

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
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)
Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008, and ending 09-30-2009

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

C Name of organization
NORTH IDAHO COMMUNITY SERVICES
CORP INC dba N IDAHO HOUSING COALITION
Number and street (or P O box, if mail is not delivered to street address) Room/suite
370 E KATHLEEN AVE
City or town, state or country, and ZIP + 4
COEUR DALENE, ID 83815

D Employer identification number
82-0443278
E Telephone number
(208) 765-5432
F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method Cash Accrual
Other (specify)

I Website: http://www.northidahohousing.org/
J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

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

K Check if the organization is not a section 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 113,312

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

Revenue	
1 Contributions, gifts, grants, and similar amounts received	1 50,806
2 Program service revenue including government fees and contracts	2 62,125
3 Membership dues and assessments	3
4 Investment income	4 381
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b 0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
a Gross revenue (not including \$ of contributions reported on line 1)	6a 0
b Less direct expenses other than fundraising expenses	6b 0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 0
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b 0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe)	8
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 113,312
Expenses	
10 Grants and similar amounts paid (attach schedule)	10 3,917
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 70,010
13 Professional fees and other payments to independent contractors	13 9,920
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 18
16 Other expenses (describe)	16 63,112
17 Total expenses (add lines 10 through 16)	17 146,977
Net Assets	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -33,665
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 29,980
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year (combine lines 18 through 20)	21 -3,685

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		28,902	22 21,344
23 Land and buildings		25,391	23 23,671
24 Other assets (describe)		2,575	24 1,094,073
25 Total assets		56,868	25 1,139,088
26 Total liabilities (describe)		26,888	26 1,142,773
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		29,980	27 -3,685

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? MORTGAGE FORECLOSURE PREVENTION COUNSELING AND SHELTER ASSISTANCETO THE NEEDY		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28 DONATIONS TO AREA NONPROFITS FOR HOMELESS AND BATTERED FAMILIES, WOMEN AND CHILDREN OVER 100 BENEFICIARIES ANNUALLY (Grants \$ 3,917) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	3,917
29 ADMINISTRATION OF RURAL COUNTY BLOCK GRANT AND OTHER GRANT PROGRAMS (Grants \$ 49,409) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 MORTGAGE FORECLOSURE PREVENTION, SHELTER ASSISTANCE, AND WORK FORCE HOUSING EFFORTS THE 5 NORTHERN COUNTIES OF IDAHO OVER 100 BENEFICIARIES PER YEAR (Grants \$ 91,916) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	145,242

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(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 & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	No
35 <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</i>		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 <i>501(c)(7) organizations.</i> Enter		
a Initiation fees and capital contributions included on line 9	39a	0
b Gross receipts, included on line 9, for public use of club facilities	39b	0
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b <i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i>	40b	No
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No
41 List the states with which a copy of this return is filed ▶ <u> ID </u>		
42a The books are in care of ▶ <u> VIRGINIA L TATE </u> Telephone no ▶ <u> (208) 765-5432 </u> C/O NIHC 370 E KATHLEEN AVE STE 500 Located at ▶ <u> COEUR DALENE, ID </u> ZIP + 4 ▶ <u> 83815 </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)?	42b	No
If "Yes," enter the name of the foreign country ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44 Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization(s) a section 527 organization?		No

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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: ***** Date: 2010-08-16

KEVIN VEDDER Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: VIRGINIA L TATE CFE CIRA EA Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ELK POINT CONSULTING
370 E KATHLEEN AVE STE 500
COEUR D ALENE, ID 838155238

Preparer's PTIN (See Gen Inst X): _____
EIN: _____
Phone no: (208) 765-5432

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization
NORTH IDAHO COMMUNITY SERVICES
CORP INC dba N IDAHO HOUSING COALITION

Employer identification number
82-0443278

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally Integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	122,510	53,951	63,766	34,352	50,806	325,385
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add line 1-3	122,510	53,951	63,766	34,352	50,806	325,385
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						70,031
6 Public Support subtract line 5 from line 4						255,354

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	122,510		63,766	34,352	50,806	325,385
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				339	381	720
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total Support (Add lines 7 through 10)						326,105
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	78.300 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	71.710 %

- 16a 33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 82-0443278
Name: NORTH IDAHO COMMUNITY SERVICES
CORP INC dba N IDAHO HOUSING COALITION

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

(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 & deferred compensation	(E) Expense account and other allowances
LORI ISENBERG C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	Executive Direc 50 00	70,010		
KEVIN VEDDER C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	Director 1 00	0		
GRETCHEN MARK C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	Director 1 00	0		
DAN KLOCKO C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	Director 1 00	0		
LINDA DAVIS C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	Vice President 1 00	0		
BRUCE CYR C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	Director 1 00	0		
MIKE KENNEDY C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	Director 1 00	0		
NANCY LOWERY C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	Director 1 00	0		
MARK WILDE C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	Director 1 00	0		
JO ANNE EDMISTON C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	Director 1 00	0		
ALEX IKEFUNA C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	Director 1 00	0		
JOHN AUSTIN 11100 N AIRPORT DR HAYDEN, ID 83835	Treasurer 3 00	0		
PHIL BOYD PE C/O NIHC 10019 BOBCAT TRAIL COEUR DALENE, ID 83814	President 10 00	0		

TY 2008 General Explanation Attachment

Name: NORTH IDAHO COMMUNITY SERVICES
CORP INC dba N IDAHO HOUSING COALITION

EIN: 82-0443278

Software ID: 08000091

Software Version: 2008v2.7

Identifier	Return Reference	Explanation
		AS REQUIRED BY PAGE 16 OF THE 2008 INSTRUCTIONS FOR THE 990EZ, COMPENSATION REPORTED IN PA RT - A FOR THE EXECUTIVE DIRECTOR ARE AMOUNTS PAID OR OWED TO NORTHWEST DYNAMICS, INC FOR THE EXECUTIVE DIRECTOR'S SERVICES TO NORTH IDAHO COMMUNITY SERVICES CORPORATION, INC (DBA NORTH IDAHO HOUSING COALITION)

TY 2008 Grants and Similar Amounts Paid Schedule

Name: NORTH IDAHO COMMUNITY SERVICES
CORP INC dba N IDAHO HOUSING COALITION

EIN: 82-0443278

Software ID: 08000091

Software Version: 2008v2.7

Item No.	1
Class of Activity	COLLEGE SCHOLARSHIPS
Donee's Name	POST FALLS SCHOOL DISTRICT
Donee's Address	505 W 12TH AVE POST FALLS, ID 83854
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	DONATIONS
Donee's Name	NORTH IDAHO COLLEGE FOUNDATION
Donee's Address	C/O NI MANUFACTURING CONSRTIUM COEUR DALENE, ID 83814
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	DONATIONS
Donee's Name	FRIENDS OF RATHDRUM MOUNTAINS
Donee's Address	PO BOX 803 RATHDRUM, ID 83858
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	DONATIONS
Donee's Name	KOOTENAI PERSPECTIVES
Donee's Address	SHERMAN AVE COEUR DALENE, ID 83814
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	DONATIONS
Donee's Name	CITY OF SANDPOINT
Donee's Address	1123 LAKE ST SANDPOINT, ID 83864
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	DONATIONS
Donee's Name	COEUR DALENE WOMENS CENTER
Donee's Address	850 N 4TH ST COEUR DALENE, ID 83814
Amount (FMV)	979
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	DONATIONS
Donee's Name	ST VINCENT DE PAUL
Donee's Address	100 E WALNUT COEUR DALENE, ID 83814
Amount (FMV)	980
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	DONATIONS
Donee's Name	ST PIUS CHURCH
Donee's Address	625 E HAYCRAFT AVE COEUR DALENE, ID 83815
Amount (FMV)	979
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	DONATIONS
Donee's Name	JOBS PLUS
Donee's Address	SHERMAN AVE COEUR DALENE, ID 83814
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	DONATIONS
Donee's Name	CHILDRENS VILLAGE INC
Donee's Address	1350 W HANELY AVE COEUR DALENE, ID 83815
Amount (FMV)	979
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Assets Schedule

Name: NORTH IDAHO COMMUNITY SERVICES
CORP INC dba N IDAHO HOUSING COALITION

EIN: 82-0443278

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Inventories		524,191
Accounts Receivable	2,575	569,882

TY 2008 Other Expenses Schedule

Name: NORTH IDAHO COMMUNITY SERVICES
CORP INC dba N IDAHO HOUSING COALITION

EIN: 82-0443278

Software ID: 08000091

Software Version: 2008v2.7

Description	Amount
Office Expenses	901
MISCELLANEOUS	976
Interest	192
HATTIE DIRECT EXPENSE	1,290
DIRECT SEEP EXPENSES	49,409
Depreciation	1,720
Conferences, Conventions, and Meetings	2,025
Advertising and Promotion	2,648

TY 2008 Other Liabilities Schedule

Name: NORTH IDAHO COMMUNITY SERVICES
CORP INC dba N IDAHO HOUSING COALITION

EIN: 82-0443278

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Secured Mortgages and Notes Payable	3,196	511,751
Deferred Revenue	7,000	570,382
Accounts Payable and Accrued Expenses	16,692	60,640