang Colposcope (used)	01/23/06	S/L	5	3,550.00	355.00	710.00	710.00	710.00	1,065.00	1,065.00
98	LEEP System 1000 workstation	02/17/06	S/L	5	4,350.00	362.50	870.00	870.00	870.00	1,232.50	1,232.50

**North Country Community Health Center  
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Num	Description	Date	Method	Life	Cost	Prior Yr		Current		Current Yr	
						Acc Dep	Year Dep	Acc Dep	Year Dep		
99	Chemistry analyzer	03/15/06	S/L	5	15,000.00	1,000.00	3,000.00	4,000.00			
100	Hemoglobin analyzer kits	04/01/06	S/L	5	13,475.00	673.75	2,695.00	3,368.75			
101	Vital signs monitors	04/01/06	S/L	5	4,887.06	244.35	977.41	1,221.76			
102	HP Codemaster Defibrillator	04/20/06	S/L	5	1,800.00	90.00	360.00	450.00			
103	Ice Machine	06/15/06	S/L	5	2,500.91	125.05	500.18	625.23			
104	medical equipment	6/1/97	S/L	7	1,102.00	1,102.00	-	1,102.00			
105	dental equipment	6/20/97	S/L	5	22,234.00	22,234.00	-	22,234.00			
106	Statim 2000 autoclave	6/1/97	S/L	5	3,111.00	3,111.00	-	3,111.00			
107	medical equipment	9/25/96	S/L	5	10,943.00	10,943.00	-	10,943.00			
108	EKG machine	11/4/96	S/L	5	4,497.00	4,497.00	-	4,497.00			
109	Matrix Analgesia system	9/19/97	S/L	5	3,170.00	3,170.00	-	3,170.00			
110	Hemocue machine	9/19/97	S/L	5	630.00	630.00	-	630.00			
111	Trophy 70	9/29/97	S/L	5	2,376.00	2,376.00	-	2,376.00			
112	dental chair	9/29/97	S/L	5	3,595.00	3,595.00	-	3,595.00			
113	dual chart	9/29/97	S/L	5	2,751.00	2,751.00	-	2,751.00			
114	post mounted light	9/29/97	S/L	5	1,391.00	1,391.00	-	1,391.00			
115	ultrasonic scalers	9/29/97	S/L	5	532.00	532.00	-	532.00			
116	Rino slow speed	9/29/97	S/L	5	711.00	711.00	-	711.00			
117	Rino slow speed	9/29/97	S/L	5	711.00	711.00	-	711.00			
118	Fiberoptic handpiece	9/29/97	S/L	5	519.00	519.00	-	519.00			
119	X-ray	6/30/98	S/L	5	17,564.00	17,564.00	-	17,564.00			
120	film processor	6/30/98	S/L	5	2,360.00	2,360.00	-	2,360.00			
121	Ultrasound	1/1/00	S/L	5	8,999.02	8,999.02	-	8,999.02			
122	Ultrasound	08/18/06	S/L	5	19,000.00	-	2,850.00	2,850.00			
123	Grand Canyon walk-in Clinic	08/31/05	S/L	5	(25,000.00)	(4,166.67)	(5,000.00)	(9,166.67)			
124	Hearing equipment for newborns	10/19/06	S/L	5	3,450.00	-	460.00	460.00			
125	Fixed assets Holbrook purchase	01/17/07	S/L	3	69,000.00	-	9,583.33	9,583.33			
126	Digital Radiography Q-Rad DS-4	03/23/07	S/L	5	27,300.00	-	-	-			
127	Hematology analyzer Coulter ACT	05/01/07	S/L	5	9,788.24	-	326.27	326.27			

**North Country Community Health Center  
Depreciation Schedule  
June 30, 2007**

Num	Description	Date	Method	Life	Cost	Prior Yr		Current		Current Yr	
						Acc Dep	Year Dep	Year Dep	Acc Dep		
128	Winslow Dental Equipment	6/15/03	S/L	5	117,893.00	71,718.20	23,578.60	57,850.80			
129	Winslow Dental Equipment	07/15/03	S/L	5	5,810.00	3,486.00	1,162.00	4,648.00			
130	Dental	09/30/03	S/L	5	2,759.00	1,517.60	551.80	2,069.40			
131	Dental Chair Installations	02/15/04	S/L	5	1,364.98	659.20	273.00	932.20			
132	X-ray Machine (wnslw)	09/01/05	S/L	5	7,525.00	1,254.17	1,505.00	2,759.17			
133	X-ray Machine	05/11/06	S/L	5	3,889.00	129.63	777.80	907.43			
134	Dental Optories (4)	05/24/07	S/L	5	257,050.00	-	197,134.00	197,134.00			
135	Pharmacy Equipment	02/20/01	S/L	5	645.00	645.00	-	645.00			
136	QS1 POS	09/26/03	S/L	5	7,675.47	4,222.50	1,535.09	5,757.59			
137	QS1 equipment	02/01/05	S/L	5	10,053.00	2,848.35	2,010.60	4,858.95			
	Total Medical Equipment				\$ 915,700.57	\$ 383,483.18	\$ 264,996.46	\$ 611,033.64			

**Building & Student Housing Unit:**

1	Condo	10/1/01	S/L	27.5	115,438.97	36,498.34	4,197.78	40,696.12			
2	Closing Costs	2/3/05	S/L	5	13,147.20	3,725.04	2,629.44	6,354.48			
3	House	2/3/05	S/L	40	150,000.00	3,750.00	3,750.00	7,500.00			
	Total Building & Student Housing Unit				\$ 278,586.17	\$ 43,973.38	\$ 10,577.22	\$ 54,550.60			

**Land:**

1	Land - 4th St/Condo	10/01/01			\$ 1,260,000.00	-	-	-			
	<b>GRAND TOTALS</b>				\$ 3,771,363.80	\$ 1,055,045.11	\$ 400,208.97	\$ 1,414,554.08			

10/11/07

Form **8868**  
(Rev April 2007)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 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) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	NORTH COUNTRY COMMUNITY HEALTH CENTER, INC.	86-0663432
File by the due date for filing your return. See instructions	Number, street, and room or suite number If a P O box, see instructions	
	2500 N. ROSE STREET 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 section 501(c) corporation required to file Form 990-T) extension of time until 2/15, 20 08, 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 06, and ending 6/30, 20 07.

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	3a	\$	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.	3b	\$	0.
c <b>Balance Due.</b> 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	3c	\$	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.

Form 8868 (Rev 4-2007)

- 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. You must file original and one copy.**

Type or print	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>c/o Fester &amp; Chapman PC 4001 N. 3<sup>rd</sup> Street, Suite 275 Phoenix, AZ 85012-2086</b>	For IRS use only

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

**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 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 is for.

- I request an additional 3-month extension of time until **5/15**, 20 **08**.
- For calendar year \_\_\_\_\_, or other tax year beginning **7/01**, 20 **06**, and ending **6/30**, 20 **07**.
- If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS REQUIRED IN ORDER TO OBTAIN THE INFORMATION NECESSARY TO COMPLETE AN ACCURATE RETURN.**

<b>8a</b> 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>8a</b> \$
<b>b</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	<b>8b</b> \$
<b>c Balance Due.</b> 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 instrs.	<b>8c</b> \$

**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 *William T. Chapman* Title *Agent* Date *1/15/08*

**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 \_\_\_\_\_

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

**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.

Type or print	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>