

**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)

2001

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2001 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **APPLE TREE DENTAL**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite:  
**8960 Springbrook Drive 150**  
 City or town state or country and ZIP + 4:  
**Minneapolis MN 55433**

**D** Employer ID number: **36-3411437**

**E** Telephone number: **763-784-7570**

**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 no. of affiliates:  N/A  Yes  No  
**H(c)** Are all affiliates included?  N/A  Yes  No  
 (If "No" attach a list. See instr.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site: \_\_\_\_\_

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

**L** Enter 4-digit GEN: \_\_\_\_\_

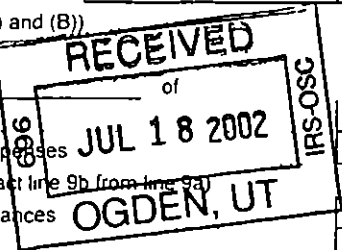
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Gross receipts (add lines 6b, 8b, 9b, and 10b to line 12): **2,921,511**

SCANNED AUG 07 2002

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	446,163		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 186,363 noncash \$ 259,800)	1d		446,163	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		2,428,630	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		95	
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	29,800	
b	Less cost or other basis and sales expenses	8b	26,381		
c	Gain or (loss) (attach schedule)	8c	3,419		
d	Net gain or (loss) (combine line 8c columns (A) and (B))	8d		3,419	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11		16,823	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,895,130	
13	Program services (from line 44, column (B))	13		2,882,174	
14	Management and general (from line 44, column (C))	14		637,766	
15	Fundraising (from line 44, column (D))	15		75,558	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		3,595,498	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-700,368	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		489,672	
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, 19, and 20)	21		-210,696	



G13 17

**Part II Statement of**

All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations

**Functional Expenses**

and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )				
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers directors etc	382,850	157,850	209,400	15,600
26	Other salaries and wages	1,760,807	1,587,087	135,300	38,420
27	Pension plan contributions				
28	Other employee benefits	64,099	52,177	10,307	1,615
29	Payroll taxes	147,788	120,300	23,764	3,724
30	Professional fundraising fees				
31	Accounting fees	8,800		8,800	
32	Legal fees	7,088		7,088	
33	Supplies	35,816	18,746	17,070	
34	Telephone	37,109	29,687	7,422	
35	Postage and shipping	12,373	9,898	2,475	
36	Occupancy	134,323	109,389	21,556	3,378
37	Equipment rental and maintenance	21,524	20,296	1,228	
38	Printing and publications	7,700	6,160	1,540	
39	Travel	49,600	24,689	24,911	
40	Conferences conventions, and meetings	24,068	11,143	12,925	
41	Interest	109,265	88,942	17,570	2,753
42	Depreciation depletion etc (att sch)	303,445	247,004	48,794	7,647
43	Other expenses not covered above (itemize) a	43a			
	b See Statement 2	43b	488,843	398,806	87,616
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	3,595,498	2,882,174	637,766	75,558

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 Specific Instructions on page 24)**

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
<p>► Provides dental services for underserved populations</p> <p>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.)</p>	
<p>a Provides dental care for long-term care patients, persons with disabilities and others lacking access to dental care</p> <p>(Grants and allocations \$ _____ )</p>	2,882,174
<p>b</p> <p>(Grants and allocations \$ _____ )</p>	
<p>c</p> <p>(Grants and allocations \$ _____ )</p>	
<p>d</p> <p>(Grants and allocations \$ _____ )</p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____ )</p>	
<p>f Total of Program Service Expenses (should equal line 44 column (B) Program services)</p>	2,882,174

**Part IV Balance Sheets (See Specific Instructions on page 24 )**

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
45	Cash-non interest-bearing	85,810	45	30,113
46	Savings and temporary cash investments		46	
47a	Accounts receivable	342,958		
b	Less allowance for doubtful accounts	10,102	47c	332,856
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable	115,000	49	90,795
50	Receivables from officers directors trustees and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	15,464	53	11,836
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land buildings and equipment basis	2,030,754		
b	Less accumulated depreciation (attach schedule) <b>See Stmt 3</b>	916,397	55c	1,114,357
56	Investments-other (attach schedule)		56	
57a	Land buildings and equipment basis			
b	Less accumulated depreciation (attach schedule)		57c	
58	Other assets (describe <b>See Stmt 4</b> )	59,409	58	56,846
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	1,714,250	59	1,636,803
60	Accounts payable and accrued expenses	250,437	60	433,109
61	Grants payable		61	
62	Deferred revenue	23,806	62	55,564
63	Loans from officers directors, trustees and key employees (attach schedule)		63	
64a	Tax exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) <b>See Worksheet</b>	735,423	64b	1,168,862
65	Other liabilities (describe <b>See Stmt 5</b> )	214,912	65	189,964
66	<b>Total liabilities (add lines 60 through 65)</b>	1,224,578	66	1,847,499
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	324,672	67	-349,224
68	Temporarily restricted	165,000	68	138,528
69	Permanently restricted		69	
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	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19 column (B) must equal line 21)</b>	489,672	73	-210,696
74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	1,714,250	74	1,636,803

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.  
DAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26 )	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue gains and other support per audited financial statements ▶ a <b>2,895,130</b></p> <p>b Amounts included on line a but not on line 12 Form 990</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ b</p> <p>c Line a minus line b ▶ c <b>2,895,130</b></p> <p>d Amounts included on line 12 Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total revenue per line 12 Form 990 (line c plus line d) ▶ e <b>2,895,130</b></p>	<p>a Total expenses and losses per audited financial statements ▶ a <b>3,595,498</b></p> <p>b Amounts included on line a but not on line 17 Form 990</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20 Form 990 \$</p> <p>(3) Losses reported on line 20 Form 990 \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ b</p> <p>c Line a minus line b ▶ c <b>3,595,498</b></p> <p>d Amounts included on line 17 Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total expenses per line 17 Form 990 (line c plus line d) ▶ e <b>3,595,498</b></p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated see Specific Instructions on page 26 )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter 0.)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Michael J Helgeson, DDS 13511 Thrush Street NW, Andover, MN	CEO 40+	125,000	2,512	0
Carl W Ebert, DDS 2650 Lee Avenue N, Golden Valley, MN	Vice Pres. 40+	105,000	1,949	0
Natt Friday 12501 Portland Ave., Burnsville, MN	Finance Dir. 40+	62,000	1,250	0
Jayne Cernohous 1018 Labarge Rd, Hudson, WI	Clinical Dir 40+	90,850	1,828	0
See list of board members		0	0	0

75 Did any officer director trustee or key employee receive aggregate compensation of more than \$100 000 from your organization and all related organizations of which more than \$10 000 was provided by the related organizations? ▶  Yes  No  
 If "Yes" attach schedule-see Specific Instructions on page 27

**Part VI Other Information (See Specific Instructions on page 27)**

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross inc of \$1 000 or more during the year covered by this return?		X
78b	b If "Yes" has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation dissolution termination or substantial contraction during the year? If "Yes" attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies trustees, officers, etc. to any other exempt or nonexempt organization?		X
81a	b If "Yes" enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81b	81a		X
82a	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
82b	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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	b Did the organization make only in-house lobbying expenditures of \$2 000 or less? 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	N/A	
85c	c Dues assessments, and similar amounts from members		
85d	d Section 162(e) lobbying and political expenditures		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
85h	h If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts included on line 12 for public use of club facilities		
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	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
89a	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>		
89b	b 501(c)(3) and 501(c)(4) orgs 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		0
	d Enter Amount of tax on line 89c above reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> MN		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	46	
91	The books are in care of <input type="checkbox"/> Apple Tree Dental Located at <input type="checkbox"/> Minneapolis, Minnesota	Telephone no <input type="checkbox"/> 763-784-7570 ZIP + 4 <input type="checkbox"/> 55433-5810	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>		

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32 )**

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <u>Program fees</u>					2,266,402
b <u>Training &amp; support</u>					162,228
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	95	
96 Dividends and interest from securities					
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 personal property					
99 Other investment income			1		
100 Gain or (loss) from sales of assets other than inventory			18	3,419	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b <u>MISCELLANEOUS</u>			1	16,823	
c					
d					
e					
104 Subtotal (add columns (B) (D) and (E))		0		20,337	2,428,630
105 Total (add line 104, columns (B) (D) and (E))					2,448,967

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32 )**

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	<u>Program fees directly from dental services provided to long-term care patients, disabled persons, and others lacking access to dental care. This is our primary mission See Statement 6</u>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33 )**

(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 Specific Instructions on pg 33 )**

- (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)

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

7-12-02

Date

CEO

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

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

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

**Supplementary Information-(See separate instructions )**

OMB No 1545 0047

2001

 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

Employer identification number

APPLE TREE DENTAL

36-3411437

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the 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 ben plans & deferred compensation	(e) Expense account and other allowances
Ali A. Mohebbi, DDS 1717 Parkshore Dr, Arden Hills, MN	Dentist 40	153,308	0	0
Mark Schaffer PO Box 921, Hawley, MN	Dentist 40	93,754	1,674	0
George Goldhammer 1220 Earle Way, Burnsville, MN	Dentist 40	90,000	1,497	0
Margie A Kennelly, DDS 1353 Summit Ave, St Paul, MN	Dentist 40	81,000	1,630	0
Thy Lu 7568 Blackoaks, Maple Grove, MN	Dentist 40	75,000	1,509	0
Total number of other employees paid over \$50 000 ▶	8			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instr 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 ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

**Part III Statements About Activities (See page 2 of the instructions)**

	Yes	No
<p>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 <b>\$ 7,875</b> (Must equal amount on line 38, Part VI-A or line 1 of Part VI-B)</p> <p>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</p>	X	
<p>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)</p>		
<p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods services or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of exp if more than \$1 000)? <b>See Part V, Form 990 See Stmt 7</b></p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships student loans etc? (See Note below)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments</p>		

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)**

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5  A church, convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees and gross receipts from activities related to its charitable etc functions-subject to certain exceptions and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4), (5) or (6) if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10 11 or 12 ) Use cash method of accounting

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts grants and contributions received (Do not include unusual grants See line 28 )	997,961	622,932	99,497	428,660	2,149,050
16 Membership fees received					
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	2,469,593	2,253,648	1,938,181	1,544,342	8,205,764
18 Gross inc from int dividends amounts received from pymt on securities loans (section 512(a)(5)) rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30 1975	29		17	197	243
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge Do not incl the value of serv or fac gen erally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets Stmt 8	8,883	-20,298	40,606	916	30,107
23 Total of lines 15 through 22	3,476,466	2,856,282	2,078,301	1,974,115	10,385,164
24 Line 23 minus line 17	1,006,873	602,634	140,120	429,773	2,179,400
25 Enter 1% of line 23	34,765	28,563	20,783	19,741	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e) line 24 ▶ 26a \_\_\_\_\_

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 1997 through 2000 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 \_\_\_\_\_

d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_ 22 \_\_\_\_\_ 26b \_\_\_\_\_ ▶ 26d \_\_\_\_\_

e Public support (line 26c minus line 26d total) ▶ 26e \_\_\_\_\_

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f \_\_\_\_\_ %

27 Organizations described on line 12

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

(2000)	997,961	(1999)	622,932	(1998)	99,497	(1997)	428,660
--------	---------	--------	---------	--------	--------	--------	---------

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 11 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

(2000)	(1999)	(1998)	(1997)
c Add Amounts from column (e) for lines 15 2,149,050 16 _____			
17 8,205,764 20 _____ 21 _____			
d Add Line 27a total 2,149,050 and line 27b total _____			
e Public support (line 27c total minus line 27d total) _____			
f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f 10,385,164			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 79.0143%			
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h 0.0023%			

28 Unusual Grants For an organization described in line 10 11 or 12 that received any unusual grants during 1997 through 2000 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 page 7 of the 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?	29		
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?	30		
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 )	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body faculty and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions, programs and scholarships?	32c		
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 )	32d		
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?  If you answered "Yes" to any of the above please explain (If you need more space attach a separate statement )	33h		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
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	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) **N/A**

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

**Limits on Lobbying Expenditures**

(The term expenditures means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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-		
If the amount on line 40 is-		
Not over \$500 000		
Over \$500 000 but not over \$1 000,000		
Over \$1 000 000 but not over \$1 500,000		
Over \$1 500 000 but not over \$17,000 000		
Over \$17 000 000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100 000 plus 15% of the excess over \$500 000		
\$175 000 plus 10% of the excess over \$1 000 000	41	
\$225,000 plus 5% of the excess over \$1 500 000		
\$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 on page 11 of the instructions

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 page 12 of the instr)

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
	X	
X		
	X	
	X	
	X	
X		7,875
	X	
		7,875

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

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

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

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities equipment or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

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

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

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

Large table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers transactions and sharing arrangements. First row contains 'N/A'.

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

Yes No (with checked box for No)

b If Yes complete the following schedule

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

Employer identification number

**APPLE TREE DENTAL****36-3411437**

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

 501(c) ( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule (Note Only a section 501(c)(7) (8) or (10) organization can check box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

- 
- For organizations filing Form 990 990-EZ or 990-PF that received, during the year \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules-**

- For a section 501(c)(3) organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor during the year a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- For a section 501(c)(7) (8) or (10) organization filing Form 990 or Form 990-EZ that received from any one contributor during the year aggregate contributions or bequests of more than \$1,000 for use exclusively for religious charitable scientific literary or educational purposes or the prevention of cruelty to children or animals (Complete Parts I, II and III )
- For a section 501(c)(7) (8) or (10) organization filing Form 990 or Form 990-EZ that received from any one contributor, during the year some contributions for use exclusively for religious, charitable etc purposes but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious charitable etc purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious charitable etc , contributions of \$5,000 or more during the year )

▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990 990-EZ or 990-PF) but they must check the box in the heading of their Form 990 Form 990-EZ or on line 1 of their Form 990-PF to certify that they do not meet the filing requirements of Schedule B (Form 990 990-EZ or 990-PF)

Name of organization

**APPLE TREE DENTAL**

Employer identification number

**36-3411437**

**Part I Contributors (See Specific Instructions)**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ 128,528	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>	Others < \$5,000	\$ 13,835	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>7</u>		\$ 106,800	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>8</u>		\$ 150,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

APPLE TREE DENTAL

Employer identification number

36-3411437

**Part II Noncash Property (See Specific Instructions )**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	Custom mobile dental chairs	\$ 106,800	4/19/01
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	Mobile dental office & software	\$ 150,000	2/28/01
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	

**Federal Statements**

**Schedule A, Part IV, Line 27a - Support from Disqualified Persons**

<u>Donor Name</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>
		13,000	13,000	10,000
	150,000	125,000	25,000	225,000
		7,500	7,500	
	76,000	16,000	6,000	16,000
		25,000	25,000	20,000
	15,000	15,000	12,500	11,250
				20,475
				92,750
	450,000	52,000		
		249,000		
		10,000		
		20,000		
		50,000		
Other donors	15,000			
	<u>291,961</u>	<u>40,432</u>	<u>10,497</u>	<u>33,185</u>
<b>Total</b>	<u><u>997,961</u></u>	<u><u>622,932</u></u>	<u><u>99,497</u></u>	<u><u>428,660</u></u>

## Mortgages and Other Notes Payable

Form  
990/990-PF

2001

For calendar year 2001 or tax year beginning

and ending

Name

Employer Identification Number

APPLE TREE DENTAL

36-3411437

## Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
(1) Ford Motor Credit Company	
(2) West Central MN Initiative Fund	
(3) State Bank of Hawley	
(4) Otto Bremer Foundation	
(5) Patterson Dental Supply	
(6) Wells Fargo Bank	
(7) Minneapolis Foundation	
(8) Matsco Financial Corporation	
(9) Patterson Dental Supply	
(10) Patterson Dental Supply	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 36,461	7/24/97	8/07/02	Monthly payments of \$773	9.750
(2) 50,000	8/13/97	8/13/12	Monthly payments of \$436	6.500
(3) 75,000	8/13/97	8/15/12	Monthly payments of \$830	10.500
(4) 75,000	4/16/97	5/01/04	Pay \$15,000 principal/year	5.000
(5) 20,105	4/24/97	4/24/02	Monthly payments of \$436	10.900
(6) 115,000	7/10/98	5/01/01	Due in Full at Maturity	10.500
(7) 159,000	7/29/98	8/29/01	Monthly payments of \$2,388	10.500
(8) 122,987	5/10/98	7/10/03	Monthly payments of \$2,843	12.400
(9) 134,619	9/01/00	9/01/05	Monthly payments of \$3,160	12.940
(10) 84,983	9/01/00	9/01/05	Monthly payments of \$1,995	12.940

Security provided by borrower	Purpose of loan
(1) Ford truck	
(2) Mortgage	
(3) Mortgage	
(4) None	
(5) X-ray equipment	
(6) All A/R, Inventory, and Equipment	
(7) All tangible and intangible property	
(8) All tangible and intangible property	
(9) Equipment	
(10) Equipment	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	15,417	7,394
(2)	42,594	
(3)	66,476	
(4)	60,000	45,000
(5)	6,528	1,705
(6)	100,000	
(7)	121,285	
(8)	75,144	48,845
(9)	139,021	119,735
(10)	87,762	75,590
Totals	714,227	298,269

## Mortgages and Other Notes Payable

Form  
990/990-PF

2001

For calendar year 2001 or tax year beginning , and ending

Name

Employer Identification Number

APPLE TREE DENTAL

36-3411437

## Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
(1) Wells Fargo Bank	
(2) Bremer Bank	
(3) Bremer Bank	
(4) Community Loan Technologies	
(5) Patterson Dental Supply	
(6) Patterson Dental Supply	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 25,000	6/15/00	6/15/01	Monthly payments of \$810	10 000
(2) 250,000	6/06/01	6/06/02	Interest only payments	8 000
(3) 250,000	6/06/01	6/06/06	Monthly payment of \$2,269	8 990
(4) 250,000	3/11/01	3/11/02	Monthly interest only	9 500
(5) 119,926	Various	Various	Various	
(6) 12,379	Various	Various	Various	
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) All tangible and intangible property	
(2) Supplies and equipment	
(3) Real estate	
(4) All tangible and intangible property	
(5) Equipment	
(6) Equipment	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	21,196	
(2)		250,000
(3)		247,770
(4)		250,000
(5)		110,444
(6)		12,379
(7)		
(8)		
(9)		
(10)		
Totals	21,196	870,593

## Federal Statements

### Form 990, Part I, Line 7 - Other Investment Income

Description	Amount
Total	\$ <u>0</u>

### Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	Date		Sale Price	How Rec'd	Cost & Expense	Whom Sold	Gain/ -Loss
	Acquired	Sold		Deprec			
Power carts				Purchase			
	4/17/01	10/12/01	\$ 11,985	\$	11,985	\$ 713	\$ 713
Dental Chair				Purchase			
	4/17/01	10/12/01	7,820		7,820	465	465
X-ray cart				Purchase			
	4/17/01	10/12/01	4,250		4,250	253	253
Dental Assistant's Cart				Purchase			
	4/17/01	10/12/01	3,995		3,995	238	238
Phone System				Purchase			
	5/15/94	3/15/01	1,750				1,750
Total			\$ 29,800	\$	28,050	\$ 1,669	\$ 3,419

## Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
MN Care tax	7,392		7,392	
Employer services	6,119		6,119	
Contracted services	28,072	28,072		
Dental supplies	175,007	175,007		
Lab fees	72,725	72,725		
Marketing expense	86,867	86,967	-100	
Bad debt expense	8,835		8,835	
Bank charges	15,631		15,631	
Insurance	44,269	36,035	7,118	1,116
Fundraising Expense	1,305			1,305
Miscellaneous expense	13,486		13,486	
401k expenses	29,135		29,135	
Total	\$ 488,843	\$ 398,806	\$ 87,616	\$ 2,421

**Federal Statements**

**Statement 3 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Land	\$ 10,500	\$	\$ 10,500	\$
Building	315,401	106,023	315,401	137,563
Leasehold improvements	87,002	82,515	87,002	85,640
Dental equipment	871,574	221,162	1,079,254	388,878
Vans	295,874	84,059	323,284	142,954
Office equipment and furniture	207,214	120,863	215,313	161,362
Total	<u>\$ 1,787,565</u>	<u>\$ 614,622</u>	<u>\$ 2,030,754</u>	<u>\$ 916,397</u>

**Statement 4 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Security deposit	\$ 7,450	\$ 6,850
Other receivables	1,959	2,263
Long-term promise to give receivable	50,000	47,733
Total	<u>\$ 59,409</u>	<u>\$ 56,846</u>

**Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Capitalized lease obligations	\$ 193,719	\$ 166,579
Patients deposit payable	21,193	23,385
Total	<u>\$ 214,912</u>	<u>\$ 189,964</u>

79300 APPLE TREE DENTAL

36-3411437

FYE 12/31/2001

## Federal Statements

### Statement 6 - Form 990, Part VIII - Relationship of Activities

Line No

Description

93b

Training and support fees came from the clinic in North Carolina to whom we provided on-going support services relating to the dental services administered to nursing home residents

79300 APPLE TREE DENTAL

36-3411437

FYE 12/31/2001

## Federal Statements

### Statement 7 - Schedule A, Part III, Question 2d - Payment of Compensation

SEE FORM 990, PART V

79300 APPLE TREE DENTAL

36-3411437

FYE 12/31/2001

## Federal Statements

### Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>
Miscellaneous income	\$ 4,934	\$	\$ 40,606	\$ 916
Gain/(loss) on sale of assets	3,949	-20,298		
Total	<u>\$ 8,883</u>	<u>\$ -20,298</u>	<u>\$ 40,606</u>	<u>\$ 916</u>



**A p p l e T r e e D e n t a l B o a r d o f D i r e c t o r s**

Melissa Baer	<u>Attorney</u> Moss-Barnett Law Firm
Dan Callahan	<u>Public Relations Director</u> Dain Rauscher
Charles Cook	<u>General Manager</u> Adec, Inc
Marla Dennison	<u>Director of Finance</u> Pareo, Inc
Patricia Glasrud	<u>Assistant to the Dean</u> University of Minnesota School of Dentistry <u>Former Executive Director</u> Minnesota Board of Dentistry
Cathy L. Jacobson	<u>Partner</u> Cincinnati, Inc <u>Assistant Professor</u> Hamline University
James Lanigan	<u>Certified Public Accountant</u> Lanigan & Kolb LLP CPA's
Kevin Lutterman	<u>Customer Services Consultant</u> Self Employed
Bill Milner, DDS	<u>Executive Director</u> Access Dental Care of North Carolina
Joseph Pederson	<u>Executive Director</u> Clay-Wilkin Opportunity Council <u>Mayor</u> City of Hawley
Rev. Walfred Rodman	<u>Clergyman</u> House of Praise
Barbara Smith, RDH, MPH	<u>Ph D Graduate Student in Epidemiology</u>

Form **8868**  
(December 2000)  
Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Form 8868

#### Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only   
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>APPLE TREE DENTAL</b>	Employer identification number <b>36-3411437</b>
	Number, street, and room or suite no. If a P.O. box see instructions <b>8960 Springbrook Drive 150</b>	
	City, town or post office, state and ZIP code. For a foreign address see instructions <b>Minneapolis MN 55433</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 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 |

- 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-month for 990-T corporation) extension of time until 8/15/02 to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year 2001 or  tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

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 \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

#### 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 ▶ Kevin Kellin Title ▶ C.P.A. Date ▶ 5-14-02

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12-2000)