

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)

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 7/01, **2007, and ending** 6/30, **2008**

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

C Please use IRS label or print or type See specific instructions.

NORTH COUNTRY HEALTHCARE, 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? (If 'No,' attach a list See instructions) Yes No
- 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

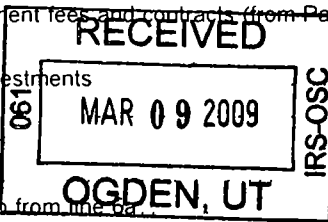
I Group Exemption Number _____

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 **18,867,420.**

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

<p>1 Contributions, gifts, and similar amounts received</p> <p>a Contributions to donor advised funds</p> <p>b Direct public support (not included on line 1a)</p> <p>c Indirect public support (not included on line 1a)</p> <p>d Government contributions (grants) (not included on line 1a)</p> <p>e Total (add lines 1a through 1d) (cash \$ 8,341,469. noncash \$ _____)</p>	1a					
	1b	583,052.				
	1c					
	1d	7,758,417.				
	1e				8,341,469.	
	<p>2 Program service revenue including government fees and contracts (from Part VII, line 93)</p>	2				8,726,974.
		3				
	<p>4 Interest on savings and temporary cash investments</p> <p>5 Dividends and interest from securities</p>	4				
		5				123,889.
		6a				
	<p>6b Less rental expenses</p> <p>c Net rental income or (loss) Subtract line 6b from line 6a</p>	6a				
		6b				
6c						
<p>7 Other investment income (describe _____)</p>						
	(A) Securities					
	(B) Other					
	7					
<p>8a Gross amount from sales of assets other than inventory</p> <p>b Less cost or other basis and sales expenses</p> <p>c Gain or (loss) (attach schedule)</p>	8a					
	8b					
	8c					
<p>d Net gain or (loss) Combine line 8c, columns (A) and (B)</p>	8d					
	<p>9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/></p> <p>a Gross revenue (not including \$ _____ of contributions reported on line 1b)</p> <p>b Less direct expenses other than fundraising expenses</p> <p>c Net income or (loss) from special events Subtract line 9b from line 9a</p>	9a				
		9b				
<p>10a Gross sales of inventory, less returns and allowances</p> <p>b Less cost of goods sold</p> <p>c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a</p>	10a	1,522,058.				
	10b	840,477.				
	10c				681,581.	
<p>11 Other revenue (from Part VII, line 103)</p>	11				153,030.	
	12				18,026,943.	
<p>13 Program services (from line 44, column (B))</p> <p>14 Management and general (from line 44, column (C))</p> <p>15 Fundraising (from line 44, column (D))</p> <p>16 Payments to affiliates (attach schedule)</p> <p>17 Total expenses. Add lines 16 and 44, column (A)</p>	13				13,375,781.	
	14				3,708,406.	
	15				49,621.	
	16					
	17					17,133,808.
<p>18 Excess or (deficit) for the year Subtract line 17 from line 12</p> <p>19 Net assets or fund balances at beginning of year (from line 73, column (A))</p> <p>20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2</p> <p>21 Net assets or fund balances at end of year Combine lines 18, 19, and 20</p>	18				893,135.	
	19				6,898,775.	
	20				-166,382.	
	21					7,625,528.



917-18

4

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 (See *Instruct*)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a 0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b 0.	0.	0.	0.
c 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).	25c 0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26 10,287,495.	8,178,559.	2,088,361.	20,575.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29 1,765,181.	1,403,319.	358,332.	3,530.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 1,037,008.	826,495.	210,513.	
34 Telephone	34 177,478.	141,450.	36,028.	
35 Postage and shipping	35			
36 Occupancy	36 530,261.	422,618.	107,643.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 145,876.	116,263.	29,613.	
39 Travel	39 199,333.	199,333.		
40 Conferences, conventions, and meetings	40			
41 Interest	41 468,800.	372,696.	96,104.	
42 Depreciation, depletion, etc (attach schedule)	42 512,925.	126,336.	386,589.	
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 3	43a 2,009,451.	1,588,712.	395,223.	25,516.
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
f -----	43f			
g -----	43g			
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 17,133,808.	13,375,781.	3,708,406.	49,621.

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 (See the instructions.)

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

13,375,781.

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) 13,375,781.

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	
ASSETS	45 Cash — non-interest-bearing	1,560,170.	45	1,228,619.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	2,275,015.			
	b Less allowance for doubtful accounts		47c	2,275,015.	
	48a Pledges receivable	483,429.			
	b Less allowance for doubtful accounts		48c	483,429.	
	49 Grants receivable	243,905.	49	279,091.	
	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)				
	b Less allowance for doubtful accounts		51c		
	52 Inventories for sale or use	287,373.	52	351,332.	
	53 Prepaid expenses and deferred charges	45,449.	53	54,110.	
	54a Investments — publicly-traded securities	1,563,061.	54a	1,492,954.	
	b Investments — other securities (attach sch)		54b		
55a Investments — land, buildings, & equipment basis					
b Less accumulated depreciation (attach schedule)		55c			
56 Investments — other (attach schedule)		56			
57a Land, buildings, and equipment basis	11,950,621.				
b Less accumulated depreciation (attach schedule) STATEMENT 5	1,884,911.	2,356,808.	57c	10,065,710.	
58 Other assets, including program-related investments (describe ► <u>SEE STATEMENT 6</u>)		5,916,002.	58	386,293.	
59 Total assets (must equal line 74) Add lines 45 through 58		13,886,678.	59	16,616,553.	
LIABILITIES	60 Accounts payable and accrued expenses	1,863,964.	60	1,459,956.	
	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) SEE STATEMENT 7		5,027,085.	64b	7,405,947.
	65 Other liabilities (describe ► <u>SEE STATEMENT 8</u>)		96,854.	65	125,122.
	66 Total liabilities. Add lines 60 through 65		6,987,903.	66	8,991,025.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	6,861,202.	67	7,589,663.	
	68 Temporarily restricted	19,123.	68	17,415.	
	69 Permanently restricted	18,450.	69	18,450.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		6,898,775.	73	7,625,528.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		13,886,678.	74	16,616,553.	

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

a	Total revenue, gains, and other support per audited financial statements		a	18,026,943.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	18,026,943.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	18,026,943.

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

a	Total expenses and losses per audited financial statements		a	17,133,808.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	17,133,808.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	17,133,808.

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.

Part VI Other Information (continued)		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b 341,950.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?			X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		N/A	
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, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c Dues, assessments, and similar amounts from members	85 c N/A		
d Section 162(e) lobbying and political expenditures	85 d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a N/A		
b Gross receipts, included on line 12, for public use of club facilities	86 b N/A		
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87 a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b N/A		
88 a 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 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
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction			X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?			X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X
90 a List the states with which a copy of this return is filed <u>AZ</u>			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90 b 226		
91 a The books are in care of <u>KAY MCCONAGHA</u> Telephone number <u>928-213-6150</u> Located at <u>2920 N. 4TH STREET FLAGSTAFF AZ</u> ZIP + 4 <u>86004</u>			
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 _____		Yes	No
	91 b		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No

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					8,726,974.
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	123,889.	
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	681,581.	
103 Other revenue a					
b MISCELLANEOUS					153,030.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				805,470.	8,880,004.
105 Total (add line 104, columns (B), (D), and (E))					9,685,474.

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).

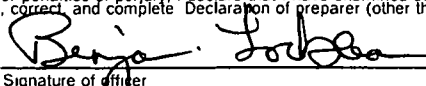
	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X


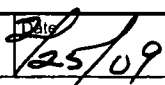
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

	Yes	No
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		X

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

	Yes	No
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?		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	▶ 3/2/2009 Date
	▶ BEN LOOKLEAR, CFO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature: 	Date: 	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X): N/A
	Firm's name (or yours if self-employed): FESTER & CHAPMAN P.C.		EIN: N/A	
	address, and ZIP + 4: 8283 N. HAYDEN RD., SUITE 200 SCOTTSDALE, AZ 85258-2456		Phone no: (602) 264-3077	

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545 0047

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

2007

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **NORTH COUNTRY HEALTHCARE, 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		896,063.	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
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (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		
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a 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 Did the organization have a section 403(b) annuity plan for its employees?		X
c 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
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		X
b Did the organization make any taxable distributions under section 4966?		N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶ <u>N/A</u>		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>N/A</u>		N/A
f 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 ▶ <u>0</u>		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0.</u>		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)
- 11 a 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)
- 11 b 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	
Total					0.

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See instructions.)

BAA

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,045,882.	4,688,124.	3,648,450.	3,333,614.	15,716,070.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,039,959.	4,820,390.	2,993,711.	3,495,654.	17,349,714.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	95,294.	40,606.	11,110.	4,222.	151,232.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 11	2,273,891.	2,990,064.	984,327.	93,892.	6,342,174.
23 Total of lines 15 through 22	12,455,026.	12,539,184.	7,637,598.	6,927,382.	39,559,190.
24 Line 23 minus line 17	6,415,067.	7,718,794.	4,643,887.	3,431,728.	22,209,476.
25 Enter 1% of line 23	124,550.	125,392.	76,376.	69,274.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 444,190.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 22,209,476.
d Add: Amounts from column (e) for lines	18 151,232.	19	22 6,342,174.	26b	26d 6,493,406.
e Public support (line 26c minus line 26d total)					26e 15,716,070.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 70.76 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year	(2006) _____	(2005) _____	(2004) _____	(2003) _____	
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	(2006) _____	(2005) _____	(2004) _____	(2003) _____	
c Add: Amounts from column (e) for lines	15 _____	16 _____	17 _____	20 _____	21 _____
d Add: Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____ %
i Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

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

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term 'expenditures' means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table –	41													
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is –</td> <td style="width: 50%;">The lobbying nontaxable amount is –</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>				If the amount on line 40 is –	The lobbying nontaxable amount is –	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 40 is –	The lobbying nontaxable amount is –														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720															

4 -Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

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

Yes	No	Amount

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

NORTH COUNTRY HEALTHCARE, INC.

86-0663432

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

PHARMACY SALES, NET	\$ 1,522,058.
GROSS SALES	<u>\$ 1,522,058.</u>
LESS RETURNS & ALLOWANCES	<u>0.</u>
NET SALES	\$ 1,522,058.
LESS COST OF GOODS SOLD	<u>840,477.</u>
GROSS PROFIT FROM SALES OF INVENTORY	<u><u>\$ 681,581.</u></u>

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

UNREALIZED LOSS ON INVESTMENTS	\$ -166,382.
TOTAL	<u><u>\$ -166,382.</u></u>

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DUES & MEMBERSHIP	39,380.	39,380.		
EDUCATION	81,034.	81,034.		
FACILITIES MANAGEMENT	201,324.	160,455.	40,869.	
FUNDRAISING	49,623.		24,107.	25,516.
INSURANCE	84,600.		84,600.	
MISCELLANEOUS	187,084.	187,084.		
OUTREACH	164,262.	164,262.		
OUTSIDE MEDICAL SERVICES	158,578.	126,387.	32,191.	
PATIENT SCREENING & ASSISTANCE	237,462.	189,257.	48,205.	
PROFESSIONAL FEES	806,104.	640,853.	165,251.	
TOTAL	<u><u>\$ 2,009,451.</u></u>	<u><u>\$ 1,588,712.</u></u>	<u><u>\$ 395,223.</u></u>	<u><u>\$ 25,516.</u></u>

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

TO PROVIDE HEALTH CARE TO THE UNDERSERVED.

NORTH COUNTRY HEALTHCARE, INC.

86-0663432

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	\$ 93,721.	\$ 81,601.	\$ 12,120.
MACHINERY AND EQUIPMENT	1,002,425.	580,772.	421,653.
BUILDINGS	7,525,774.	207,426.	7,318,348.
IMPROVEMENTS	1,147,263.	450,440.	696,823.
LAND	1,260,000.		1,260,000.
MISCELLANEOUS	921,438.	564,672.	356,766.
TOTAL	\$ 11,950,621.	\$ 1,884,911.	\$ 10,065,710.

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

LOAN ISSUANCE COST	\$ 54,264.
PATIENT BASE	123,900.
PLEDGES NONCURRENT PORTION	208,129.
TOTAL	\$ 386,293.

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

<u>MORTGAGES PAYABLE</u>	<u>BALANCE DUE</u>
BANK OF AMERICA	\$ 68,760.
TOTAL MORTGAGES	\$ 68,760.

OTHER NOTES PAYABLE

LENDER'S NAME:	J.P. MORGAN CHASE BANK	
DATE OF NOTE:	6/30/2006	
MATURITY DATE:	10/10/2012	
REPAYMENT TERMS:	\$48,633/MO. PRIN & INT	
INTEREST RATE:	6.95%	
SECURITY PROVIDED:	CENTER'S LAND	
PURPOSE OF LOAN:	CONSTRUCTION & REFINANCING	
ORIGINAL AMOUNT:	6,247,500.	
BALANCE DUE:		\$ 6,071,831.

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:		\$ 228,687.

NORTH COUNTRY HEALTHCARE, INC.

86-0663432

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:	5/15/2007		
MATURITY DATE:	1/14/2013		
REPAYMENT TERMS:	INTEREST ONLY PAYMENTS		
INTEREST RATE:	7.89%		
SECURITY PROVIDED:	PURCHASED EQUIPMENT		
PURPOSE OF LOAN:	PURCHASE OF DENTAL EQUIPMENT		
ORIGINAL AMOUNT:	500,000.		
BALANCE DUE:		\$	462,089.
LENDER'S NAME:	J.P. MORGAN CHASE BANK		
DATE OF NOTE:	1/03/2008		
MATURITY DATE:	11/15/2012		
REPAYMENT TERMS:	\$663/MONTH PRIN AND INT.		
ORIGINAL AMOUNT:	85,000.		
BALANCE DUE:		\$	84,169.
LENDER'S NAME:	J.P. MORGAN CHASE BANK		
DATE OF NOTE:	12/14/2007		
MATURITY DATE:	3/25/2013		
REPAYMENT TERMS:	\$9,986/MO. PRIN & INT		
INTEREST RATE:	7.25%		
PURPOSE OF LOAN:	LEASEHOLD IMPROVEMENTS		
ORIGINAL AMOUNT:	500,000.		
BALANCE DUE:		\$	479,180.
LENDER'S NAME:	CAPITAL LEASES		
BALANCE DUE:		\$	11,231.
TOTAL OTHER NOTES PAYABLE			\$ 7,337,187.
TOTAL			<u>\$ 7,405,947.</u>

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

REFUNDABLE ADVANCES		\$	125,122.
TOTAL		\$	<u>125,122.</u>

NORTH COUNTRY HEALTHCARE, INC.

86-0663432

STATEMENT 9
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
ANN ROGGENBUCK 4005 LAKE MARY RD. #2 FLAGSTAFF, AZ 86004	EXECUTIVE DIREC 0	\$ 0.	\$ 0.	\$ 0.
STEVE W. LEWIS, MD 1200 N. BEAVER STREET FLAGSTAFF, AZ 86001	BOARD MEMBER 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.
SHARLENE FOUSER 9455 ANTOINETTE WAY FLAGSTAFF, AZ 86001	PRESIDENT 0	0.	0.	0.
ROBERT N. JOHNSON 1001 SKYVIEW STREET FLAGSTAFF, AZ 86004	TREASURER 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.

NORTH COUNTRY HEALTHCARE, INC.

86-0663432

STATEMENT 9 (CONTINUED)
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 & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
NANCY J. MCCARTHY 815 N. 5TH AVENUE HOLBROOK, AZ 86025	BOARD MEMBER 0	\$ 0.	\$ 0.	\$ 0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

<u>NAME AND ADDRESS</u>	<u>TITLE & AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUT. EBP & DC</u>	<u>EXPENSE ACCOUNT</u>
ANDREW SAAL M.D. 2500 N. ROSE ST. FLAGSTAFF, AZ 86004	MED DIRECTOR 40.00	175,740.	0.	0.
JILL ZURAWSKI 2500 N. ROSE ST. FLAGSTAFF, AZ 86004	PHYSICIAN 40.00	221,112.	0.	0.
THOMAS BIGHAM 2920 N. 4TH STREET FLAGSTAFF, AZ 86004	PHYSICIAN 40.00	183,899.	0.	0.
WILLIAM WILLIS 2920 N. 4TH STREET FLAGSTAFF, AZ 86004	PHYSICIAN 40.00	156,440.	0.	0.
JAMES SIELSKI 2500 N. ROSE ST. FLAGSTAFF, AZ 86004	PHYSICIAN 40.00	158,872.	0.	0.
TOTAL		<u>\$ 896,063.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

<u>DESCRIPTION</u>	<u>(A) 2006</u>	<u>(B) 2005</u>	<u>(C) 2004</u>	<u>(D) 2003</u>	<u>(E) TOTAL</u>
OTHER	\$ 2273891.	\$ 2990064.	\$ 984,327.	\$ 93,892.	\$ 6,342,174.
TOTAL	<u>\$ 2273891.</u>	<u>\$ 2990064.</u>	<u>\$ 984,327.</u>	<u>\$ 93,892.</u>	<u>\$ 6,342,174.</u>

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

**NCHC
Asset Depreciation Schedule
6/30/08**

	Description	Date	Method Life	Cost	Prior Yr Acc Dep	Current Year Dep
G/L 1805	<u>LAND</u>					
	1 land - 4th st	2/3/05		1,250,000.00	-	-
	1 land- Condo	10/1/01		10,000.00	-	-
	Total LAND			1,260,000.00		
G/L 1810	<u>BUILDING</u>					
	1 Condo	10/1/01 S/L	27.5	115,438.97	23,088.12	4,197.78
	2 Closing Costs	2/3/05 S/L	5	13,147.20	6,354.48	2,629.44
	3 House	2/3/05 S/L	40	150,000.00	7,500.00	3,750.00
	Total Building			278,586.17	36,942.60	10,577.22
G/L 1815	<u>NEW BUILDING</u>					
	1 Johnson Walzer Assoc #1	10/1/04 S/L	40	6,300.00	-	105.00
	2 Marion Hall - Appraisal	10/22/04 S/L	40	2,500.00	-	41.67
	3 BEC Southwest - preconst svc	1/1/05 S/L	40	5,373.00	-	89.55
	4 Johnson Walzer Assoc #2	1/1/05 S/L	40	6,323.62	-	105.39
	5 No Exploration Surveys	1/1/05 S/L	40	3,200.00	-	53.33
	4 Johnson Walzer Assoc #3	3/1/05 S/L	40	12,814.67	-	213.58
	5 Engineering & Testing Consultants, Inc.	4/21/05 S/L	40	3,350.00	-	55.83
	4 Johnson Walzer Assoc #4	5/1/05 S/L	40	16,800.00	-	280.00
10	Bank of America - Appraisal	7/1/05 S/L	40	5,000.00	-	83.33
	4 Johnson Walzer Assoc #5	10/1/05 S/L	40	5,600.00	-	93.33
	4 Johnson Walzer Assoc #6	1/1/06 S/L	40	8,400.00	-	140.00
	City of Flagstaff- Plan Review	2/15/06 S/L	40	2,900.00	-	48.33
	City of Flagstaff- Plan Review (strm watr)	4/17/06 S/L	40	450.00	-	7.50
	Northland Explor Surveys - draft legal desc	5/31/06 S/L	40	500.00	-	8.33
	BEC Southwest - preconst design	7/1/06 S/L	40	1,176.00	-	19.60
	Fidelity Title -recording fees	7/14/06 S/L	40	708.35	-	11.81
	Ann Roggenbuck- recording fees	7/6/06 S/L	40	28.00	-	0.47
	Draw # 1Johnson Walzer	8/4/06 S/L	40	214,334.82	-	3,572.25
	City of Flagstaff Permits	8/9/06 S/L	40	450.00	-	7.50
	Draw #2 Bec Contracting	8/15/06 S/L	40	45,245.18	-	754.09
	Draw # 3 BEC contracting	9/12/06 S/L	40	215,613.25	-	3,593.55
	Amity Consulting- monthly inspection	9/30/06 S/L	40	365.00	-	6.09

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

Draw #4 Johnson-Walzer	10/12/06 S/L	40	97,859.22	-	1,630.99
Draw #5 - BEC contracting	10/12/06 S/L	40	32,009.08	-	533.49
Amity Consulting- monthly inspection	10/12/06 S/L	40	365.00	-	6.09
Draw #6 - BEC contracting	11/15/06 S/L	40	480,473.44	-	8,007.89
Amity Consulting- monthly inspection	11/15/06 S/L	40	365.00	-	6.09
Draw #7 - BEC contracting	12/21/06 S/L	40	241,622.41	-	4,027.04
Draw #8 Johnson-Walzer	12/21/06 S/L	40	39,428.42	-	657.14
Draw #9 - BEC Contracting	1/17/07 S/L	40	124,487.64	-	2,074.79
Amity Consulting- monthly inspection	1/19/07 S/L	40	365.00	-	6.09
Amity Consulting- monthly inspection	2/23/07 S/L	40	365.00	-	6.09
Draw #10 Johnson-Walzer	2/23/07 S/L	40	189,210.93	-	3,153.51
Draw #11 - BEC Contracting	2/23/07 S/L	40	12,509.03	-	208.49
Draw #12 - BEC Contracting	3/12/07 S/L	40	243,197.41	-	4,053.29
Amity Consulting- monthly inspection	3/12/07 S/L	40	365.00	-	6.09
Draw #13 - BEC Contracting	4/11/07 S/L	40	304,766.44	-	5,079.44
Amity Consulting- monthly inspection	4/11/07 S/L	40	365.00	-	6.09
Draw #14 Johnson-Walzer	5/11/07 S/L	40	98,405.48	-	1,640.09
Draw #15 - BEC Contracting	5/11/07 S/L	40	729,672.21	-	12,161.21
Amity Consulting- monthly inspection	5/11/07 S/L	40	365.00	-	6.09
Aspen Communications- deposit	5/17/07 S/L	40	3,500.00	-	58.33
Draw #16 - BEC Contracting	6/7/07 S/L	40	949,200.52	-	15,820.01
Draw #17 - Aspen Communications	6/7/07 S/L	40	58,917.81	-	981.97
Amity Consulting- monthly inspection	6/7/07 S/L	40	365.00	-	6.09
Exterior signs - new bldg (sign a rama)	6/11/07 S/L	7	12,463.00	-	1,186.95
Interior signs - new bldg (50%)	6/30/07 S/L	7	17,671.12	-	1,682.97
Muzak - AV equip deposit	6/15/07 S/L	5	4,072.75	-	543.03
Aegis - Security System 10% deposit	6/30/07 S/L	5	2,418.20	-	322.43
Draw #18 - BEC	7/10/07 S/L	40	698,253.86	-	11,637.57
Draw #19 - Johnson Walzer	7/10/07 S/L	40	20,158.10	-	335.97
Draw #20 - Aspen Communications	7/10/07 S/L	40	26,000.00	-	433.33
Amity Consulting- monthly inspection	7/10/07 S/L	40	365.00	-	6.09
Draw #21 - BEC	8/21/07 S/L	40	467,705.74	-	7,795.09
Amity Consulting- monthly inspection	8/21/07 S/L	40	365.00	-	6.09
Draw #22 - BEC	9/17/07 S/L	40	508,771.74	-	8,479.53
Draw #23 - Aspen Communications	9/12/07 S/L	40	12,100.00	-	201.67
Amity Consulting- monthly inspection	9/17/07 S/L	40	365.00	-	6.09
Aspen Communications (final)	10/26/07 S/L	40	13,796.12	-	229.93
Draw #24 - BEC	10/19/07 S/L	40	412,626.46	-	6,877.11
Draw #25 - Johnson Walzer	10/19/07 S/L	40	36,634.15	-	610.57
Amity Consulting- monthly inspection	10/26/07 S/L	40	365.00	-	6.09

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

Draw #26 - BEC	10/31/07 S/L	40	159,293.29	-	2,654.89
Draw #27 - BEC	11/30/07 S/L	40	181,308.31	-	3,021.81
BEC December	12/31/07 S/L	40	74,161.98	-	1,236.03
Amity Consulting- monthly inspection - 2 month	1/31/07 S/L	40	730.00	-	12.17
Johnson Walzer	2/1/08 S/L	40	15,155.86	-	252.60
Aegis - Security System payment	7/19/07 S/L	5	11,072.80	-	1,476.37
RC Smith (1/3 deposit) Pharmacy modular shel	8/31/07 S/L	7	30,522.43	-	2,906.90
Sign a rama- sign survey	9/1/07 S/L	7	450.00	-	42.86
Photography (Tom Brownold 50% deposit)	9/4/07 S/L	7	3,904.50	-	371.86
Modular furniture/chairs/conference table (Goo	9/7/07 S/L	7	77,014.00	-	7,334.67
IP Telephone (60% deposit Wingler consult)	9/7/07 S/L	5	27,321.00	-	3,642.80
Core network switches (Wingler consult)	9/10/07 S/L	5	13,500.00	-	1,800.00
Aegis - Security System (progress billing)	9/17/07 S/L	5	7,254.60	-	967.28
Sign a rama- sign, banners	9/18/07 S/L	7	15,736.30	-	1,498.69
Darcy Falk (deposit artwork)	9/27/07 S/L	7	2,000.00	-	142.86
Darcy Falk (balance deposit artwork)	9/27/07 S/L	7	1,399.50	-	99.97
Muzak - AV equip balance	9/30/07 S/L	5	12,643.06	-	1,685.74
RC Smith (1/3 deposit) Pharmacy modular shel	10/1/07 S/L	7	61,043.07	-	5,813.63
Sign a rama - parking lot sign	10/4/07 S/L	7	2,600.32	-	247.65
IP Telephone (60% deposit Wingler consult)	10/8/07 S/L	5	13,660.50	-	1,821.40
Photography (Tom Brownold 50% deposit)	10/12/07 S/L	7	4,382.50	-	417.38
Sign a rama - new bldg signage	10/18/07 S/L	7	2,839.56	-	270.43
Sign a rama - new bldg signage	10/18/07 S/L	7	717.92	-	68.37
Sign a rama - new bldg signage	10/18/07 S/L	7	13,152.57	-	1,252.63
Sign a rama - new bldg signage	10/18/07 S/L	7	490.34	-	46.70
Modular furniture/chairs/conference table (Goo	10/23/07 S/L	7	58,099.05	-	5,533.24
Prints - 5(Louis Buchetto)	10/25/07 S/L	7	955.00	-	90.95
CyberData (Wingler consulting)	10/29/07 S/L	5	425.00	-	56.67
Sign a rama - new bldg signage	10/31/07 S/L	7	54.74	-	5.21
Prints - 5(Louis Buchetto)	10/31/07 S/L	7	1,385.00	-	131.91
RC Smith add'l Pharmacy modular shelving	10/31/07 S/L	7	895.00	-	85.24
Sign a rama - new bldg signage	11/1/07 S/L	7	2,608.38	-	248.42
Sign a rama - new bldg signage	11/6/07 S/L	7	197.25	-	18.79
Cisco Catalyst 3750G, GLC-SH-MM SFP, WS-654	11/6/07 S/L	5	8,094.00	-	1,079.20
Sign a rama - new bldg signage	11/13/07 S/L	7	371.00	-	35.33
IP Telephone (final deposit Wingler consult)	11/20/07 S/L	5	4,553.50	-	607.13
Sign a rama - new bldg signage	12/12/07 S/L	7	161.24	-	15.35
Sign a rama - new bldg signage	12/14/07 S/L	7	247.75	-	23.59
Aegis - Security System payment	12/31/07 S/L	5	4,836.40	-	564.25
Sign a rama - new bldg signage	2/1/08 S/L	7	565.00	-	40.36

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

Aegis - Rx Video camera; door release	2/20/08 S/L	5	5,075.00	-	422.92
Goodmans	3/1/08 S/L	7	18,914.69	-	1,801.40
Blinds - Carpets of Dalton	4/24/08 S/L	7	7,652.00	-	273.29
Total New Building			7,247,187.58	-	159,906.32

G/L 1820 BUILDING IMPROVEMENTS

6 Renovations	05/01/98 S/L	15	24,838.00	22,998.29	1,839.71
7 Renovations	07/29/98 S/L	15	12,014.00	11,090.72	923.28
8 Renovations	10/19/98 S/L	15	6,287.00	5,786.19	500.81
9 Renovations	09/01/98 S/L	15	5,897.00	5,438.30	458.70
10 Building Improvements	10/19/98 S/L	15	4,106.00	3,779.18	326.82
11 Building Improvements	08/05/98 S/L	15	12,014.00	11,090.72	923.28
12 Renovations	12/18/98 S/L	15	1,160.00	1,065.26	94.74
13 Renovations	01/05/99 S/L	15	970.00	891.19	78.81
14 Building Improvements	02/05/99 S/L	15	2,034.00	1,866.80	167.20
15 Building Improvements	09/18/98 S/L	15	11,865.00	10,931.14	933.86
16 Building Improvements	02/05/99 S/L	15	490.00	449.96	40.04
17 Building Improvements	02/05/99 S/L	15	605.00	554.90	50.10
18 Building Improvements	02/05/99 S/L	15	3,805.00	3,490.10	314.90
19 Building Improvements	03/19/99 S/L	15	3,232.00	2,959.31	272.69
20 Building Improvements	11/20/98 S/L	15	1,814.00	1,668.00	146.00
21 Building Improvements	12/07/98 S/L	15	1,564.00	1,437.82	126.18
23 Building Improvements	12/18/98 S/L	15	2,580.00	2,369.78	210.22
24 Building Improvements	08/20/99 S/L	15	3,618.00	3,296.27	321.73
25 Building Improvements	10/20/99 S/L	15	2,700.00	2,455.00	245.00
26 New Carpet	11/30/99 S/L	15	1,682.00	1,527.66	154.34
27 Building Improvements	11/30/99 S/L	15	2,187.00	1,986.65	200.35
28 Building Improvements	11/30/99 S/L	15	912.00	828.46	83.54
29 Building Improvements	12/25/00 S/L	15	560.00	507.98	52.02
30 Building Improvements	06/30/00 S/L	15	1,161.00	1,046.78	114.22
31 Building Improvements	07/01/00 S/L	15	293.00	264.55	28.45
32 Building Improvements	07/26/00 S/L	15	1,609.00	1,449.40	159.60
33 Building Improvements	07/31/00 S/L	15	328.00	295.56	32.44
34 Building Improvements	09/11/00 S/L	15	320.00	287.87	32.13
35 Building Improvements	09/21/00 S/L	15	930.00	836.22	93.78
36 Building Improvements	10/01/00 S/L	15	577.00	518.56	58.44

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

37 Shelving	01/01/01 S/L	15	761.00	682.15	78.85
39 Building Improvements	02/28/01 S/L	15	4,410.00	3,933.33	476.67
40 Building Improvements	03/01/01 S/L	15	310.00	277.46	32.54
41 Building Improvements	03/20/01 S/L	15	1,116.00	997.03	118.97
42 Building Improvements	03/27/01 S/L	15	786.00	702.09	83.91
43 Building Improvements	04/24/01 S/L	15	34.00	30.15	3.85
44 Security System	05/01/01 S/L	7	2,107.00	2,023.36	83.64
45 Building Improvements	05/21/01 S/L	15	64,418.00	57,439.64	6,978.36
46 Building Improvements	06/27/01 S/L	15	769.00	684.85	84.15
47 Building Improvements	06/29/01 S/L	15	7,750.00	6,903.41	846.59
48 Window Graphics (1/2)	07/30/01 S/L	7	256.00	244.54	11.46
49 Security System	07/31/01 S/L	7	2,666.00	2,544.37	121.63
50 Springerville Build-out	06/19/03 S/L	15	62,250.00	16,945.96	4,150.00
51 Winslow Build-out	05/01/03 S/L	15	87,283.00	24,245.66	5,818.87
52 Construct office on 4th	05/14/03 S/L	15	800.00	695.92	104.08
53 Improvements at Rose	06/01/03 S/L	15	3,582.00	3,114.40	467.60
54 Improvement Winslow	07/15/03 S/L	15	2,984.00	795.82	198.93
55 RV Improvements	07/15/03 S/L	15	33,307.00	8,881.42	2,220.47
56 Improvements at Rose (trailers)	08/15/03 S/L	15	8,426.00	7,310.35	1,115.65
57 Improvements at Rose	09/04/03 S/L	15	6,969.00	6,039.77	929.23
58 Fence at Rose	09/29/03 S/L	15	2,208.00	1,913.66	294.34
59 Shed at Rose	11/30/03 S/L	15	1,025.00	885.51	139.49
60 Pharmacy/bathroom/dental	11/15/03 S/L	15	42,863.00	37,028.44	5,834.56
61 Dental Floor	11/19/03 S/L	15	17,471.00	15,092.93	2,378.07
62 Pharmacy/bathroom/dental	12/19/03 S/L	15	30,000.00	25,888.89	4,111.11
63 Shelving	10/31/03 S/L	15	2,335.00	2,021.55	313.45
64 Conference/Trailer Bath	02/15/04 S/L	15	2,746.00	2,367.11	378.89
65 Straitline - Improvements @ Rose	03/17/04 S/L	15	5,121.00	4,409.78	711.22
66 Aegis Security - Trailers	04/06/04 S/L	7	1,493.81	1,330.40	163.41
4 renovations	4/1/98 S/L	15	17,699.00	16,404.42	1,179.93
5 renovations	5/1/98 S/L	15	17,699.00	16,388.09	1,179.93
7 renovations	6/11/98 S/L	15	1,564.00	1,446.49	104.27
8 renovations	6/19/98 S/L	15	886.00	818.66	59.07
9 renovations	6/30/98 S/L	15	6,666.00	6,159.48	444.40
10 security system	6/20/98 S/L	5	3,117.00	3,117.00	-
11 floors	6/5/98 S/L	15	510.00	471.78	34.00
12 floors	6/30/98 S/L	15	2,832.00	2,617.41	188.80
1 Leashold improvements	6/5/97 S/L	15	1,083.00	1,013.57	72.20
2 flooring	11/20/97 S/L	15	527.00	490.19	35.13
3 renovations	1/1/98 S/L	15	1,340.00	1,245.70	89.33

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

1 Condo improvements	7/11/01 S/L	15	2,000.00	1,781.31	133.33
2 Furniture	9/7/01 S/L	7	125.00	119.12	17.86
3 Appraisal	9/13/01 S/L	3	350.00	350.00	-
4 Beds	9/19/01 S/L	7	583.00	553.91	83.29
5 Trailers	6/30/03 S/L	5	2,000.00	1,877.80	400.00
Total Building Improvements			567,379.81	393,453.50	51,254.90

G/L 1830 LEASEHOLD IMPROVEMENTS

76 Leasehold Improvments	3/20/06 S/L		10,000.00	-	-
77 Leasehold Improvments	4/25/06 S/L		10,000.00	-	-
78 Leasehold Improvments	7/31/06 S/L		5,600.00	-	-
79 Leasehold Improvments	9/11/06 S/L		564.50	-	-
Leasehold Improvments	9/25/07 S/L	15	2,101.94		11.68
Leasehold Improvments	11/1/07 S/L	15	38,753.00		215.29
Leasehold Improvments	1/1/08 S/L	15	30,065.77		167.03
Leasehold Improvments	1/1/08 S/L	15	2,601.47		14.45
Leasehold Improvments	1/1/08 S/L	15	10,564.25		58.69
Leasehold Improvments	3/7/08 S/L	15	86,985.80		483.25
Leasehold Improvments	3/12/08 S/L	15	2,574.00		14.30
Leasehold Improvments	4/1/08 S/L	15	8,198.61		45.55
Leasehold Improvments	4/12/08 S/L	15	79,577.70		442.10
Leasehold Improvments	4/15/08 S/L	15	2,347.89		13.04
Leasehold Improvments	4/18/08 S/L	7	2,608.40		31.05
Leasehold Improvments	5/14/08 S/L	15	2,000.00		
Leasehold Improvments	5/16/08 S/L	15	175,126.80		972.93
Leasehold Improvments	5/19/08 S/L	7	8,398.56		99.98
Leasehold Improvments	5/26/08 S/L	15	9,129.05		
Leasehold Improvments	6/27/08 S/L	15	13,223.73		
Leasehold Improvments	6/10/08 S/L	15	79,461.20		441.45
Total Leasehold Improvements			579,882.67	-	3,010.80

G/L 1850 MEDICAL EQUIPMENT

16 Midmark M9 ultraclav	06/05/98 S/L	5	3,395.00	3,395.00	-
17 ultra sonic cleaner	06/05/98 S/L	5	1,368.00	1,368.00	-
18 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	-

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

22	fiber optic handpieces	06/05/98 S/L	5	540.00	540.00
23	slow speed handpieces	06/05/98 S/L	5	977.00	977.00
24	slow speed handpieces	06/05/98 S/L	5	977.00	977.00
25	slow speed handpieces	06/05/98 S/L	5	977.00	977.00
26	dental chair	06/05/98 S/L	5	3,550.00	3,550.00
27	dental chair	06/05/98 S/L	5	3,550.00	3,550.00
28	dental chair	06/05/98 S/L	5	3,550.00	3,550.00
29	dental chair	06/05/98 S/L	5	3,550.00	3,550.00
30	dental chair	06/05/98 S/L	5	3,550.00	3,550.00
31	cascade duo chart	06/05/98 S/L	5	3,550.00	3,550.00
32	cascade duo chart	06/05/98 S/L	5	3,550.00	3,550.00
33	cascade duo chart	06/05/98 S/L	5	3,550.00	3,550.00
34	intra oral x-ray	06/05/98 S/L	5	3,175.00	3,175.00
35	procedure table	06/20/98 S/L	5	6,042.00	6,042.00
36	fyfrecator	06/20/98 S/L	5	681.00	681.00
37	cast cutter	06/20/98 S/L	5	570.00	570.00
38	EKG machine	12/25/00 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

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

62 ADEC columns	06/30/98 S/L	5	3,082.00	3,082.00	-
63 wall mount	06/30/98 S/L	5	569.00	569.00	-
64 wall mount	06/30/98 S/L	5	569.00	569.00	-
65 wall mount	06/30/98 S/L	5	569.00	569.00	-
66 wall mount	06/30/98 S/L	5	569.00	569.00	-
67 mount light	06/30/98 S/L	5	1,850.00	1,850.00	-
68 mount light	06/30/98 S/L	5	1,850.00	1,850.00	-
69 mount light	06/30/98 S/L	5	1,850.00	1,850.00	-
70 mount light	06/30/98 S/L	5	1,850.00	1,850.00	-
71 square console	06/30/98 S/L	5	5,999.00	5,999.00	-
72 square console	06/30/98 S/L	5	5,999.00	5,999.00	-
75 ultrasound	06/20/98 S/L	5	25,200.00	25,200.00	-
76 pelton crane light	06/05/98 S/L	5	1,475.00	1,475.00	-
77 stat kit	03/19/99 S/L	5	522.00	522.00	-
78 Defibrulator kit	04/05/99 S/L	5	3,085.00	3,085.00	-
79 Sink	04/28/99 S/L	5	720.00	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	654.00	-
83 Cholestech LDX System	06/01/01 S/L	5	2,916.00	2,916.00	-
84 Pluse Oximeter	09/27/01 S/L	5	556.00	556.00	-
86 Winslow Equipment	04/22/03 S/L	5	14,829.00	14,335.40	493.60
87 Round Valley Equipment	06/17/03 S/L	5	5,347.00	5,168.20	178.80
88 Round Valley Equipment	07/15/03 S/L	5	23,802.00	19,041.20	4,760.80
89 Enteck	12/01/03 S/L	5	988.00	707.80	197.60
91 Provider Licensure on Centrality	09/30/04 S/L	5	14,595.00	8,027.25	2,919.00
92 Sterilizer Steam Auto - Medical	09/27/04 S/L	5	2,417.78	1,329.79	483.56
93 EKG Machine	11/14/04 S/L	5	1,923.60	1,025.92	384.72
94 Grand Canyon walk-in Clinic Purch	08/31/05 S/L	5	25,000.00	4,166.67	5,000.00
95 Sterilizer Steam Auto - Medical	09/01/05 S/L	5	3,102.36	1,137.53	620.47
96 Automated monitor	12/17/05 S/L	5	3,534.15	1,119.15	706.83
97 Leisegang Colposcope (used)	01/23/06 S/L	5	3,550.00	1,065.00	710.00
98 LEEP System 1000 workstation	02/17/06 S/L	5	4,350.00	1,232.50	870.00
99 Chemistry analyzer	03/15/06 S/L	5	15,000.00	4,000.00	3,000.00
100 Hemoglobin analyzer kits	04/01/06 S/L	5	13,475.00	3,368.75	2,695.00
101 Vital signs monitors	04/01/06 S/L	5	4,887.06	1,221.76	977.41
102 HP Codemaster Defibrillator	04/20/06 S/L	5	1,800.00	450.00	360.00
103 Ice Machine	06/15/06 S/L	5	2,500.91	625.23	500.18
1 medical equipment	6/1/97 S/L	7	1,102.00	1,102.00	-
2 dental equipment	6/20/97 S/L	5	22,234.00	22,234.00	-
3 Statim 2000 autoclave	6/1/97 S/L	5	3,111.00	3,111.00	-

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

4 medical equipment	9/25/96 S/L	5	10,943.00	10,943.00	-
5 EKG machine	11/4/96 S/L	5	4,497.00	4,497.00	-
6 Matrix Analgesia system	9/19/97 S/L	5	3,170.00	3,170.00	-
7 Hemocue machine	9/19/97 S/L	5	630.00	630.00	-
8 Trophy 70	9/29/97 S/L	5	2,376.00	2,376.00	-
9 dental chair	9/29/97 S/L	5	3,595.00	3,595.00	-
10 dual chart	9/29/97 S/L	5	2,751.00	2,751.00	-
11 post mounted light	9/29/97 S/L	5	1,391.00	1,391.00	-
12 ultrasonic scalers	9/29/97 S/L	5	532.00	532.00	-
13 Rino slow speed	9/29/97 S/L	5	711.00	711.00	-
14 Rino slow speed	9/29/97 S/L	5	711.00	711.00	-
15 Fiberoptic handpiece	9/29/97 S/L	5	519.00	519.00	-
73 X-ray	6/30/98 S/L	5	17,564.00	17,564.00	-
74 film processor	6/30/98 S/L	5	2,360.00	2,360.00	-
75 Ultrasound	1/1/00 S/L	5	8,999.02	8,999.02	-
94 Grand Canyon walk-in Clinic Purch	08/31/05 S/L	5	(25,000.00)	(4,166.67)	(5,000.00)
76 Ultrasound	08/18/06 S/L	5	19,000.00	2,850.00	3,800.00
77 Hearing equipment for newborns	10/19/06 S/L	5	3,450.00	460.00	690.00
78 Fixed assets Holbrook purchase	01/17/07 S/L	3	69,000.00	9,583.33	23,000.00
79 Digital Radiography (1/3 cost) Q-Rad DS-4	03/23/07 S/L	5	27,300.00	-	3,640.00
Hematology analyzer Coulter ACT	05/01/07 S/L	5	9,788.24	326.27	1,957.65
Digital Radiography (2/3) Q-Rad DS-4	08/29/07 S/L	5	65,497.00	-	8,732.93
Various medical equip- Kingman (used)	10/09/07 S/L	3	2,625.00	-	583.33
Autoclave ultraclave	10/17/07 S/L	5	3,788.43	-	505.12
ECG atria 6000 (need for EMR)	10/17/07 S/L	5	4,200.00	-	560.00
Autoclave ultraclave	10/17/07 S/L	5	3,788.43	-	505.12
Total MEDICAL EQUIPMENT			580,934.98	333,471.10	63,832.12

G/L 1860 DENTAL EQUIPMENT

1 Winslow Dental Equipment	6/15/03 S/L	5	117,893.00	95,296.80	22,596.20
Winslow Dental Equipment	07/15/03 S/L	5	5,810.00	4,648.00	1,162.00
Dental	09/30/03 S/L	5	2,759.00	2,069.40	551.80
Dental Chair Installations	02/15/04 S/L	5	1,364.98	932.20	273.00
X-ray Machine (wnslw)	09/01/05 S/L	5	7,525.00	2,759.17	1,505.00
X-ray Machine	05/11/06 S/L	5	3,889.00	907.43	777.80
Dental Opitories (4)	05/24/07 S/L	5	257,050.00	-	34,273.33
HPC Q/A L F/O power lever,HPCTrad, F/O std cl	10/16/07 S/L	5	3,036.00	-	404.80
Autoclave ultraclave 11x18	10/26/07 S/L	5	3,789.22	-	505.23
Total Dental Equipment			403,116.20	106,613.00	62,049.16

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

G/L 1870 PHARMACY EQUIP

85 Pharmacy Equipment	02/20/01 S/L	5	645.00	645.00	-
90 QS1 POS	09/26/03 S/L	5	7,675.47	5,757.59	1,535.09
95 QS1 equipment	02/01/05 S/L	5	10,053.00	4,858.95	2,010.60
Total Pharmacy Equipment			18,373.47	11,261.54	3,545.69

G/L 1840 FURNITURE AND FIXTURES

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	-
1 Medical Filing System	6/5/97 S/L	7	3,254.00	3,254.00	-
1 2 drawer filing cabinet	5/1/93 S/L	5	100.00	100.00	-
2 2 drawer filing cabinet	5/1/93 S/L	5	100.00	100.00	-
3 4 drawer filing cabinet	5/1/93 S/L	5	20.00	20.00	-
4 4 drawer filing cabinet	5/1/93 S/L	5	38.00	38.00	-
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	1,480.00	-
25 Chairs	11/30/99 S/L	7	5,433.00	5,433.00	-
26 Walkie Talkies	12/25/00 S/L	7	365.00	365.00	-
27 Phone system upgrade	2/3/00 S/L	7	1,721.00	1,721.00	-
28 Walkie Talkies	6/2/00 S/L	7	295.00	295.00	-
29	8/24/00 S/L	7	3,496.00	3,411.29	84.71
30 Walkie Talkies	8/1/00 S/L	7	295.00	291.42	3.58

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

31 Furniture-Outreach	8/1/00 S/L	7	1,353.00	1,335.87	17.13
32 Desk	9/1/00 S/L	7	472.00	459.29	12.71
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	1,484.58	54.42
35 End Tab File Cart	9/20/00 S/L	7	849.00	817.87	31.13
36 Medical Record Cabinet	9/25/00 S/L	7	565.00	546.13	18.87
37 File Cabinets	12/1/00 S/L	7	672.00	632.00	40.00
38 Phone System	1/9/01 S/L	5	1,886.17	1,886.17	-
39 Waiting Room Chairs - Flag	8/31/04 S/L	5	3,147.99	1,783.87	629.60
40 Furniture housing units (2)	3/24/06 S/L	7	3,000.00	571.43	428.57
Office furniture (new flag bldg)	10/9/07 S/L	7	10,375.00	-	988.09
18 50 stacking chairs	11/8/97 S/L	7	1,385.00	1,385.00	0.00
Total Furniture and Fixtures			93,722.16	79,291.92	2,308.81

G/L 1890 OTHER FIXED ASSETS

1 Computer Warehouse	9/2/87 Macrs	5	942.00	942.00	-
2 AZ Computer specialists	9/2/87 Macrs	5	3,360.00	3,360.00	-
3 AZ Computer products	9/24/87 Macrs	5	2,933.00	2,933.00	-
4 AZ Computer products	11/5/87 Macrs	5	445.00	445.00	-
5 AZ Computer Center	9/30/88 Macrs	7	3,103.00	3,103.00	-
6 Powerbook Computer	12/6/96 S/L	5	1,441.00	1,441.00	-
7 PC Laptop	2/5/97 S/L	5	2,724.00	2,724.00	-
8 Apple Computer	12/31/91 Macrs	5	6,996.00	6,996.00	-
9 Computer	3/20/92 Macrs	5	1,802.00	1,802.00	-
10 Computer monitor	5/5/92 Macrs	5	124.00	124.00	-
11 Computer monitor	5/26/92 Macrs	5	122.00	122.00	-
12 Macintosh Computer	4/20/93 S/L	5	2,250.00	2,250.00	-
13 Apple Writer	6/1/93 S/L	5	315.00	315.00	-
14 MicroAge Computer	10/20/93 S/L	5	990.00	990.00	-
15 MicroAge Computer	11/5/93 S/L	5	2,519.00	2,519.00	-
16 Connecting Point Comp	1/20/94 S/L	5	638.00	638.00	-
17 Computer	9/1/94 S/L	5	5,174.00	5,174.00	-
18 Computer Software	4/1/96 S/L	5	31,000.00	31,000.00	-
19 2 Ntwk workstations	10/4/96 S/L	5	3,798.00	3,798.00	-
20 Ink jet printer	9/5/97 S/L	5	598.00	598.00	-
21 Mac computer	9/20/96 S/L	5	2,558.00	2,558.00	-
22 Computer	10/15/98 S/L	5	2,497.00	2,497.00	-
23 Computer	12/25/00 S/L	5	1,300.00	1,300.00	-
24 Computer Network	12/18/98 S/L	5	5,128.00	5,128.00	-

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

25 Computers	1/20/00 S/L	5	1,723.00	1,723.00	-
26 Computer/2 monitors	3/27/00 S/L	5	1,022.00	1,022.00	-
27 Computer Hardware	5/16/00 S/L	5	1,226.00	1,226.00	-
28 Computer Modem	6/16/00 S/L	5	152.00	152.00	-
29 Computer	7/3/00 S/L	5	704.00	704.00	-
30 Computer Server	7/20/00 S/L	5	4,625.00	4,625.00	-
31 Computer	8/1/00 S/L	5	800.00	800.00	-
32 Computers	9/20/00 S/L	5	3,275.00	3,275.00	-
33 Computer	9/21/00 S/L	5	751.00	751.00	-
34 Computer	10/5/00 S/L	5	519.00	519.00	-
35 Computer	11/3/00 S/L	5	719.00	719.00	-
36 Server/Hardware Upg	1/1/01 S/L	5	5,121.00	5,121.00	-
38 New Server Install	1/9/01 S/L	5	1,250.00	1,250.00	-
39 Phone System	1/9/01 S/L	5	1,886.00	1,886.00	-
40 Okidata Printer	2/6/01 S/L	5	1,416.00	1,416.00	-
41 Computer	2/15/01 S/L	5	941.00	941.00	-
42 Compaq DeskPro	3/26/01 S/L	5	1,088.00	1,088.00	-
43 Compaq DeskPro	4/4/01 S/L	5	986.00	986.00	-
44 Powerchute Plus	6/21/01 S/L	5	498.00	498.00	-
45 Gateway Computer	6/30/01 S/L	5	693.00	693.00	-
46 15 Computers/7 Mon.	7/8/01 S/L	5	12,089.00	12,089.00	-
47 Danbuild Computer	7/30/01 S/L	5	1,103.00	1,103.00	-
48 Computer GNAT Box	7/31/01 S/L	5	3,523.00	3,523.00	-
49 Computers,Monitors	8/31/01 S/L	5	4,397.00	4,397.00	-
50 15" LCD Flat Display	8/31/01 S/L	5	3,548.00	3,548.00	-
51 Network Hardware	8/31/01 S/L	5	728.00	728.00	-
52 Network Hardware	8/31/01 S/L	5	1,290.00	1,290.00	-
86 Crediting Software	8/31/01 S/L	3	4,063.00	4,063.00	-
87 Accounting Software	9/12/01 S/L	3	6,536.00	6,536.00	-
88 Star Band Satellite	9/13/01 S/L	5	792.00	792.00	-
89 Software	9/27/01 S/L	3	770.00	770.00	-
90 Computers	10/17/01 S/L	5	2,429.00	2,429.00	-
91 Software Licenses	11/7/01 S/L	3	2,193.00	2,193.00	-
93 Computers	12/31/01 S/L	5	6,476.00	6,476.00	-
94 Computers	2/15/02 S/L	5	1,500.00	1,500.00	-
95 Computer	4/14/02 S/L	5	872.00	872.00	-
96 Cisco PIX Firewall (St Johns)	8/19/02 S/L	5	616.42	616.42	-
97 Dell Laptop - Sue	8/13/02 S/L	5	2,850.00	2,803.00	47.00
98 Dell Server - telephones	8/13/02 S/L	5	1,478.00	1,453.80	24.20
99a Dell Computers - VWW	9/23/02 S/L	5	1,495.51	1,445.40	50.11

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

100	5 Flat Panel monitors - 1 dental	9/23/02 S/L	5	2,563.60	2,478.16	85.44
101	Computer	12/17/02 S/L	5	1,532.23	1,378.35	153.88
102	Winslow Computers	10/18/01 S/L	5	660.00	660.00	-
103	Millbrook Practice Management	6/30/03 S/L	5	134,675.00	107,740.00	26,935.00
104	Purchases from Insight	6/30/03 S/L	5	4,961.00	3,968.60	992.40
105	Purchases from CCB	6/30/03 S/L	5	6,670.00	5,336.00	1,334.00
106	Purchases from Acute Technologies	6/30/03 S/L	5	1,809.00	1,447.40	361.60
107	Dell Computers	7/15/03 S/L	5	24,980.00	19,984.00	4,996.00
108	Dell Computers	7/15/03 S/L	5	22,489.00	17,991.20	4,497.80
109	Dell Computers	7/15/03 S/L	5	24,597.00	19,677.20	4,919.80
110	Thin Clients (acute technology)	7/17/03 S/L	5	1,754.00	1,403.40	350.60
111	Millbrook Practice Management completed	7/31/03 S/L	5	33,669.00	26,371.83	6,733.80
112	Telephone Licenses	2/15/04 S/L	5	1,630.00	1,114.00	326.00
113	AMEX CDW Govt Equip - network	3/3/04 S/L	5	1,029.00	686.40	205.80
114	AMEX Worldwide Technology - network	4/22/04 S/L	5	8,507.35	5,388.41	1,701.47
115	Dell Computers (4) 3 ww 1 bill	5/12/04 S/L	5	3,868.00	2,449.80	773.60
116	Computer Equip final pmt	5/12/04 S/L	5	931.92	590.14	186.38
117	Computer s	6/2/04 S/L	5	3,798.00	2,341.80	759.60
118	Dell Computer (2) wins + ash	1/26/04 S/L	5	3,072.83	2,099.71	614.57
119	MIPS payroll module	8/6/04 S/L	5	3,341.11	1,948.98	668.22
120	Voicemail system upgrade - fig	5/31/05 S/L	5	5,277.00	2,198.75	1,055.40
121	Centricity Interface- (Healthco)	11/9/06 S/L	5	8,940.00	1,192.00	1,788.00
122	Centricity Report writer (Healthco)	1/22/07 S/L	5	12,775.00	1,064.58	2,555.00
123	Eclincworks holbrook interface w/centricity	2/1/07 S/L	5	5,000.00	416.67	1,000.00
124	Router - SJ (WAN upgrade)	2/2/07 S/L	5	3,237.00	269.75	647.40
125	Router - Hol (WAN upgrade)	2/2/07 S/L	5	1,437.00	119.75	287.40
126	Router - Flag (WAN upgrade)	2/2/07 S/L	5	1,200.00	100.00	240.00
127	Server - Power Edge 2950	2/2/07 S/L	5	7,061.00	588.42	1,412.20
128	Labor (WAN upgrade)	2/27/07 S/L	5	3,220.00	268.33	644.00
129	Projector	3/29/07 S/L	5	2,357.32	117.87	471.46
	Labor (WAN upgrade)- additional labor	5/1/07 S/L	5	840.00	28.00	168.00
	Router & install - Winslow	9/8/07 S/L	5	5,338.00	-	711.73
	Firewall/Router - new bldg	9/13/07 S/L	5	22,768.00	-	3,035.73
	Firewall/Router - new bldg - Install	11/20/07 S/L	5	5,200.00	-	693.33
	Firewall/Router - new bldg - Install	12/1/07 S/L	5	1,120.00	-	130.67
	Firewall/Router - new bldg - Install	12/1/07 S/L	5	1,120.00	-	130.67
	Firewall/Router - new bldg - Install	12/31/07 S/L	5	560.00	-	65.33
	Firewall/Router - new bldg - Install	12/31/07 S/L	5	420.00	-	49.00
22	Server	6/23/98 S/L	5	3,766.00	3,766.00	-
23	Terminals	6/30/98 S/L	5	5,209.00	5,209.00	-

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

24 Printer	6/1/98 S/L	5	748.00	748.00	-
37 Computers	1/3/01 S/L	5	748.00	748.00	-
2 YM6-00540 Xerox SJ	10/31/02 S/L	5	6,110.00	5,284.72	101.83
3 3 in 1 GFE025447 Rose MR	10/31/02 S/L	5	2,343.00	2,034.34	308.66
4 3 in 1 GFE021981 Rose HR	10/31/02 S/L	5	2,343.00	2,034.34	308.66
5 Equipment - lap, base, pro	09/23/02 S/L	5	6,699.00	6,564.40	134.60
6 3 in 1 GFE-049621 RV	07/01/03 S/L	5	2,994.00	2,395.40	598.60
7 3 in 1 GFE-049621 W	07/01/03 S/L	5	2,749.00	2,199.40	549.60
8 WCP32 - AHEC	08/01/03 S/L	5	17,150.00	10,290.00	3,430.00
10 MWH162275 - West FO	02/12/04 S/L	5	6,725.00	3,250.00	1,345.00
11 Dell Computers	07/01/04 S/L	5	4,464.00	2,678.40	892.80
12 WC45HC Copier - Mail Rm	06/01/05 S/L	5	24,550.00	10,229.17	4,910.00
Remove assets 3,4,8,10	02/01/07 S/L		(28,561.00)	(17,608.68)	(5,392.32)
6 Medical Arts Press	8/25/03 S/L	5	2,342.00	1,795.53	468.40
Telephones (14) 4th st	3/21/06 S/L	5	6,623.00	1,766.13	1,324.60
Toshiba IP phones 4th st	5/2/06 S/L	5	5,042.00	1,176.47	1,008.40
Router for 4th St phones	5/31/06 S/L	5	2,428.80	566.72	485.76
97 FORD Diesel 250	5/20/06 S/L	5	10,000.00	2,238.10	2,000.00
Postage machine- Pitney bowes	7/27/06 S/L	5	3,397.50	622.88	679.50
Phones - Cix 100, licenses	9/29/06 S/L	5	4,257.00	638.55	851.40
Phones - BPTU1A cards, licenses	10/13/06 S/L	5	5,052.00	673.60	1,010.40
Change T1 to PR1T1	12/5/06 S/L	5	4,347.00	434.70	869.40
Phone system (toshiba)	1/5/07 S/L	5	7,138.00	1,585.05	1,427.60
Phones ACD call center 60% deposit	5/10/07 S/L	5	13,642.80	-	2,728.56
Phones ACD call center 40% balance	6/13/07 S/L	5	9,095.20	-	1,819.04
Signs- Kingman (50 % deposit signarama)	09/11/07 S/L	5	3,288.50	-	-
Office equipment (copier)	10/9/07 S/L	3	3,000.00	-	666.67
Centricity License (3)	8/15/07 S/L	5	16,200.00	-	2,700.00
EMR phase 1 Kingman/Holbrook	10/1/07 S/L	5	30,951.50	-	-
EMR phase 1 Kingman/Holbrook-implementation	10/1/07 S/L	5	18,000.00	-	-
Centricity License (2)	10/8/07 S/L	5	20,550.00	-	2,740.00
EMR phase 1 Kingman/Holbrook	11/30/07 S/L	5	15,475.75	-	-
EMR phase 1 Kingman/Holbrook	12/31/07 S/L	5	11,140.23	-	-
Preferred Tele Sys-Install CTX & IES strategy v1	3/26/08 S/L	5	1,118.00	-	74.53
Centricity License (4phy, 4 midlevel)	3/31/08 S/L	5	27,595.00	-	3,228.31
Alarm system (50% deposit) SJ	4/15/08 S/L	5	2,315.94	-	-
Alarm system (50% deposit) Holbrook	4/15/08 S/L	5	2,820.12	-	-
Alarm system (50% deposit) RV	4/15/08 S/L	5	2,854.54	-	-
TV's for Distance Learning Center	6/27/08 S/L	5	8,414.94	-	-
Telemedicine equipment	11/1/07 S/L	5	81,001.85	-	10,800.25

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

921,437.96	453,519.34	113,872.84
------------	------------	------------

GRAND TOTALS

11,950,621.00	1,414,553.00	470,357.87
----------------------	---------------------	-------------------

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 **X**
 - 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 and click on *e-file for Charities & Nonprofits*.

Type or print 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.	
	2929 N 4TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FLAGSTAFF, AZ 86003	

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 09, 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 07, and ending 6/30, 20 08.

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.
3b 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.
3c 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.	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.

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.

Name of Exempt Organization: NORTH COUNTRY COMMUNITY HEALTH CENTER, INC.
Employer identification number: 86-0663432
Number, street, and room or suite number: 2920 N. 4TH STREET
City, town or post office, state, and ZIP code: FLAGSTAFF, AZ 86004

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

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

I request an additional 3-month extension of time until 5/15, 20 09.
For calendar year, or other tax year beginning 7/01, 20 07, and ending 6/30, 20 08.
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: ADDITIONAL TIME IS REQUIRED IN ORDER TO OBTAIN THE INFORMATION NECESSARY TO COMPLETE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature: [Handwritten Signature] Title: Agent Date: 1/15/09

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 Reason 1, 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.

Name: FESTER & CHAPMAN P.C.
Number and street (include suite, room, or apartment number) or a P.O. box number: 8283 N. HAYDEN RD., SUITE 200
City or town, province or state, and country (including postal or ZIP code): SCOTTSDALE, AZ 85258-2456