79300

Form **990**

Department of the Treasury
Internal Revenue Service

# 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)**

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

OMB No 1545-0047

**2004**

**Open to Public Inspection**

**A For the 2004 calendar year, or tax year beginning , and ending**

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
APPLE TREE DENTAL

Number and street (or P O box if mail is not delivered to street address): 8960 Springbrook Drive
Room/suite: 150

City or town, state or country, and ZIP + 4: Minneapolis MN 55433

**D Employer identification no.** 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 number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," att a list See instr )

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number ▶

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

**G Website: ▶** www.appletreedental.org

**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 Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 5,406,566

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

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| | | | | | | |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received. | | | | |
| | a | Direct public support | 1a | 632,200 | | |
| | b | Indirect public support | 1b | | | |
| | c | Government contributions (grants) | 1c | 171,000 | | |
| | d | **Total** (add lines 1a through 1c) (cash $ 803,200 noncash $ ) | | | 1d | 803,200 |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | | | 2 | 4,542,100 |
| | 3 | Membership dues and assessments | | | 3 | |
| | 4 | Interest on savings and temporary cash investments | | | 4 | 21 |
| | 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 | |

| | | (A) Securities | | (B) Other | | |
|---|---|---|---|---|---|---|
| 8a | Gross amount from sales of assets other than inventory | | 8a | | | |
| b | Less: cost or other basis and sales expenses | | 8b | 13,368 | | |
| c | Gain or (loss) (attach schedule) | | 8c | -13,368 | | |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | | | See Stmt 1 | 8d | -13,368 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | 9 | Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐ | | | | |
| | 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 | 61,245 |
| | 12 | **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | | 12 | 5,393,198 |
| Expenses | 13 | Program services (from line 44, column (B)) | | | 13 | 4,567,823 |
| | 14 | Management and general (from line 44, column (C)) | | | 14 | 650,236 |
| | 15 | Fundraising (from line 44, column (D)) | | | 15 | 87,548 |
| | 16 | Payments to affiliates (attach schedule) | | | 16 | |
| | 17 | **Total expenses** (add lines 16 and 44, column (A)) | | | 17 | 5,305,607 |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | | | 18 | 87,591 |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 | 33,959 |
| | 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 | 121,550 |

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**
DAA

Form **990** (2004)

GB-15

**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 page 22 of the instructions )

| 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 $______ ) | 22 | | | | |
| 23 Specific assistance to individuals | 23 | | | | |
| 24 Benefits paid to or for members | 24 | | | | |
| 25 Compensation of officers, directors, etc | 25 | 366,572 | 152,334 | 198,132 | 16,106 |
| 26 Other salaries and wages | 26 | 2,833,316 | 2,663,567 | 121,857 | 47,892 |
| 27 Pension plan contributions | 27 | 44,586 | 39,236 | 4,459 | 891 |
| 28 Other employee benefits | 28 | 92,303 | 81,227 | 9,230 | 1,846 |
| 29 Payroll taxes | 29 | 221,782 | 195,168 | 22,178 | 4,436 |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | 9,961 | | 9,961 | |
| 32 Legal fees | 32 | | | | |
| 33 Supplies | 33 | 37,314 | 19,530 | 17,784 | |
| 34 Telephone | 34 | 43,776 | 35,021 | 8,755 | |
| 35 Postage and shipping | 35 | 18,459 | 14,767 | 3,692 | |
| 36 Occupancy | 36 | 231,822 | 204,004 | 23,182 | 4,636 |
| 37 Equipment rental and maintenance | 37 | 24,708 | 23,566 | 1,142 | |
| 38 Printing and publications | 38 | 17,792 | 14,234 | 3,558 | |
| 39 Travel | 39 | 109,219 | 39,652 | 69,567 | |
| 40 Conferences, conventions, and meetings | 40 | 35,185 | 13,760 | 21,425 | |
| 41 Interest | 41 | 88,866 | 78,202 | 8,887 | 1,777 |
| 42 Depreciation, depletion, etc (attach schedule) | 42 | 306,739 | 269,930 | 30,674 | 6,135 |
| 43 Other expenses not covered above (itemize) a | 43a | | | | |
| b See Statement 2 | 43b | 823,207 | 723,625 | 95,753 | 3,829 |
| 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** | 44 | 5,305,607 | 4,567,823 | 650,236 | 87,548 |

**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 page 25 of the instructions.)

| What is the organization's primary exempt purpose?<br>▶ Provides dental services for underserved populations<br>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) & (4) orgs , & 4947(a)(1) trusts, but optional for others ) |
|---|---|
| a Provides dental care for long-term care patients, persons with disabilities and others lacking access to dental care<br>(Grants and allocations $______ ) | 4,567,823 |
| b<br>(Grants and allocations $______ ) | |
| c<br>(Grants and allocations $______ ) | |
| d<br>(Grants and allocations $______ ) | |
| e Other program services (attach schedule) (Grants and allocations $______ ) | |
| f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ | 4,567,823 |

**Part IV** **Balance Sheets** (See page 25 of 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 | | | 68,241 | 45 | 142,132 |
| | 46 | Savings and temporary cash investments | | | | 46 | |
| | 47a | Accounts receivable | 47a | 588,503 | | | |
| | b | Less: allowance for doubtful accounts | 47b | 17,674 | 663,534 | 47c | 570,829 |
| | 48a | Pledges receivable | 48a | 27,280 | | | |
| | b | Less. allowance for doubtful accounts | 48b | 778 | 33,634 | 48c | 26,502 |
| | 49 | Grants receivable | | | 382,278 | 49 | 477,454 |
| | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | | | 50 | |
| | 51a | Other notes and loans receivable (attach schedule) | 51a | | | | |
| | b | Less· allowance for doubtful accounts | 51b | | | 51c | |
| | 52 | Inventories for sale or use | | | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | | 7,601 | 53 | 3,226 |
| | 54 | Investments-securities ▶ ☐ Cost ☐ FMV | | | | 54 | |
| | 55a | Investments-land, buildings, and equipment· basis | 55a | 2,167,797 | | | |
| | b | Less· accumulated depreciation (attach schedule) See Statement 3 | 55b | 1,532,719 | 828,748 | 55c | 635,078 |
| | 56 | Investments-other (attach schedule) | | | | 56 | |
| | 57a | Land, buildings, and equipment: basis | 57a | | | | |
| | b | Less. accumulated depreciation (attach schedule) | 57b | | | 57c | |
| | 58 | Other assets (describe ▶ See Statement 4 ) | | | 9,968 | 58 | 8,249 |
| | 59 | **Total assets** (add lines 45 through 58) (must equal line 74) | | | 1,994,004 | 59 | 1,863,470 |
| Liabilities | 60 | Accounts payable and accrued expenses | | | 580,662 | 60 | 569,760 |
| | 61 | Grants payable | | | | 61 | |
| | 62 | Deferred revenue | | | 57,250 | 62 | 43,601 |
| | 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 Worksheet | | | 1,081,342 | 64b | 875,721 |
| | 65 | Other liabilities (describe ▶ See Statement 5 ) | | | 240,791 | 65 | 252,838 |
| | 66 | **Total liabilities** (add lines 60 through 65) | | | 1,960,045 | 66 | 1,741,920 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74. | | | | | |
| | 67 | Unrestricted | | | -403,041 | 67 | -382,406 |
| | 68 | Temporarily restricted | | | 437,000 | 68 | 503,956 |
| | 69 | Permanently restricted | | | | 69 | |
| | | **Organizations that do not follow SFAS 117, check here** ▶ ☐ 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, column (B) **must** equal line 21) | | | 33,959 | 73 | 121,550 |
| | 74 | **Total liabilities and net assets / fund balances** (add lines 66 and 73) | | | 1,994,004 | 74 | 1,863,470 |

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

## Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

| | | | |
|---|---|---|---|
| a | Total revenue, gains, and other support per audited financial statements ▶ | a | 5,393,198 |
| b | Amounts included on line a but not on line 12, Form 990. | | |
| (1) | Net unrealized gains on investments $ | | |
| (2) | Donated services and use of facilities $ | | |
| (3) | Recoveries of prior year grants $ | | |
| (4) | Other (specify) $ | | |
| | Add amounts on lines (1) through (4) ▶ | b | |
| c | Line a minus line b ▶ | c | 5,393,198 |
| d | Amounts included on line 12, Form 990 but not on line a: | | |
| (1) | Investment expenses not included on line 6b, Form 990 $ | | |
| (2) | Other (specify) $ | | |
| | Add amounts on lines (1) and (2) ▶ | d | |
| e | Total revenue per line 12, Form 990 (line c plus line d) ▶ | e | 5,393,198 |

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

| | | | |
|---|---|---|---|
| a | Total expenses and losses per audited financial statements ▶ | a | 5,305,607 |
| b | Amounts included on line a but not on line 17, Form 990. | | |
| (1) | Donated services and use of facilities $ | | |
| (2) | Prior year adjustments reported on line 20, Form 990 $ | | |
| (3) | Losses reported on line 20, Form 990 $ | | |
| (4) | Other (specify) $ | | |
| | Add amounts on lines (1) through (4) ▶ | b | |
| c | Line a minus line b ▶ | c | 5,305,607 |
| d | Amounts included on line 17, Form 990 but not on line a: | | |
| (1) | Investment expenses not included on line 6b, Form 990 $ | | |
| (2) | Other (specify). $ | | |
| | Add amounts on lines (1) and (2) ▶ | d | |
| e | Total expenses per line 17, Form 990 (line c plus line d) ▶ | e | 5,305,607 |

## Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions )

| (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 |
|---|---|---|---|---|
| See Statement 6 | | | | |

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 page 28 of the instructions

## Part VI Other Information (See page 28 of the instructions.)

| | | | | 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 | | 76 | | 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 | | 77 | | X |
| 78a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | 78a | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | | 78b | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | 79 | | 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? | | 80a | | X |
| b | If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt or ☐ nonexempt | | | | |
| 81a | Enter direct and indirect political expenditures. See line 81 instructions | 81a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | | 81b | | 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? | | 82a | | 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.) | 82b | | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | | 83a | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | N/A | 83b | | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | 84a | | 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 | 84b | | |
| 85 | 501(c)(4), (5), or (6) organizations. **a** Were substantially all dues nondeductible by members? | N/A | 85a | | |
| b | Did the organization make only in-house lobbying expenditures of $2,000 or less? | N/A | 85b | | |
| | 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 | 85c | | | |
| d | Section 162(e) lobbying and political expenditures | 85d | | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | N/A | 85g | | |
| 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 | 85h | | |
| 86 | 501(c)(7) orgs. Enter. **a** Initiation fees and capital contributions included on line 12 | 86a | | | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | | | |
| 87 | 501(c)(12) orgs. Enter **a** Gross income from members or shareholders | 87a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | | | |
| 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 | | 88 | | X |
| 89a | 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶ 0 | | | | |
| 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 | | 89b | | 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 ▶ MN | | | | |
| b | Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) | 90b 70 | | | |

91 The books are in care of ▶ Michael J. Helgeson Telephone no ▶ 763-784-7570

Located at ▶ Minneapolis, MN ZIP + 4 ▶ 55433

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 ▶ 92

## Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

| Note: Enter gross amounts unless otherwise indicated | 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 | |
| 93 Program service revenue | | | | | |
| a Program fees | | | | | 4,043,825 |
| b Dental Director fees | | | | | 498,275 |
| 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 | 21 | |
| 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 | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | -13,368 |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue. a | | | | | |
| b Miscellaneous | | | 1 | 47,650 | |
| c Rental income | | | 17 | 8,744 | |
| d Administrative fees | | | 41 | 4,851 | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0 | | 61,266 | 4,528,732 |

105 Total (add line 104, columns (B), (D), and (E)) ▶ 4,589,998

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 page 34 of 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) |
|---|---|
| | See Statement 7 |
| | |
| | |
| | |

## Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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 page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer X 8-3-05 Date

▶ Michael J. Helgeson DDS, CEO

[redacted]

Date 7/18/05

Check if self-employed ▶ ☐

Preparer's SSN or PTIN (See Gen Instr W) P00163035

79300

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

OMB No 1545-0047

**2004**

Name of the organization: APPLE TREE DENTAL

**Employer identification number**: 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 empl ben plans & deferred comp | **(e)** Expense account and other allowances |
|---|---|---|---|---|
| Ali Mohebbi, DDS<br>2363 Meeting Place<br>Wayzata MN 55391 | Dentist<br>40 | 237,987 | 6,062 | 0 |
| Thy Lu, DDS<br>7568 Blackoaks Lane<br>Maple Grove MN 55311 | Dentist<br>40 | 111,732 | 2,679 | 0 |
| Dimple Malik, DDS<br>11127 Hastings St.<br>Blaine MN 55449 | Dentist<br>40 | 104,190 | 2,522 | 0 |
| Marie Joseph, DDS<br>338 Meadowood Lane<br>Vadnais Heights MN 55127 | Dentist<br>40 | 103,352 | 2,511 | 0 |
| Kevin Marr, DDS<br>8960 Springbrook Drive, Ste. 150<br>Minneapolis MN 55433 | Dentist<br>40 | 99,851 | 3,785 | 0 |
| Total number of other employees paid over $50,000 ▶ | 10 | | | |

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

(See page 2 of the 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 ▶ | | |

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

## Part III Statements About Activities (See page 2 of the 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 ▶ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) | 1 | | X |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions ) | | | |
| a | Sale, exchange, or leasing of property? | 2a | | X |
| b | Lending of money or other extension of credit? | 2b | | X |
| c | Furnishing of goods, services, or facilities? | 2c | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? See Part V, Form 990 See Statement 8 | 2d | X | |
| e | Transfer of any part of its income or assets? | 2e | | X |
| 3a | Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) | 3a | | X |
| b | Do you have a section 403(b) annuity plan for your employees? | 3b | | X |
| 4a | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | 4a | | X |
| b | Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | | X |

## Part IV Reason for Non-Private Foundation Status (See 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 5 of the instructions )

79300

**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) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
|---|---|---|---|---|---|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 ) | 571,174 | 729,356 | 446,163 | 997,961 | 2,744,654 |
| 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 | 4,094,847 | 3,518,345 | 2,428,630 | 2,469,593 | 12,511,415 |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 2,240 | 53 | 95 | 29 | 2,417 |
| 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 Stmt 9 | 65,729 | 37,960 | 20,242 | 8,883 | 132,814 |
| 23 Total of lines 15 through 22 | 4,733,990 | 4,285,714 | 2,895,130 | 3,476,466 | 15,391,300 |
| 24 Line 23 minus line 17 | 639,143 | 767,369 | 466,500 | 1,006,873 | 2,879,885 |
| 25 Enter 1% of line 23 | 47,340 | 42,857 | 28,951 | 34,765 | |

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ 26a 0

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 2000 through 2003 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:

(2003) 571,174 (2002) 729,356 (2001) 446,163 (2000) 997,961

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

(2003) (2002) (2001) (2000)

c Add. Amounts from column (e) for lines: 15 2,744,654 16 ______

17 12,511,415 20 ______ 21 ______ ▶ 27c 15,256,069

d Add: Line 27a total 2,744,654 and line 27b total ______ ▶ 27d 2,744,654

e Public support (line 27c total minus line 27d total) ▶ 27e 12,511,415

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f 15,391,300

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 81.2889%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 0.0157%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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? | 31 | | |
| | 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? | 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? | 32d | | |
| | 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? | 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? | 33h | | |
| | 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? | 34a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | 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 | 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**<br>(The term "expenditures" means amounts paid or incurred ) | | (a)<br>Affiliated group totals | (b)<br>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- | 41 | | |
| 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 | | |

| **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 |

**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 )

| | **Lobbying Expenditures During 4-Year Averaging Period** | | | | |
|---|---|---|---|---|---|
| **Calendar year (or fiscal year beginning in)** ▶ | (a)<br>2004 | (b)<br>2003 | (c)<br>2002 | (d)<br>2001 | (e)<br>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 11 of the instructions.)

| 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: | Yes | No | Amount |
|---|---|---|---|
| a Volunteers | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | X | |
| c Media advertisements | | X | |
| d Mailings to members, legislators, or the public | | X | |
| e Publications, or published or broadcast statements | | X | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| ~~i Total lobbying expenditures (Add lines c through h.)~~ | | | |

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 11 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?

| | | Yes | No |
|---|---|---|---|
| a Transfers from the reporting organization to a noncharitable exempt organization of: | | | |
| (i) Cash | 51a(i) | | X |
| (ii) Other assets | a(ii) | | X |
| b Other transactions: | | | |
| (i) Sales or exchanges of assets with a noncharitable exempt organization | b(i) | | X |
| (ii) Purchases of assets from a noncharitable exempt organization | b(ii) | | X |
| (iii) Rental of facilities, equipment, or other assets | b(iii) | | X |
| (iv) Reimbursement arrangements | b(iv) | | X |
| (v) Loans or loan guarantees | b(v) | | X |
| (vi) Performance of services or membership or fundraising solicitations | b(vi) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | | X |

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:

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| | | | |
| 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

b If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| N/A | | |

79300

Forms
**990 / 990-PF**

## Mortgages and Other Notes Payable

**2004**

For calendar year 2004, or tax year beginning , and ending

Name

APPLE TREE DENTAL

Employer Identification Number

36-3411437

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

| | Name of lender | Relationship to disqualified person |
|---|---|---|
| (1) | Bremer Bank | |
| (2) | Bremer Bank | |
| (3) | Patterson Dental Supply | |
| (4) | Patterson Dental Supply | |
| (5) | Otto Bremer Foundation | |
| (6) | Patterson Dental Supply | |
| (7) | Ford Motor Credit | |
| (8) | Community Loan Technologies | |
| (9) | Community Loan Technologies | |
| (10) | Professional Solutions | |

| | Original amount borrowed | Date of loan | Maturity date | Repayment terms | Interest rate |
|---|---|---|---|---|---|
| (1) | 250,000 | Various | 7/15/05 | Interest only payments | 6.500 |
| (2) | 250,000 | 6/06/01 | 6/06/06 | Monthly payment of $2,269 | 8.990 |
| (3) | 39,502 | 2/01/02 | 2/01/04 | Monthly installment $1,646 | |
| (4) | 25,347 | 2/01/02 | 2/01/04 | Monthly installment $1,056 | |
| (5) | 75,000 | 4/16/97 | 5/01/04 | Pay $15,000 principal/year | 5.000 |
| (6) | 299,771 | 5/01/03 | 6/01/04 | Monthly installment $6,215 | 8.950 |
| (7) | 94,576 | 5/05/03 | 5/19/08 | Monthly installment $1,872 | 6.990 |
| (8) | 119,038 | 6/19/03 | 6/16/04 | Monthly installment $2,000 | 9.000 |
| (9) | 195,290 | 6/19/03 | 6/16/04 | Monthly installment $4,500 | 7.000 |
| (10) | 42,230 | 2/13/04 | 2/13/09 | Monthly installment $849 | 8.485 |

| | Security provided by borrower | Purpose of loan |
|---|---|---|
| (1) | Supplies and equipment | |
| (2) | Real estate | |
| (3) | Equipment | |
| (4) | Equipment | |
| (5) | None | |
| (6) | Equipment | |
| (7) | Vehicles | |
| (8) | All tangible and intangible property | |
| (9) | All tangible and intangible property | |
| (10) | Equipment | |

| | Consideration furnished by lender | Balance due at beginning of year | Balance due at end of year |
|---|---|---|---|
| (1) | | 170,000 | 80,000 |
| (2) | | 237,690 | 231,884 |
| (3) | | 4,938 | |
| (4) | | 3,168 | |
| (5) | | 15,000 | |
| (6) | | 279,362 | 221,179 |
| (7) | | 84,053 | 68,272 |
| (8) | | 112,284 | 97,554 |
| (9) | | 174,847 | 131,439 |
| (10) | | | 35,640 |
| Totals | | 1,081,342 | 865,968 |

79300

Forms **990 / 990-PF**

## Mortgages and Other Notes Payable

**2004**

For calendar year 2004, or tax year beginning , and ending

Name: APPLE TREE DENTAL

Employer Identification Number: 36-3411437

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

| | Name of lender | Relationship to disqualified person |
|---|---|---|
| (1) | Dell Computer Financial Services | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |

| | Original amount borrowed | Date of loan | Maturity date | Repayment terms | Interest rate |
|---|---|---|---|---|---|
| (1) | 11,464 | 3/12/04 | 4/10/07 | Monthly installment $433 | 15.990 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

| | Security provided by borrower | Purpose of loan |
|---|---|---|
| (1) | Equipment | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |

| | Consideration furnished by lender | Balance due at beginning of year | Balance due at end of year |
|---|---|---|---|
| (1) | | | 9,753 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Totals | | | 9,753 |

79300

Form **4562**

Department of the Treasury
Internal Revenue Service

# Depreciation and Amortization

**(Including Information on Listed Property)**

▶ **See separate instructions.** ▶ **Attach to your tax return.**

OMB No 1545-0172

**2004**

Attachment Sequence No **67**

Name(s) shown on return: APPLE TREE DENTAL

**Identifying number**: 36-3411437

Business or activity to which this form relates: Indirect Depreciation

## Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|---|
| 1 | Maximum amount See page 2 of the instructions for a higher limit for certain businesses | 1 | 102,000 |
| 2 | Total cost of section 179 property placed in service (see page 3 of the instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 410,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 3 of the instructions | 5 | |

| | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| 6 | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2003 Form 4562 | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 ▶ | 13 | |

**Note:** *Do not use Part II or Part III below for listed property Instead, use Part V*

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified prop (other than listed prop ) placed in service during the tax year (see pg 3 of the instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election (see page 4 of the instructions) | 15 | |
| 16 | Other depreciation (including ACRS) (see page 4 of the instructions) | 16 | 303,789 |

## Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2004 | 17 | 0 |
| 18 | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

**Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

| | | | | | | |
|---|---|---|---|---|---|---|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

## Part IV Summary (see page 8 of the instructions)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | 2,950 |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr | 22 | 306,739 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2004)

DAA

APPLE TREE DENTAL 36-3411437

**Part V** **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A-Depreciation and Other Information (Caution:** See page 9 of the instructions for limits for passenger automobiles )

24a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No

24b If "Yes," is the evidence written? ☒ Yes ☐ No

| (a) Type of prop (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions) | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use (see page 8 of the instructions): | | | | | | | | |
| 2003 Acura | 12/12/02 | 100.00% | 42,949 | 42,949 | 4.0 | S/L- | 2,950 | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use (see page 8 of the instructions) | | | | | | | | |
| | | % | | | | S/L- | | |
| | | % | | | | S/L- | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | 28 | 2,950 | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | 29 | |

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 Total business/investment miles driven during the year (**do not** include commuting miles-See page 2 of the instructions) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see page 10 of the instructions)

| | Yes | No |
|---|---|---|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions.) | | |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| 42 Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2004 tax year | | | | 43 | 169 |
| 44 **Total.** Add amounts in column (f) See page 12 of the instructions for where to report | | | | 44 | 169 |

# Federal Statements

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

| Desc | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | How Rec'd | Whom Sold | Date Acquired | Date Sold | Sale Price | Cost & Expense | Deprec | Gain/ -Loss |
| Various Equipment | Purchase | | Various | 6/30/04 | $ | $ 192,434 | $ 191,366 | $ -1,068 |
| Equipment - Complete Mobility | Purchase | | 6/24/91 | 12/31/04 | | 1,823 | 1,823 | |
| Vehicle - International Truck | Purchase | | 9/30/99 | 12/31/04 | | 65,011 | 52,711 | -12,300 |
| Total | | | | | $ 0 | $ 259,268 | $ 245,900 | $ -13,368 |

# 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 | 32,146 | | 32,146 | |
| 401k expenses | 12,296 | | 12,296 | |
| Fundraising expense | 1,721 | | | 1,721 |
| Laundry services | 555 | 555 | | |
| Contracted services | 125,167 | 125,167 | | |
| Dental supplies | 232,165 | 232,165 | | |
| Preventive dental | 1,476 | 1,476 | | |
| Bad debt expense | 1,443 | | 1,443 | |
| Bank charges | 26,431 | | 26,431 | |
| Insurance | 84,610 | 74,457 | 8,461 | 1,692 |
| Marketing expense | 20,641 | 18,164 | 2,064 | 413 |
| Miscellaneous expense | 12,895 | | 12,895 | |
| Real estate taxes | 271 | 271 | | |
| Lab fees | 271,221 | 271,221 | | |
| Amortization | 169 | 149 | 17 | 3 |
| Total | $ 823,207 | $ 723,625 | $ 95,753 | $ 3,829 |

# Federal Statements

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

| Description | Beginning of Year | Accum Deprec | End of Year | Accum Deprec |
|---|---|---|---|---|
| Land | $ 10,500 | $ | $ 10,500 | $ |
| Building | 315,401 | 200,643 | 315,401 | 232,183 |
| Leasehold improvements | 92,710 | 88,565 | 96,854 | 89,416 |
| Dental equipment | 1,187,901 | 773,987 | 1,151,109 | 841,490 |
| Vans | 419,216 | 191,645 | 354,205 | 194,568 |
| Office equipment and furniture | 274,407 | 216,547 | 239,728 | 175,062 |
| Total | $ 2,300,135 | $ 1,471,387 | $ 2,167,797 | $ 1,532,719 |

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

| Description | Beginning of Year | End of Year |
|---|---|---|
| Security Deposit | $ 7,650 | $ 6,100 |
| Trademark, Net of Amortization | 2,318 | 2,149 |
| Total | $ 9,968 | $ 8,249 |

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

| Description | Beginning of Year | End of Year |
|---|---|---|
| Capitalized lease obligations | $ 145,043 | $ 99,416 |
| Patients deposit payable | 95,238 | 152,252 |
| Other liabilities | 510 | 1,170 |
| Total | $ 240,791 | $ 252,838 |

# Federal Statements

## Statement 6 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

| Name | Address | City, State, Zip | Title | Average Hours | Compensation | Benefits | Expenses |
|---|---|---|---|---|---|---|---|
| Michael J. Helgeson, DDS | 13511 Thrush Street | Andover MN 55304 | CEO | 40 | 129,026 | 2,567 | 0 |
| Carl Ebert, DDS | 2650 Lee Ave. N | Golden Valley MN 55422 | Vice Pres. | 40 | 78,233 | 1,557 | 0 |
| Jayne Cernohous, DDS | 1018 Labarge Rd | Hudson WI 54016 | TC Dental Di | 40 | 95,235 | 1,808 | 0 |
| Natt Friday | 12501 Portland Ave | Burnsville MN 55337 | Finance Dir | 40 | 64,078 | 0 | 0 |
| Dan Callahan | 3265 County Rd 6 | Orono MN 55356 | Board Chair |  | 0 | 0 | 0 |
| James Lanigan | 277 Coon Rapids Blvd, | Coon Rapids MN 55433 | Vice Chair |  | 0 | 0 | 0 |
| Kevin Lutterman | 6025 Clinton Ave. S | Minneapolis MN 55419 | Secretary |  | 0 | 0 | 0 |
| Bob Peterson | 2700 East Seventh Avenue | North Saint Paul MN 55109 | Treasurer |  | 0 | 0 | 0 |
| Colleen Brickle | 4740 Abbott Ave. S | Minneapolis MN 55410 | Board Member |  | 0 | 0 | 0 |
| Cathy Jacobson | 1355 Waterford Drive | Golden Valley MN 55422 | Board Member |  | 0 | 0 | 0 |
| Suzanne Kump | 1539 Ivory Court | Lake Elmo MN 55042 | Board Member |  | 0 | 0 | 0 |
| Joe Pederson | Rt 2, PO Box 253C | Hawley MN 56549 | Board Member |  | 0 | 0 | 0 |
| Barbara Smith | 864 Dhu Varen Court | Ann Arbor MI 48103 | Board Member |  | 0 | 0 | 0 |

## Statement 7 - Form 990, Part VIII - Relationship of Activities

| Line No. | Description |
|---|---|
| 93a | 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 |
| 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. |
| 93c | Program fees provided for in-house dental care of nursing home residents. |

## Statement 8 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

See Form 990, Part V

# Federal Statements

## Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income

| Description | 2003 | 2002 | 2001 | 2000 |
|---|---|---|---|---|
| Miscellaneous income | $ 46,625 | $ 3,195 | $ 16,823 | $ 4,934 |
| Gain/(loss) on sale of assets | | 3,004 | 3,419 | 3,949 |
| Administrative fees | 10,295 | 23,158 | | |
| Rental income | 8,809 | 8,603 | | |
| Total | $ 65,729 | $ 37,960 | $ 20,242 | $ 8,883 |

79300 APPLE TREE DENTAL
36-3411437
FYE: 12/31/2004

# Federal Asset Report
## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Sec 168(k) | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Other Depreciation:** | | | | | | | | | | | | |
| 1 | Metro Systems | 10/29/93 | 11,445 | | | | 11,445 | 10 | MO | S/L | 11,445 | 0 |
| 2 | Metro Systems | 5/18/94 | 25,000 | | | | 25,000 | 10 | MO | S/L | 23,958 | 1,042 |
| 3 | Metro Systems | 10/31/94 | 28,092 | | | | 28,092 | 10 | MO | S/L | 25,751 | 2,341 |
| 4 | Metro Systems | 11/30/94 | 7,683 | | | | 7,683 | 10 | MO | S/L | 6,978 | 705 |
| 5 | Modem | 11/30/94 | 534 | | | | 534 | 10 | MO | S/L | 485 | 26 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 6 | File Cabinet | 3/15/95 | 446 | | | | 446 | 10 | MO | S/L | 394 | 45 |
| 7 | Message Board | 3/21/95 | 290 | | | | 290 | 10 | MO | S/L | 254 | 29 |
| 8 | Fax Machine | 1/30/96 | 63 | | | | 63 | 5 | MO | S/L | 63 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 9 | Office Files | 7/25/96 | 3,698 | | | | 3,698 | 5 | MO | S/L | 3,698 | 0 |
| 10 | Printer | 11/30/96 | 500 | | | | 500 | 5 | MO | S/L | 500 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 11 | Tape Backup | 12/10/96 | 1,699 | | | | 1,699 | 5 | MO | S/L | 1,699 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 12 | Tape Duplicate | 3/10/97 | 499 | | | | 499 | 5 | MO | S/L | 499 | 0 |
| 13 | Xerox | 8/11/97 | 2,321 | | | | 2,321 | 5 | MO | S/L | 2,321 | 0 |
| 14 | Computers-Mac | 8/15/97 | 3,595 | | | | 3,595 | 3 | MO | S/L | 3,595 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 15 | Medifax | 10/13/97 | 595 | | | | 595 | 5 | MO | S/L | 595 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 16 | Computers-Mac | 10/21/97 | 5,267 | | | | 5,267 | 3 | MO | S/L | 5,267 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 17 | ESI Phone | 2/23/98 | 411 | | | | 411 | 5 | MO | S/L | 411 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 18 | Apple Modems | 12/15/98 | 685 | | | | 685 | 3 | MO | S/L | 685 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 19 | Computer Network | 10/01/99 | 32,698 | | | | 32,698 | 3 | MO | S/L | 32,698 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 20 | HP Office Jet | 9/14/99 | 880 | | | | 880 | 3 | MO | S/L | 880 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 21 | IBM PC/HP Printer | 7/30/99 | 1,000 | | | | 1,000 | 3 | MO | S/L | 1,000 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 22 | Lucent Phone System | 12/17/99 | 10,989 | | | | 10,989 | 5 | MO | S/L | 8,880 | 2,109 |
| 23 | Ricoh Copier | 10/21/99 | 2,275 | | | | 2,275 | 3 | MO | S/L | 2,275 | 0 |
| | Mass Sale. 6/30/04 | | | | | | | | | | | |
| 24 | Sears Refrigerator | 1/22/94 | 1,315 | | | | 1,315 | 7 | MO | S/L | 1,315 | 0 |
| 25 | Equipment-Fundraiser | 10/15/99 | 3,601 | | | | 3,601 | 3 | MO | S/L | 3,601 | 0 |
| 26 | Digital Camera | 6/21/00 | 852 | | | | 852 | 3 | MO | S/L | 852 | 0 |
| 27 | OfficeJet Printer | 6/17/00 | 852 | | | | 852 | 3 | MO | S/L | 852 | 0 |
| 28 | Frontier Systems PC | 6/13/00 | 2,655 | | | | 2,655 | 3 | MO | S/L | 2,655 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 29 | Dental Equipment | 3/31/86 | 14,542 | | | | 14,542 | 10 | MO | S/L | 14,542 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 30 | Dental/Office | 5/31/86 | 2,859 | | | | 2,859 | 10 | MO | S/L | 2,859 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 31 | Phones | 3/31/90 | 265 | | | | 265 | 10 | MO | S/L | 265 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 32 | Dental Equipment | 12/31/90 | 13,615 | | | | 13,615 | 10 | MO | S/L | 13,615 | 0 |
| | Mass Sale: 6/30/04 | | | | | | | | | | | |
| 33 | Donated equipment | 12/31/90 | 2,479 | | | | 2,479 | 10 | MO | S/L | 2,479 | 0 |
| | Mass Sale. 6/30/04 | | | | | | | | | | | |
| 34 | Dayton's | 1/07/91 | 249 | | | | 249 | 10 | MO | S/L | 249 | 0 |
| | Mass Sale: 6/30/04 | | | | | | | | | | | |
| 35 | I.O S | 1/07/91 | 1,041 | | | | 1,041 | 10 | MO | S/L | 1,041 | 0 |
| | Mass Sale: 6/30/04 | | | | | | | | | | | |
| 36 | Zahn | 4/10/91 | 209 | | | | 209 | 10 | MO | S/L | 209 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 37 | Used office option | 4/23/91 | 210 | | | | 210 | 10 | MO | S/L | 210 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 38 | Complete Mobility | 6/24/91 | 1,823 | | | | 1,823 | 10 | MO | S/L | 1,823 | 0 |
| | Sold/Scrapped 12/31/04 | | | | | | | | | | | |
| ~~39~~ | ~~Unidentified~~ | ~~12/31/92~~ | ~~1,032~~ | | | | ~~1,032~~ | ~~10~~ | ~~MO~~ | ~~S/L~~ | ~~1,032~~ | ~~0~~ |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 40 | Office options | 1/05/93 | 522 | | | | 522 | 10 | MO | S/L | 522 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 41 | Office options | 1/14/93 | 56 | | | | 56 | 10 | MO | S/L | 56 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |

79300 APPLE TREE DENTAL
36-3411437
FYE: 12/31/2004

# Federal Asset Report
## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Sec 168(k) | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 42 | Office Max<br>Mass Sale 6/30/04 | 1/28/93 | 1,036 | | | | 1,036 | 10 | MO | S/L | 1,036 | 0 |
| 43 | Dr Helgeson<br>Mass Sale 6/30/04 | 5/27/93 | 712 | | | | 712 | 10 | MO | S/L | 712 | 0 |
| 44 | Unidentified<br>Mass Sale 6/30/04 | 6/30/93 | 957 | | | | 957 | 10 | MO | S/L | 957 | 0 |
| 45 | Office Max<br>Mass Sale 6/30/04 | 7/06/93 | 362 | | | | 362 | 10 | MO | S/L | 362 | 0 |
| 46 | FM Dental<br>Mass Sale 6/30/04 | 7/12/93 | 600 | | | | 600 | 10 | MO | S/L | 600 | 0 |
| 47 | Sears<br>Mass Sale 6/30/04 | 7/26/93 | 440 | | | | 440 | 10 | MO | S/L | 440 | 0 |
| 48 | Zahn Dental<br>Mass Sale 6/30/04 | 8/23/93 | 479 | | | | 479 | 5 | MO | S/L | 479 | 0 |
| 49 | Digital Magic<br>Mass Sale. 6/30/04 | 9/22/93 | 1,620 | | | | 1,620 | 10 | MO | S/L | 1,620 | 0 |
| 50 | Digital Magic<br>Mass Sale 6/30/04 | 10/05/93 | 10,000 | | | | 10,000 | 10 | MO | S/L | 10,000 | 0 |
| 51 | MBNA America<br>Mass Sale 6/30/04 | 10/08/93 | 2,616 | | | | 2,616 | 10 | MO | S/L | 2,616 | 0 |
| 52 | Digital Magic<br>Mass Sale 6/30/04 | 10/14/93 | 6,376 | | | | 6,376 | 10 | MO | S/L | 6,376 | 0 |
| 53 | Betty Kuhn<br>Mass Sale 6/30/04 | 11/01/93 | 500 | | | | 500 | 10 | MO | S/L | 500 | 0 |
| 54 | Spartan<br>Mass Sale 6/30/04 | 11/01/93 | 17,229 | | | | 17,229 | 10 | MO | S/L | 17,229 | 0 |
| 55 | FM Dental<br>Mass Sale 6/30/04 | 12/13/93 | 3,406 | | | | 3,406 | 10 | MO | S/L | 3,406 | 0 |
| 56 | Dr Johnson<br>Mass Sale 6/30/04 | 12/20/93 | 313 | | | | 313 | 10 | MO | S/L | 313 | 0 |
| 57 | T Casselman<br>Mass Sale 6/30/04 | 12/20/93 | 698 | | | | 698 | 10 | MO | S/L | 698 | 0 |
| 58 | Donated Equipment<br>Mass Sale 6/30/04 | 12/31/93 | 15,750 | | | | 15,750 | 10 | MO | S/L | 15,750 | 0 |
| 59 | Sam's Club<br>Mass Sale 6/30/04 | 1/18/94 | 385 | | | | 385 | 10 | MO | S/L | 382 | 3 |
| 60 | FM Dental | 2/07/94 | 32,498 | | | | 32,498 | 10 | MO | S/L | 32,228 | 270 |
| 61 | Metro Systems | 2/07/94 | 1,848 | | | | 1,848 | 10 | MO | S/L | 1,833 | 15 |
| 62 | Complete Mobility<br>Mass Sale 6/30/04 | 2/24/94 | 1,300 | | | | 1,300 | 10 | MO | S/L | 1,278 | 22 |
| 63 | FM Dental<br>Mass Sale 6/30/04 | 3/07/94 | 2,561 | | | | 2,561 | 10 | MO | S/L | 2,518 | 43 |
| 64 | Unidentified<br>Mass Sale. 6/30/04 | 6/30/94 | 6,344 | | | | 6,344 | 10 | MO | S/L | 6,027 | 317 |
| 65 | Unidentified<br>Mass Sale· 6/30/04 | 7/31/94 | 5,828 | | | | 5,828 | 10 | MO | S/L | 5,488 | 292 |
| 66 | Unidentified<br>Mass Sale 6/30/04 | 9/30/94 | 5,834 | | | | 5,834 | 10 | MO | S/L | 5,396 | 292 |
| 67 | Unidentified<br>Mass Sale. 6/30/04 | 11/30/94 | 3,755 | | | | 3,755 | 10 | MO | S/L | 3,411 | 187 |
| 68 | Sears<br>Mass Sale 6/30/04 | 1/13/95 | 1,860 | | | | 1,860 | 10 | MO | S/L | 1,674 | 93 |
| 69 | Prosthodentic Kit<br>Mass Sale· 6/30/04 | 11/09/95 | 177 | | | | 177 | 10 | MO | S/L | 144 | 9 |
| 70 | Unidentified<br>Mass Sale 6/30/04 | 11/30/95 | 605 | | | | 605 | 10 | MO | S/L | 489 | 30 |
| 71 | Implant Equipment | 5/01/96 | 4,648 | | | | 4,648 | 10 | MO | S/L | 3,563 | 465 |
| 72 | Portable Unit | 11/30/96 | 3,500 | | | | 3,500 | 10 | MO | S/L | 2,129 | 350 |
| 73 | Implant Equipment | 4/01/97 | 971 | | | | 971 | 10 | MO | S/L | 655 | 97 |
| 74 | X-Ray Machine | 5/01/97 | 20,110 | | | | 20,110 | 10 | MO | S/L | 13,407 | 2,011 |
| 75 | Dental Equipment | 6/01/97 | 20,900 | | | | 20,900 | 10 | MO | S/L | 13,759 | 2,090 |
| 76 | Dental Equipment | 7/18/97 | 225 | | | | 225 | 10 | MO | S/L | 144 | 23 |
| 77 | Dental Equipment | 8/22/97 | 5,048 | | | | 5,048 | 10 | MO | S/L | 3,197 | 505 |
| 78 | Upgrade Equipment | 1/30/98 | 59 | | | | 59 | 10 | MO | S/L | 35 | 6 |
| 79 | Adec Equipment | 4/13/98 | 11,070 | | | | 11,070 | 10 | MO | S/L | 6,365 | 1,107 |
| ~~80~~ | ~~Adec Comp~~ | ~~7/14/98~~ | ~~544~~ | | | | ~~544~~ | ~~10~~ | ~~MO~~ | ~~S/L~~ | ~~299~~ | ~~55~~ |
| 81 | Statim 2000 | 7/28/98 | 3,270 | | | | 3,270 | 10 | MO | S/L | 1,771 | 327 |
| 82 | Motorized Cart | 8/18/98 | 5,295 | | | | 5,295 | 10 | MO | S/L | 2,824 | 530 |
| 83 | Kavo Tools | 12/30/98 | 39 | | | | 39 | 10 | MO | S/L | 20 | 4 |
| 84 | Sterilizers | 12/31/98 | 1,000 | | | | 1,000 | 5 | MO | S/L | 1,000 | 0 |
| 85 | Compressor | 8/05/99 | 4,450 | | | | 4,450 | 7 | MO | S/L | 2,801 | 636 |

79300 APPLE TREE DENTAL
36-3411437
FYE: 12/31/2004

# Federal Asset Report
## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Sec 168(k) | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 86 | Evac Pump | 11/12/99 | 2,060 | | | | 2,060 | 7 | MO | S/L | 1,217 | 295 |
| 87 | Vitality Scanner | 8/04/99 | 490 | | | | 490 | 7 | MO | S/L | 309 | 70 |
| 88 | Tool Cabinet | 10/20/99 | 1,784 | | | | 1,784 | 7 | MO | S/L | 1,070 | 255 |
| 89 | Dental Cart | 8/27/99 | 820 | | | | 820 | 7 | MO | S/L | 509 | 117 |
| 91 | Wheelchair Recliner | 2/01/00 | 3,250 | | | | 3,250 | 7 | MO | S/L | 1,818 | 465 |
| 92 | 2 Toolbox Carts | 3/03/00 | 1,092 | | | | 1,092 | 7 | MO | S/L | 598 | 156 |
| 94 | Nitrous Oxide Equipment | 4/28/00 | 5,549 | | | | 5,549 | 7 | MO | S/L | 2,907 | 792 |
| 95 | Cases for DMD Equipment | 8/11/00 | 1,000 | | | | 1,000 | 7 | MO | S/L | 488 | 143 |
| 99 | Office Max | 9/01/97 | 699 | | | | 699 | 5 | MO | S/L | 699 | 0 |
| 100 | Oreck Vacuum | 9/26/97 | 479 | | | | 479 | 5 | MO | S/L | 479 | 0 |
| 101 | Office Furniture | 10/01/97 | 34,422 | | | | 34,422 | 5 | MO | S/L | 34,422 | 0 |
| 102 | Computer | 10/21/97 | 3,520 | | | | 3,520 | 3 | MO | S/L | 3,520 | 0 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 103 | Computer Network | 10/22/99 | 13,626 | | | | 13,626 | 3 | MO | S/L | 13,626 | 0 |
| 104 | 1 HP Laserjet | 10/08/99 | 988 | | | | 988 | 3 | MO | S/L | 988 | 0 |
| 105 | Personal Computer | 2/28/99 | 3,542 | | | | 3,542 | 3 | MO | S/L | 3,542 | 0 |
| | Mass Sale. 6/30/04 | | | | | | | | | | | |
| 106 | Van Equipment | 3/20/97 | 16,804 | | | | 16,804 | 7 | MO | S/L | 16,204 | 600 |
| 107 | Chairs | 4/15/97 | 3,000 | | | | 3,000 | 5 | MO | S/L | 3,000 | 0 |
| 108 | HPC | 6/10/97 | 1,689 | | | | 1,689 | 7 | MO | S/L | 1,588 | 101 |
| 109 | X-ray | 6/10/97 | 2,735 | | | | 2,735 | 7 | MO | S/L | 2,572 | 163 |
| 110 | Equipment | 9/05/97 | 674 | | | | 674 | 7 | MO | S/L | 609 | 65 |
| 111 | Equipment | 9/23/97 | 1,573 | | | | 1,573 | 7 | MO | S/L | 1,404 | 169 |
| 112 | Equipment | 11/01/97 | 6,850 | | | | 6,850 | 7 | MO | S/L | 6,035 | 815 |
| 113 | Equipment | 12/11/97 | 42,039 | | | | 42,039 | 7 | MO | S/L | 36,534 | 5,505 |
| 114 | Adec Equipment | 4/13/98 | 7,564 | | | | 7,564 | 7 | MO | S/L | 6,213 | 1,081 |
| 115 | Wand Systems | 11/01/99 | 995 | | | | 995 | 7 | MO | S/L | 592 | 142 |
| 116 | Auto X-ray Developer | 5/05/99 | 4,090 | | | | 4,090 | 7 | MO | S/L | 2,720 | 585 |
| 117 | EMS Scaler | 1/15/00 | 3,475 | | | | 3,475 | 7 | MO | S/L | 1,986 | 496 |
| 119 | Building | 5/01/97 | 25,220 | | | | 25,220 | 10 | MO | S/L | 17,514 | 2,522 |
| 120 | Building Upgrade | 6/26/97 | 31,560 | | | | 31,560 | 10 | MO | S/L | 20,514 | 3,156 |
| 121 | Building Upgrade | 8/10/97 | 78,074 | | | | 78,074 | 10 | MO | S/L | 50,097 | 7,808 |
| 122 | Building Upgrade | 9/02/97 | 48,932 | | | | 48,932 | 10 | MO | S/L | 30,990 | 4,893 |
| 123 | Building Upgrade | 10/07/97 | 68,630 | | | | 68,630 | 10 | MO | S/L | 42,894 | 6,863 |
| 124 | Building Upgrade | 11/06/97 | 42,619 | | | | 42,619 | 10 | MO | S/L | 26,282 | 4,262 |
| 125 | Building Upgrade | 12/05/97 | 17,118 | | | | 17,118 | 10 | MO | S/L | 10,413 | 1,712 |
| 126 | Reception Room | 1/15/98 | 2,507 | | | | 2,507 | 10 | MO | S/L | 1,504 | 251 |
| 127 | Sign for Building | 1/31/98 | 329 | | | | 329 | 10 | MO | S/L | 195 | 33 |
| 128 | Lab Sink | 3/04/98 | 412 | | | | 412 | 10 | MO | S/L | 241 | 41 |
| 129 | Dayton's | 1/16/91 | 160 | | | | 160 | 10 | MO | S/L | 160 | 0 |
| 130 | Land | 5/01/97 | 10,500 | | | | 10,500 | 0 | -- | Land | 0 | 0 |
| 131 | Gaughan Companies | 10/31/93 | 14,794 | | | | 14,794 | 7 | MO | S/L | 14,794 | 0 |
| 132 | BJ & M Plumbing | 1/10/94 | 4,513 | | | | 4,513 | 7 | MO | S/L | 4,513 | 0 |
| 133 | Metro Systems | 1/10/94 | 8,619 | | | | 8,619 | 7 | MO | S/L | 8,619 | 0 |
| 134 | Gaughan Companies | 1/19/94 | 14,794 | | | | 14,794 | 7 | MO | S/L | 14,794 | 0 |
| 135 | BJ & M Plumbing | 2/07/94 | 1,937 | | | | 1,937 | 7 | MO | S/L | 1,937 | 0 |
| 136 | Industrial Door | 2/07/94 | 300 | | | | 300 | 7 | MO | S/L | 300 | 0 |
| 137 | Gaughan Companies | 3/07/94 | 15,956 | | | | 15,956 | 7 | MO | S/L | 15,956 | 0 |
| 138 | Gaughan Companies | 4/04/94 | 5,000 | | | | 5,000 | 7 | MO | S/L | 5,000 | 0 |
| 139 | Northridge | 4/19/94 | 228 | | | | 228 | 7 | MO | S/L | 228 | 0 |
| 140 | Gaughan Companies | 5/02/94 | 5,000 | | | | 5,000 | 7 | MO | S/L | 5,000 | 0 |
| 141 | BJ & M Plumbing | 5/31/94 | 270 | | | | 270 | 7 | MO | S/L | 270 | 0 |
| 142 | Gaughan Companies | 5/31/94 | 5,000 | | | | 5,000 | 7 | MO | S/L | 5,000 | 0 |
| 143 | ??????? | 1/16/95 | 1,582 | | | | 1,582 | 6 | MO | S/L | 1,582 | 0 |
| 144 | ?????? | 10/31/95 | 2,543 | | | | 2,543 | 5 | MO | S/L | 2,543 | 0 |
| 145 | Federal Electric | 2/13/97 | 780 | | | | 780 | 4 | MO | S/L | 780 | 0 |
| 146 | Federal Electric | 10/27/97 | 1,059 | | | | 1,059 | 4 | MO | S/L | 1,059 | 0 |
| 147 | Industrial Door | 11/19/99 | 4,627 | | | | 4,627 | 3 | MO | S/L | 4,627 | 0 |
| 153 | Van #4 | 7/24/97 | 40,508 | | | | 40,508 | 7 | MO | S/L | 36,697 | 3,811 |
| 154 | Custom Mobile Equipment (DHS Grant, 20 | 10/01/00 | 14,400 | | | | 14,400 | 5 | MO | S/L | 9,360 | 2,880 |
| 155 | Patient chairs (DHS Grant, 2000) | 10/01/00 | 39,852 | | | | 39,852 | 5 | MO | S/L | 25,904 | 7,970 |
| 156 | Delivery Systems (DHS Grant, 2000) | 10/01/00 | 34,968 | | | | 34,968 | 5 | MO | S/L | 22,729 | 6,994 |
| 157 | Stools (DHS Grant, 2000) | 10/01/00 | 3,567 | | | | 3,567 | 5 | MO | S/L | 2,319 | 713 |
| 158 | Cabinetry and Asst Cart (DHS Grant, 2000 | 10/01/00 | 21,847 | | | | 21,847 | 5 | MO | S/L | 14,201 | 4,369 |
| 159 | Patient Lights (DHS Grant, 2000) | 10/01/00 | 9,324 | | | | 9,324 | 5 | MO | S/L | 6,061 | 1,864 |
| 160 | X-Ray Units (DHS Grant, 2000) | 10/01/00 | 32,173 | | | | 32,173 | 5 | MO | S/L | 20,912 | 6,435 |
| 161 | Nitrous Oxide Accessories (DHS Grant, 20( | 10/01/00 | 10,646 | | | | 10,646 | 5 | MO | S/L | 6,920 | 2,129 |
| 162 | Patient Chairs (DHS Grant, 2000) | 10/01/00 | 38,700 | | | | 38,700 | 5 | MO | S/L | 25,155 | 7,740 |
| 163 | Delivery Systems (DHS Grant, 2000) | 10/01/00 | 38,825 | | | | 38,825 | 5 | MO | S/L | 25,236 | 7,765 |
| 164 | Stools (DHS Grant, 2000) | 10/01/00 | 13,079 | | | | 13,079 | 5 | MO | S/L | 8,501 | 2,616 |
| 165 | Handpieces (DHS Grant, 2000) | 10/01/00 | 84,772 | | | | 84,772 | 5 | MO | S/L | 55,102 | 16,954 |

79300 APPLE TREE DENTAL
36-3411437
FYE: 12/31/2004

# Federal Asset Report

## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Sec 168(k) | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 166 | Cabinetry (DHS Grant, 2000) | 10/01/00 | 28,724 | | | | 28,724 | 5 | MO | S/L | 18,671 | 5,744 |
| 167 | Patient Lights (DHS Grant, 2000) | 10/01/00 | 7,905 | | | | 7,905 | 5 | MO | S/L | 5,138 | 1,581 |
| 168 | X-Ray Units (DHS Grant, 2000) | 10/01/00 | 54,118 | | | | 54,118 | 5 | MO | S/L | 35,177 | 10,823 |
| 169 | Nitrous Oxide Equipment | 10/01/00 | 19,561 | | | | 19,561 | 5 | MO | S/L | 12,715 | 3,912 |
| 170 | Digital X-Ray Equipment (AmEx Grant, 20 | 10/01/00 | 33,500 | | | | 33,500 | 5 | MO | S/L | 21,775 | 6,700 |
| 171 | Handpieces (DHS Grant, 2000) | 10/01/00 | 27,396 | | | | 27,396 | 5 | MO | S/L | 17,807 | 5,480 |
| 172 | Criticare monitor | 12/29/00 | 3,904 | | | | 3,904 | 5 | MO | S/L | 2,342 | 781 |
| 179 | INTL VAN/TRUCK | 9/30/99 | 65,011 | | | | 65,011 | 5 | MO | S/L | 45,446 | 7,265 |
| | Sold/Scrapped 12/31/04 | | | | | | | | | | | |
| 180 | DENTAL EQUIPMENT | 9/11/00 | 499 | | | | 499 | 5 | MO | S/L | 332 | 100 |
| 181 | AMEX EQUIPMENT LEASE | 6/16/00 | 62,573 | | | | 62,573 | 3 | MO | S/L | 62,573 | 0 |
| 182 | Power carts | 4/17/01 | 83,895 | | | | 83,895 | 5 | MO | S/L | 44,744 | 16,779 |
| 183 | Dental chair | 4/17/01 | 54,740 | | | | 54,740 | 5 | MO | S/L | 29,195 | 10,948 |
| 184 | X-ray cart | 4/17/01 | 29,750 | | | | 29,750 | 5 | MO | S/L | 15,867 | 5,950 |
| 185 | Dental Assistant cart | 4/17/01 | 27,965 | | | | 27,965 | 5 | MO | S/L | 14,915 | 5,593 |
| 186 | Statim 5000 sterilizer | 1/01/01 | 3,712 | | | | 3,712 | 5 | MO | S/L | 2,227 | 743 |
| 191 | Frontier 3000 Comp Workstation | 5/03/01 | 899 | | | | 899 | 7 | MO | S/L | 342 | 129 |
| 192 | Office 2000 Business Edition | 5/03/01 | 209 | | | | 209 | 3 | MO | S/L | 186 | 23 |
| 193 | Metro System metal cabinet | 3/12/01 | 500 | | | | 500 | 7 | MO | S/L | 202 | 72 |
| 194 | Sony camcorder & equipment | 1/15/01 | 863 | | | | 863 | 5 | MO | S/L | 518 | 172 |
| 195 | Addition of body to truck | 5/08/01 | 5,555 | | | | 5,555 | 7 | MO | S/L | 2,116 | 794 |
| 196 | Frontier 3000 computer workstation | 5/03/01 | 899 | | | | 899 | 7 | MO | S/L | 342 | 65 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 197 | ADI color monitor | 5/03/01 | 223 | | | | 223 | 5 | MO | S/L | 119 | 45 |
| 198 | Plain Paper Laser Printer | 6/20/01 | 339 | | | | 339 | 5 | MO | S/L | 169 | 68 |
| 199 | Upgrade Office 2000 | 6/27/01 | 460 | | | | 460 | 3 | MO | S/L | 383 | 77 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 200 | Upgrade Office 2000 | 6/27/01 | 1,840 | | | | 1,840 | 3 | MO | S/L | 1,533 | 307 |
| | Mass Sale 6/30/04 | | | | | | | | | | | |
| 201 | Fax Machine | 6/21/01 | 300 | | | | 300 | 7 | MO | S/L | 107 | 43 |
| 202 | Frontier Computer Workstation System | 9/12/01 | 1,568 | | | | 1,568 | 5 | MO | S/L | 732 | 313 |
| 207 | ADEC HPC Comp Synea Cntra | 10/12/01 | 7,618 | | | | 7,618 | 5 | MO | S/L | 3,428 | 1,524 |
| 208 | 2001 Honda Accord | 3/30/01 | 21,855 | | | | 21,855 | 7 | MO | S/L | 8,586 | 3,122 |
| 209 | Curing Lights | 6/04/02 | 4,695 | | | | 4,695 | 5 | MO | S/L | 1,487 | 939 |
| 210 | Hand Pieces | 4/30/02 | 2,650 | | | | 2,650 | 5 | MO | S/L | 883 | 530 |
| 211 | Hand Pieces | 4/30/02 | 1,786 | | | | 1,786 | 5 | MO | S/L | 595 | 358 |
| 212 | Hand Pieces | 5/23/02 | 1,053 | | | | 1,053 | 5 | MO | S/L | 333 | 211 |
| 213 | Statim 2000 Sterilizer - 3 units | 5/06/02 | 10,047 | | | | 10,047 | 5 | MO | S/L | 3,349 | 2,009 |
| 214 | Statim Repair | 5/20/02 | 686 | | | | 686 | 5 | MO | S/L | 217 | 138 |
| 215 | Model Trimmer | 5/15/02 | 874 | | | | 874 | 5 | MO | S/L | 291 | 175 |
| 216 | Hand Pieces | 7/12/02 | 1,720 | | | | 1,720 | 5 | MO | S/L | 516 | 344 |
| 217 | Dental Equipment | 7/23/02 | 27,160 | | | | 27,160 | 5 | MO | S/L | 7,695 | 5,432 |
| 218 | Network Wiring - Suite 100 | 2/01/02 | 5,708 | | | | 5,708 | 7 | MO | S/L | 1,563 | 815 |
| 219 | HP Laser Printer | 4/20/02 | 2,136 | | | | 2,136 | 5 | MO | S/L | 712 | 427 |
| 220 | Best Buy Computer | 4/25/02 | 3,150 | | | | 3,150 | 5 | MO | S/L | 1,050 | 630 |
| 221 | Techline Office Furniture | 4/01/02 | 15,502 | | | | 15,502 | 7 | MO | S/L | 3,876 | 2,214 |
| 222 | Light Guide | 5/01/02 | 596 | | | | 596 | 5 | MO | S/L | 199 | 119 |
| 223 | Hand Pieces | 7/23/02 | 1,553 | | | | 1,553 | 5 | MO | S/L | 440 | 311 |
| 224 | Monitors (2) | 7/14/02 | 1,000 | | | | 1,000 | 7 | MO | S/L | 214 | 143 |
| 225 | Office Furniture | 7/18/02 | 701 | | | | 701 | 7 | MO | S/L | 142 | 100 |
| 226 | Computer | 8/01/02 | 600 | | | | 600 | 7 | MO | S/L | 121 | 86 |
| 227 | Computer Equipment | 7/17/02 | 2,370 | | | | 2,370 | 7 | MO | S/L | 480 | 338 |
| 228 | Digital X-Rays | 8/01/02 | 1,400 | | | | 1,400 | 5 | MO | S/L | 397 | 280 |
| 229 | Dental Stool | 8/27/02 | 519 | | | | 519 | 5 | MO | S/L | 138 | 104 |
| 230 | Subaru Legacy Outback | 9/17/02 | 14,590 | | | | 14,590 | 3 | MO | S/L | 6,079 | 4,864 |
| 231 | Subaru Legacy Outback | 9/17/02 | 29,089 | | | | 29,089 | 3 | MO | S/L | 12,120 | 9,697 |
| 232 | Dental Cabinets (2) | 10/01/02 | 1,590 | | | | 1,590 | 5 | MO | S/L | 398 | 318 |
| 233 | Network equipment | 9/30/02 | 7,714 | | | | 7,714 | 7 | MO | S/L | 1,378 | 1,102 |
| 234 | Network Equipment | 9/30/02 | 4,932 | | | | 4,932 | 7 | MO | S/L | 881 | 704 |
| 235 | Network Equipment | 9/30/02 | 2,170 | | | | 2,170 | 7 | MO | S/L | 387 | 310 |
| 236 | Network Equipment | 9/30/02 | 3,329 | | | | 3,329 | 7 | MO | S/L | 595 | 475 |
| 238 | Whisper Jet KCP 1000 | 12/02/02 | 16,395 | | | | 16,395 | 7 | MO | S/L | 2,537 | 2,342 |
| 239 | Diagnodent Laser Caries Detect Aid | 11/30/02 | 2,840 | | | | 2,840 | 7 | MO | S/L | 440 | 405 |
| 240 | Printer Laserjet HP | 11/06/02 | 700 | | | | 700 | 5 | MO | S/L | 163 | 140 |
| 243 | HPCE Foot Control | 10/31/02 | 1,256 | | | | 1,256 | 7 | MO | S/L | 209 | 180 |
| 244 | Office Equip | 10/03/02 | 700 | | | | 700 | 10 | MO | S/L | 88 | 70 |
| 245 | Patterson Motorea | 11/12/02 | 635 | | | | 635 | 7 | MO | S/L | 106 | 91 |
| 246 | Delivery Unit | 3/01/03 | 4,110 | | | | 4,110 | 5 | MO | S/L | 685 | 822 |
| 248 | Digital Camera | 3/31/03 | 1,110 | | | | 1,110 | 5 | MO | S/L | 167 | 222 |
| 249 | MDV | 6/01/03 | 47,288 | | | | 47,288 | 7 | MO | S/L | 3,941 | 6,755 |
| 250 | ADEC chair | 3/31/03 | 543 | | | | 543 | 5 | MO | S/L | 81 | 109 |

79300 APPLE TREE DENTAL
36-3411437
FYE: 12/31/2004

# Federal Asset Report

## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Sec 168(k) | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 251 | UBS Digital Camera | 3/31/03 | 6,000 | | | | 6,000 | 5 | MO | S/L | 900 | 1,200 |
| 252 | ADEC Digital camera | 3/31/03 | 16,000 | | | | 16,000 | 5 | MO | S/L | 2,400 | 3,200 |
| 253 | Battery backup | 3/31/03 | 519 | | | | 519 | 7 | MO | S/L | 56 | 74 |
| 254 | MDV | 6/01/03 | 47,288 | | | | 47,288 | 7 | MO | S/L | 3,941 | 6,755 |
| 255 | Porter analog | 1/31/03 | 2,409 | | | | 2,409 | 7 | MO | S/L | 315 | 345 |
| 256 | MCC cabinet | 9/12/03 | 865 | | | | 865 | 7 | MO | S/L | 41 | 124 |
| 257 | File cabinet | 9/12/03 | 2,265 | | | | 2,265 | 7 | MO | S/L | 108 | 323 |
| 258 | Digital x-ray | 6/30/03 | 1,590 | | | | 1,590 | 7 | MO | S/L | 114 | 227 |
| 259 | Gemdex tubehead | 6/30/03 | 2,035 | | | | 2,035 | 7 | MO | S/L | 145 | 291 |
| 260 | Lucintone w/Hooker | 6/30/03 | 700 | | | | 700 | 7 | MO | S/L | 50 | 100 |
| 261 | T-1 Router | 3/01/03 | 2,500 | | | | 2,500 | 7 | MO | S/L | 298 | 357 |
| 262 | Attchment returns | 1/31/03 | -2,430 | | | | -2,430 | 5 | MO | S/L | -446 | -486 |
| 263 | Server | 12/23/03 | 5,089 | | | | 5,089 | 5 | MO | S/L | 0 | 1,018 |
| 264 | Office Computer | 12/23/03 | 1,635 | | | | 1,635 | 5 | MO | S/L | 0 | 327 |
| 265 | Office computers | 8/07/03 | 2,934 | | | | 2,934 | 5 | MO | S/L | 245 | 586 |
| 266 | Office computer | 8/07/03 | 1,517 | | | | 1,517 | 5 | MO | S/L | 126 | 304 |
| 267 | Corolla Green | 8/02/03 | 9,600 | | | | 9,600 | 3 | MO | S/L | 917 | 2,200 |
| 268 | Corolla Beige | 8/02/03 | 9,600 | | | | 9,600 | 3 | MO | S/L | 917 | 2,200 |
| 269 | Corolla White | 8/02/03 | 9,600 | | | | 9,600 | 3 | MO | S/L | 917 | 2,200 |
| 270 | Corolla Silver | 8/02/03 | 9,600 | | | | 9,600 | 3 | MO | S/L | 917 | 2,200 |
| 271 | Dental Equipment | 2/27/04 | 3,422 | | | | 3,422 | 5 | MO | S/L | 0 | 570 |
| 272 | Dental Equipment | 3/22/04 | 510 | | | | 510 | 5 | MO | S/L | 0 | 76 |
| 273 | Madelia Dental Equipment | 4/06/04 | 42,230 | | | | 42,230 | 5 | MO | S/L | 0 | 6,335 |
| 274 | Dental Equipment | 5/11/04 | 3,422 | | | | 3,422 | 5 | MO | S/L | 0 | 456 |
| 275 | Madelia Dental Equipment | 6/17/04 | 35,770 | | | | 35,770 | 5 | MO | S/L | 0 | 3,577 |
| 276 | Dental Equipment | 11/05/04 | 1,860 | | | | 1,860 | 5 | MO | S/L | 0 | 62 |
| 277 | Dental Equipment | 12/01/04 | 985 | | | | 985 | 5 | MO | S/L | 0 | 16 |
| 278 | Dental Equipment | 3/17/04 | 1,074 | | | | 1,074 | 5 | MO | S/L | 0 | 161 |
| 279 | Laptop | 1/30/04 | 1,969 | | | | 1,969 | 5 | MO | S/L | 0 | 361 |
| 280 | Webcam | 3/29/04 | 1,210 | | | | 1,210 | 5 | MO | S/L | 0 | 182 |
| 281 | Digital Software | 3/29/04 | 2,000 | | | | 2,000 | 3 | MO | S/L | 0 | 500 |
| 282 | Conference phone | 3/29/04 | 1,105 | | | | 1,105 | 5 | MO | S/L | 0 | 166 |
| 283 | Computer | 3/29/04 | 1,301 | | | | 1,301 | 5 | MO | S/L | 0 | 195 |
| 284 | 5 Laptops | 4/06/04 | 9,495 | | | | 9,495 | 5 | MO | S/L | 0 | 1,424 |
| 285 | Digital Software | 5/18/04 | 750 | | | | 750 | 3 | MO | S/L | 0 | 146 |
| 286 | Laser Copier | 6/17/04 | 499 | | | | 499 | 5 | MO | S/L | 0 | 50 |
| 287 | Computer | 9/27/04 | 2,051 | | | | 2,051 | 5 | MO | S/L | 0 | 103 |
| 288 | Office Furniture | 12/01/04 | 3,189 | | | | 3,189 | 7 | MO | S/L | 0 | 38 |
| 289 | Leasehold imporvement - Madelia | 9/01/04 | 4,144 | | | | 4,144 | 39 | MO | S/L | 0 | 35 |
| 291 | Hutch | 11/16/04 | 795 | | | | 795 | 7 | MO | S/L | 0 | 9 |
| 292 | Hutch | 11/16/04 | 855 | | | | 855 | 7 | MO | S/L | 0 | 10 |
| 293 | Lockers | 1/30/04 | 639 | | | | 639 | 7 | MO | S/L | 0 | 84 |
| 294 | Computer | 12/27/04 | 682 | | | | 682 | 5 | MO | S/L | 0 | 0 |
| 1041 | 1 HP Laserjet<br>Mass Sale: 6/30/04 | 10/08/99 | 494 | | | | 494 | 3 | MO | S/L | 494 | 0 |
| 2841 | 1 Laptop | 4/06/04 | 1,899 | | | | 1,899 | 5 | MO | S/L | 0 | 285 |
| 2842 | Autoclave | 11/16/04 | 4,583 | | | | 4,583 | 5 | MO | S/L | 0 | 76 |
| | **Total Other Depreciation** | | 2,384,120 | | | | 2,384,120 | | | | 1,466,086 | 303,796 |
| | **Total ACRS and Other Depreciation** | | 2,384,120 | | | | 2,384,120 | | | | 1,466,086 | 303,796 |

**Listed Property:**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 237 | 2003 Acura | 12/12/02 | 42,949 | A | | | 42,949 | 4 | MO | S/L | 5,795 | 2,950 |
| | | | 42,949 | | | | 42,949 | | | | 5,795 | 2,950 |

**Amortization:**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 242 | Copyright | 10/01/02 | 2,529 | | | | 2,529 | 15 | MO | Amort | 211 | 168 |
| | | | 2,529 | | | | 2,529 | | | | 211 | 168 |

79300 APPLE TREE DENTAL
36-3411437
FYE: 12/31/2004

# Federal Asset Report

## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Sec 168(k) | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Grand Totals** | | 2,429,598 | | | | 2,429,598 | | | | 1,472,092 | 306,914 |
| | **Less: Dispositions** | | 259,268 | | | | 259,268 | | | | 236,871 | 9,028 |
| | **Net Grand Totals** | | 2,170,330 | | | | 2,170,330 | | | | 1,235,221 | 297,886 |

## Form 990, Part I, Line 1a - Direct Public Support

| Description | Cash | Noncash | Total |
|---|---|---|---|
| Other Contributions | $ 627,750 | $ | $ 627,750 |
| Total | $ 627,750 | $ 0 | $ 627,750 |

---

## Form 990, Part I, Line 1c - Government Contributions

| Description | Cash | Noncash | Total |
|---|---|---|---|
| Other Contributions | $ 171,000 | $ | $ 171,000 |
| Total | $ 171,000 | $ 0 | $ 171,000 |

7930[redacted]

Form 8868
(Rev December 2004)

Department of the Treasury
Internal Revenue Service

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

▶ File a separate application for each return

OMB No 1545-1709

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

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

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

**Form 990-T corporations** requesting an automatic 6-month extension-check this box and complete Part I only ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

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

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

☒ Form 990
☐ Form 990-BL
☐ Form 990-EZ
☐ Form 990-PF
☐ Form 990-T (corporation)
☐ Form 990-T (sec 401(a) or 408(a) trust)
☐ Form 990-T (trust other than above)
☐ Form 1041-A
☐ Form 4720
☐ Form 5227
☐ Form 6069
☐ Form 8870

- The books are in the care of ▶ Michael J. Helgeson

Telephone No. ▶ 763-784-7570 FAX No ▶

- If the organization does **not** have an office or place of business in the United States, check this box ▶ ☐
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN)__________ . If this is for the **whole** group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation)** extension of time until 8/15/05 , to file the exempt organization return for the organization named above. The extension is for the organization's return for.
▶ ☒ calendar year 2004 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 $__________

**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

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**