

**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

**2005**

Open to Public Inspection

**A** For the 2005 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization: **APPLE TREE DENTAL**  
 Number and street (or P O box if mail is not delivered to street address): **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) \_\_\_\_\_

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

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

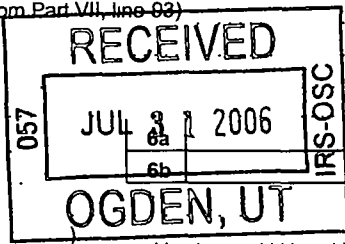
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **5,945,641**

H and I are not applicable to section 527 organizations  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See 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)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)			
<b>1</b>	Contributions, gifts, grants, and similar amounts received:		
<b>a</b>	Direct public support	1a	124,452
<b>b</b>	Indirect public support	1b	
<b>c</b>	Government contributions (grants)	1c	130,000
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>254,452</b> noncash \$ _____)	1d	254,452
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 03)	2	5,598,973
<b>3</b>	Membership dues and assessments	3	
<b>4</b>	Interest on savings and temporary cash investments	4	200
<b>5</b>	Dividends and interest from securities	5	
<b>6a</b>	Gross rents		
<b>b</b>	Less: rental expenses		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
<b>7</b>	Other investment income (describe _____)	7	
<b>8a</b>	Gross amount from sales of assets other than inventory		
<b>b</b>	Less: cost or other basis and sales expenses		
<b>c</b>	Gain or (loss) (attach schedule)		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	26,611
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
<b>b</b>	Less: direct expenses other than fundraising expenses	9b	
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
<b>10a</b>	Gross sales of inventory, less returns and allowances	10a	
<b>b</b>	Less: cost of goods sold	10b	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
<b>11</b>	Other revenue (from Part VII, line 103)	11	36,344
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,916,580
<b>13</b>	Program services (from line 44, column (B))	13	5,456,617
<b>14</b>	Management and general (from line 44, column (C))	14	674,419
<b>15</b>	Fundraising (from line 44, column (D))	15	85,487
<b>16</b>	Payments to affiliates (attach schedule)	16	
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	17	6,216,523
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-299,943
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19	121,550
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>See Statement 2</b>	20	-76,504
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-254,897

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**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 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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 139,396	66,213	66,213	6,970
26 Other salaries and wages	26 3,535,839	3,218,973	285,104	31,762
27 Pension plan contributions	27 48,952	41,909	6,344	699
28 Other employee benefits	28 152,932	144,082	8,041	809
29 Payroll taxes	29 260,462	224,743	32,172	3,547
30 Professional fundraising fees	30			
31 Accounting fees	31 12,063		12,063	
32 Legal fees	32			
33 Supplies	33 37,299	33,392	3,519	388
34 Telephone	34 41,550	35,084	5,824	642
35 Postage and shipping	35 16,179	15,478	631	70
36 Occupancy	36 241,207	241,207		
37 Equipment rental and maintenance	37 79,669	72,379	6,566	724
38 Printing and publications	38 16,671	14,603	1,863	205
39 Travel	39 81,427	66,286	15,054	87
40 Conferences, conventions, and meetings	40 58,320	43,888	13,643	789
41 Interest	41 70,711	48,090	22,621	
42 Depreciation, depletion, etc (attach schedule)	42 265,201	265,201		
43 Other expenses not covered above (itemize): a See Statement 3	43a 1,158,645	925,089	194,761	38,795
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 6,216,523	5,456,617	674,419	85,487

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

**► Provides dental services for underserved populations**

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

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.)

**a Provides dental care for long-term care patients, persons with disabilities and others lacking access to dental care**

(Grants and allocations \$ ) If this amount includes foreign grants, check here  **5,456,617**

**b**

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

**c**

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

**d**

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

**e Other program services (attach schedule)**

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

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**5,456,617**

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash-non-interest-bearing	142,132	45	48,515
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	680,119		
	b	Less. allowance for doubtful accounts	218,398	47c	461,721
	48a	Pledges receivable	37,750		
	b	Less. allowance for doubtful accounts	2,521	48c	35,229
	49	Grants receivable	477,454	49	105,000
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	3,226	53	16,040
	54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	<b>Liabilities</b>	55a	Investments-land, buildings, and equipment: basis	2,132,336	
b		Less accumulated depreciation (attach schedule) <b>See Statement 4</b>	1,701,431	55c	430,905
56		Investments-other (attach schedule)		56	
57a		Land, buildings, and equipment basis			
b		Less. accumulated depreciation (attach schedule)		57c	
58		Other assets (describe <b>See Statement 5</b> )	8,249	58	6,481
59		<b>Total assets</b> (must equal line 74). Add lines 45 through 58	1,863,470	59	1,103,891
<b>Net Assets or Fund Balances</b>	60	Accounts payable and accrued expenses	569,760	60	637,649
	61	Grants payable		61	
	62	Deferred revenue	43,601	62	25,850
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule) <b>See Worksheet</b>	875,721	64b	652,516
65	Other liabilities (describe <b>See Statement 6</b> )	252,838	65	42,773	
66	<b>Total liabilities.</b> Add lines 60 through 65	1,741,920	66	1,358,788	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	-382,406	67	-473,717
	68	Temporarily restricted	503,956	68	218,820
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	121,550	73	-254,897	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,863,470	74	1,103,891	

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

a	Total revenue, gains, and other support per audited financial statements		a	5,916,580
b	Amounts included on line a but not on Part I, line 12:		b	
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	5,916,580
d	Amounts included on Part I, line 12, but not on line a:		d	
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d		e	5,916,580

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

a	Total expenses and losses per audited financial statements		a	6,216,523
b	Amounts included on line a but not Part I, line 17:		b	
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	6,216,523
d	Amounts included on Part I, line 17, but not on line a:		d	
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d		e	6,216,523

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Michael J. Helgeson, DDS 13511 Thrush Street Andover MN 55304	CEO 40	139,396	2,774	0
Dan Callahan 3265 County Rd 6 Orono MN 55356	Past Chair 0	0	0	0
James Lanigan 5990 146th Ave NW Ramsey MN 55303	Board Chair 0	0	0	0
Kevin Lutterman 6025 Clinton Ave Minneapoli MN 55419	Secretary 0	0	0	0
Bob Peterson 348 Forest Drive Circle Pin MN 55014	Treasurer 0	0	0	0
Jim Chase 11900 Meadow Lan Minnetonka MN 55305	Board Member 0	0	0	0
Cathy Jacobson 1355 Waterford D Golden Val MN 55422	Board Member 0	0	0	0
Joe Pederson 811 Westgate Circle Hawley MN 56549	Board Member 0	0	0	0
Barbara Smith 1621 Arbordale D Ann Arbor MI 48103	Board Member 0	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a, 75b, 75c, 75d), Yes, No. Contains questions about officers, directors, and trustees.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contrib to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. First row contains 'N/A'.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b), Yes, No. Contains various informational questions.

**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	<b>83b</b> N/A		
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>84b</b> N/A		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	<b>85a</b> N/A		
	<b>85b</b> N/A		
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	<b>85g</b> N/A		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	<b>85h</b> N/A		
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders		
	<b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b>		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter. Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<input checked="" type="checkbox"/>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 <input type="checkbox"/> 0		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0		
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> MN		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90b</b>	<b>89</b>
<b>91a</b>	The books are in care of <input type="checkbox"/> <b>Michael J. Helgeson</b> <b>8960 Springbrook Dr. #150</b> Located at <input type="checkbox"/> <b>Minneapolis, MN</b>	Telephone no <input type="checkbox"/> <b>763-784-7570</b> ZIP + 4 <input type="checkbox"/> <b>55433</b>	
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> At any time during the calendar year, did the organization maintain an office outside of the United States?		<input checked="" type="checkbox"/>
<b>c</b>	If "Yes," enter the name of the foreign country <input type="checkbox"/>		<input checked="" type="checkbox"/>
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>92</b>		

**Part VII Analysis of Income-Producing Activities (See 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					4,980,138
b Dental Director fees					503,525
c Mobile Dentistry					115,310
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	200	
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					26,611
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous			1	27,900	
c Rental income			17	8,444	
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	36,544	5,625,584
105 Total (add line 104, columns (B), (D), and (E))					5,662,128

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 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).
1	See Statement 7

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

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

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

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.

*Michael Helgeson, CEO* Signature of officer 7-26-06 Date

Michael Helgeson, CEO Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Kenneth J. Kalina, CPA Date: 7/11/06 Check if self-employed:  Preparer's SSN or PTIN (See Gen Instr W): P00163035

Firm's name (or yours if self-employed), address, and ZIP + 4: Lethert, Skwira, Schultz & Co. LLP, 170 7th Pl E Ste 100, Saint Paul, MN 55101-2361 EIN: 41-0738189 Phone no: 651-224-5721

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

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

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

OMB No 1545-0047

**2005**

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

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

Department of the Treasury  
Internal Revenue Service

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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
Ali Mohebbi, DDS 2363 Meeting Place Wayzata MN 55391	Dentist 40	309,742	4,200	0
Thy Lu, DDS 7568 Blackoaks Lane Maple Grove MN 55311	Dentist 40	108,832	2,163	0
Jayne Cernohous DDS 1081 Labarge Rd Hudson WI 54016	Dental Dir. 40	107,111	2,129	0
Kevin Marr, DDS 8960 Springbrook Drive, Ste. 150 Minneapolis MN 55433	Dentist 40	105,471	2,096	0
Marie Joseph, DDS 338 Meadowood Lane Vadnais Heights MN 55127	Dentist 40	100,672	2,000	0
Total number of other employees paid over \$50,000 ▶		17		

**Part II-A 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 ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2005

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X	
<p><b>See Part V, Form 990 See Statement 8</b></p>			
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>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)</p>	3a		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b		X
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	3c		X
<p>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?</p>	4a		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	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). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	592,954	571,174	729,356	446,163	2,339,647
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	5,632,647	4,094,847	3,518,345	2,428,630	15,674,469
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	21	2,240	53	95	2,409
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	24,377	65,729	37,960	20,242	148,308
23 Total of lines 15 through 22	6,249,999	4,733,990	4,285,714	2,895,130	18,164,833
24 Line 23 minus line 17	617,352	639,143	767,369	466,500	2,490,364
25 Enter 1% of line 23	62,500	47,340	42,857	28,951	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					
d Add. Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
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 (2004) 592,954 (2003) 571,174 (2002) 729,356 (2001) 446,163					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) 5,570,147 (2003) 4,047,507 (2002) 3,475,488 (2001) 2,399,679					
c Add. Amounts from column (e) for lines: 15 2,339,647 16 _____ 17 15,674,469 20 _____ 21 _____					
d Add. Line 27a total 2,339,647 and line 27b total 15,492,821					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 18,164,833					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					1.0000%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.0133%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire (See page 7 of the instructions.)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

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

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

<b>Check</b> <input type="checkbox"/>	<b>a</b> if the organization belongs to an affiliated group	<b>Check</b> <input type="checkbox"/>	<b>b</b> if you checked "a" and "limited control" provisions apply
<b>Limits on Lobbying Expenditures</b>			
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>		
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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

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

	Yes	No	Amount
		<b>X</b>	
		<b>X</b>	
		<b>X</b>	
		<b>X</b>	
		<b>X</b>	
		<b>X</b>	
		<b>X</b>	
		<b>X</b>	

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



Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2005</b>
For calendar year 2005, or tax year beginning		and ending
Name <b>APPLE TREE DENTAL</b>		Employer Identification Number <b>36-3411437</b>

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

Name of lender	Relationship to disqualified person
(1) <b>Bremer Bank</b>	
(2) <b>Bremer Bank</b>	
(3) <b>Patterson Dental Supply</b>	
(4) <b>Ford Motor Credit</b>	
(5) <b>Community Loan Technologies</b>	
(6) <b>Community Loan Technologies</b>	
(7) <b>Professional Solutions</b>	
(8) <b>Dell Computer Financial Services</b>	
(9) <b>Patterson Dental</b>	
(10)	

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) 299,771	5/01/03	6/01/04	Monthly installment \$6,215	8.950
(4) 94,576	5/05/03	5/19/08	Monthly installment \$1,872	6.990
(5) 119,038	6/19/03	6/16/04	Monthly installment \$2,000	9.000
(6) 195,290	6/19/03	6/16/04	Monthly installment \$4,500	7.000
(7) 42,230	2/13/04	2/13/09	Monthly installment \$849	8.485
(8) 11,464	3/12/04	4/10/07	Monthly installment \$433	15.990
(9) 7,560	7/29/05	7/29/10	\$160 per month	9.950
(10)				

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	80,000	
(2)	231,884	225,532
(3)	221,179	163,103
(4)	68,272	50,129
(5)	97,554	83,223
(6)	131,439	89,290
(7)	35,640	28,194
(8)	9,753	5,840
(9)		7,205
(10)		
<b>Totals</b>	<b>875,721</b>	<b>652,516</b>

79300 APPLE TREE DENTAL

36-3411437

FYE: 12/31/2005

### 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
Computer Network	Purchase		10/22/99	2/01/05	\$	13,626	\$ 13,626	\$
2001 Honda Accord	Purchase		3/30/01	1/31/05	9,993	21,855	11,968	106
Subaru Legacy Outback	Purchase		9/17/02	9/30/05	10,126	14,590	14,590	10,126
Subaru Legacy Outback	Purchase		9/17/02	9/30/05	15,101	29,089	29,089	15,101
Corolla Disposals	Purchase		Various	11/30/05	20,452	38,400	20,534	2,586
5 Laptops with Digital X-Ray	Purchase		10/01/00	2/01/05		7,990	6,682	-1,308
Total					\$ 55,672	\$ 125,550	\$ 96,489	\$ 26,611

79300 APPLE TREE DENTAL  
36-3411437  
FYE: 12/31/2005

## Federal Statements

### Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Prior period adjustment	\$ -76,504
Total	<u>\$ -76,504</u>

## Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
MN Care tax	99,071	99,071		
401k expenses	20,194	1,365	18,829	
Fundraising expense	21,844			21,844
Contracted services	145,076	31,002	105,065	9,009
Dental supplies	312,322	312,322		
Bad debt expense	52,263		52,263	
Bank charges	16,930	7,321	9,609	
Insurance	84,864	77,503	7,361	
Marketing expense	35,050	27,105	165	7,780
Miscellaneous expense	18,046	16,415	1,469	162
Real estate taxes	271	271		
Lab fees	352,545	352,545		
Amortization	169	169		
Total	<u>\$ 1,158,645</u>	<u>\$ 925,089</u>	<u>\$ 194,761</u>	<u>\$ 38,795</u>

**Federal Statements****Statement 4 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Land	\$ 10,500	\$	\$ 10,500	\$
Building	315,401	232,183	315,401	263,723
Leasehold improvements	96,854	89,416	96,854	90,337
Dental equipment	1,151,109	841,490	1,170,517	1,006,423
Vans	354,205	194,568	250,270	154,536
Office equipment and furniture	239,728	175,062	288,794	186,412
Total	<u>\$ 2,167,797</u>	<u>\$ 1,532,719</u>	<u>\$ 2,132,336</u>	<u>\$ 1,701,431</u>

**Statement 5 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Security Deposit	\$ 6,100	\$ 4,500
Trademark, Net of Amortization	2,149	1,981
Total	<u>\$ 8,249</u>	<u>\$ 6,481</u>

**Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Capitalized lease obligations	\$ 99,416	\$ 27,065
Patients deposit payable	152,252	14,683
Other liabilities	1,170	1,025
Total	<u>\$ 252,838</u>	<u>\$ 42,773</u>

**Federal Statements****Statement 7 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
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.

79300 APPLE TREE DENTAL

36-3411437

FYE: 12/31/2005

## Federal Statements

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

Description

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See Form 990, Part V

## Federal Statements

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

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
Miscellaneous income	\$ 24,150	\$ 46,625	\$ 3,195	\$ 16,823
Gain/(loss) on sale of assets	-13,368		3,004	3,419
Administrative fees	4,851	10,295	23,158	
Rental income	8,744	8,809	8,603	
Total	<u>\$ 24,377</u>	<u>\$ 65,729</u>	<u>\$ 37,960</u>	<u>\$ 20,242</u>

**Depreciation and Amortization**  
(Including Information on Listed Property)

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

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 the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
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 instr.	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2004 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 2006. 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.) (See instructions)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	263,426

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B-Assets Placed in Service During 2005 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 2005 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 instructions)**

21	Listed property Enter amount from line 28	21	1,775
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	265,201
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.

**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 the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Type of property (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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25				
26 Property used more than 50% in a qualified business use:												
2003 Acura	12/12/02	100.00%	42,949	42,949	4.0	S/L-	1,775					
		%										
27 Property used 50% or less in a qualified business use:												
		%				S/L-						
		%				S/L-						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	1,775			
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	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
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												
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 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 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 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 2005 tax year (see instructions)					
43 Amortization of costs that began before your 2005 tax year				43	169
44 Total. Add amounts in column (f). See the instructions for where to report				44	169

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
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	25,000	0
3	Metro Systems	10/31/94	28,092			28,092	10 MO S/L	28,092	0
4	Metro Systems	11/30/94	7,683			7,683	10 MO S/L	7,683	0
6	File Cabinet	3/15/95	446			446	10 MO S/L	439	7
7	Message Board	3/21/95	290			290	10 MO S/L	283	7
9	Office Files	7/25/96	3,698			3,698	5 MO S/L	3,698	0
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
22	Lucent Phone System	12/17/99	10,989			10,989	5 MO S/L	10,989	0
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
60	FM Dental	2/07/94	32,498			32,498	10 MO S/L	32,498	0
61	Metro Systems	2/07/94	1,848			1,848	10 MO S/L	1,848	0
71	Implant Equipment	5/01/96	4,648			4,648	10 MO S/L	4,028	465
72	Portable Unit	11/30/96	3,500			3,500	10 MO S/L	2,479	350
73	Implant Equipment	4/01/97	971			971	10 MO S/L	752	97
74	X-Ray Machine	5/01/97	20,110			20,110	10 MO S/L	15,418	2,011
75	Dental Equipment	6/01/97	20,900			20,900	10 MO S/L	15,849	2,090
76	Dental Equipment	7/18/97	225			225	10 MO S/L	167	22
77	Dental Equipment	8/22/97	5,048			5,048	10 MO S/L	3,702	505
78	Upgrade Equipment	1/30/98	59			59	10 MO S/L	41	6
79	Adec Equipment	4/13/98	11,070			11,070	10 MO S/L	7,472	1,107
80	Adec Comp	7/14/98	544			544	10 MO S/L	354	54
81	Statim 2000	7/28/98	3,270			3,270	10 MO S/L	2,098	327
82	Motorized Cart	8/18/98	5,295			5,295	10 MO S/L	3,354	529
83	Kavo Tools	12/30/98	39			39	10 MO S/L	24	3
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	3,437	635
86	Evac. Pump	11/12/99	2,060			2,060	7 MO S/L	1,512	294
87	Vitality Scanner	8/04/99	490			490	7 MO S/L	379	70
88	Tool Cabinet	10/20/99	1,784			1,784	7 MO S/L	1,325	254
89	Dental Cart	8/27/99	820			820	7 MO S/L	626	117
91	Wheelchair Recliner	2/01/00	3,250			3,250	7 MO S/L	2,283	464
92	2 Toolbox Carts	3/03/00	1,092			1,092	7 MO S/L	754	156
94	Nitrous Oxide Equipment	4/28/00	5,549			5,549	7 MO S/L	3,699	793
95	Cases for DMD Equipment	8/11/00	1,000			1,000	7 MO S/L	631	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
103	Computer Network	10/22/99	13,626			13,626	3 MO S/L	13,626	0
Sold/Scrapped: 2/01/05									
104	1 HP Laserjet	10/08/99	988			988	3 MO S/L	988	0
106	Van Equipment	3/20/97	16,804			16,804	7 MO S/L	16,804	0
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	1,689	0
109	X-ray	6/10/97	2,735			2,735	7 MO S/L	2,735	0
110	Equipment	9/05/97	674			674	7 MO S/L	674	0
111	Equipment	9/23/97	1,573			1,573	7 MO S/L	1,573	0
112	Equipment	11/01/97	6,850			6,850	7 MO S/L	6,850	0
113	Equipment	12/11/97	42,039			42,039	7 MO S/L	42,039	0
114	Adec Equipment	4/13/98	7,564			7,564	7 MO S/L	7,294	270
115	Wand Systems	11/01/99	995			995	7 MO S/L	734	143
116	Auto X-ray Developer	5/05/99	4,090			4,090	7 MO S/L	3,305	584
117	EMS Scaler	1/15/00	3,475			3,475	7 MO S/L	2,482	497
119	Building	5/01/97	25,220			25,220	10 MO S/L	20,036	2,522
120	Building Upgrade	6/26/97	31,560			31,560	10 MO S/L	23,670	3,156
121	Building Upgrade	8/10/97	78,074			78,074	10 MO S/L	57,905	7,807
122	Building Upgrade	9/02/97	48,932			48,932	10 MO S/L	35,883	4,893
123	Building Upgrade	10/07/97	68,630			68,630	10 MO S/L	49,757	6,863
124	Building Upgrade	11/06/97	42,619			42,619	10 MO S/L	30,544	4,261
125	Building Upgrade	12/05/97	17,118			17,118	10 MO S/L	12,125	1,712
126	Reception Room	1/15/98	2,507			2,507	10 MO S/L	1,755	250
127	Sign for Building	1/31/98	329			329	10 MO S/L	228	32
128	Lab Sink	3/04/98	412			412	10 MO S/L	282	41
129	Dayton's	1/16/91	160			160	10 MO S/L	160	0

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current	
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	40,508	0	
154	Custom Mobile Equipment (DHS Grant, 20	10/01/00	14,400		14,400	5 MO S/L	12,240	2,160	
155	Patient chairs (DHS Grant, 2000)	10/01/00	39,852		39,852	5 MO S/L	33,874	5,978	
156	Delivery Systems (DHS Grant, 2000)	10/01/00	34,968		34,968	5 MO S/L	29,723	5,245	
157	Stools (DHS Grant, 2000)	10/01/00	3,567		3,567	5 MO S/L	3,032	535	
158	Cabinetry and Asst Cart (DHS Grant, 2000	10/01/00	21,847		21,847	5 MO S/L	18,570	3,277	
159	Patient Lights (DHS Grant, 2000)	10/01/00	9,324		9,324	5 MO S/L	7,925	1,399	
160	X-Ray Units (DHS Grant, 2000)	10/01/00	32,173		32,173	5 MO S/L	27,347	4,826	
161	Nitrous Oxide Accessories (DHS Grant, 200	10/01/00	10,646		10,646	5 MO S/L	9,049	1,597	
162	Patient Chairs (DHS Grant, 2000)	10/01/00	38,700		38,700	5 MO S/L	32,895	5,805	
163	Delivery Systems (DHS Grant, 2000)	10/01/00	38,825		38,825	5 MO S/L	33,001	5,824	
164	Stools (DHS Grant, 2000)	10/01/00	13,079		13,079	5 MO S/L	11,117	1,962	
165	Handpieces (DHS Grant, 2000)	10/01/00	84,772		84,772	5 MO S/L	72,056	12,716	
166	Cabinetry (DHS Grant, 2000)	10/01/00	28,724		28,724	5 MO S/L	24,415	4,309	
167	Patient Lights (DHS Grant, 2000)	10/01/00	7,905		7,905	5 MO S/L	6,719	1,186	
168	X-Ray Units (DHS Grant, 2000)	10/01/00	54,118		54,118	5 MO S/L	46,000	8,118	
169	Nitrous Oxide Equipment	10/01/00	19,561		19,561	5 MO S/L	16,627	2,934	
170	Digital X-Ray Equipment (AmEx Grant, 20	10/01/00	25,510		25,510	5 MO S/L	21,926	3,584	
171	Handpieces (DHS Grant, 2000)	10/01/00	27,396		27,396	5 MO S/L	23,287	4,109	
172	Criticare monitor	12/29/00	3,904		3,904	5 MO S/L	3,123	781	
180	DENTAL EQUIPMENT	9/11/00	499		499	5 MO S/L	432	67	
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	61,523	16,779	
183	Dental chair	4/17/01	54,740		54,740	5 MO S/L	40,143	10,948	
184	X-ray cart	4/17/01	29,750		29,750	5 MO S/L	21,817	5,950	
185	Dental Assistant cart	4/17/01	27,965		27,965	5 MO S/L	20,508	5,593	
186	Statim 5000 sterilizer	1/01/01	3,712		3,712	5 MO S/L	2,970	742	
191	Frontier 3000 Comp. Workstation	5/03/01	899		899	7 MO S/L	471	128	
192	Office 2000 Business Edition	5/03/01	209		209	3 MO S/L	209	0	
193	Metro System metal cabinet	3/12/01	500		500	7 MO S/L	274	71	
194	Sony camcorder & equipment	1/15/01	863		863	5 MO S/L	690	173	
195	Addition of body to truck	5/08/01	5,555		5,555	7 MO S/L	2,910	793	
197	ADI color monitor	5/03/01	223		223	5 MO S/L	164	44	
198	Plain Paper Laser Printer	6/20/01	339		339	5 MO S/L	237	68	
201	Fax Machine	6/21/01	300		300	7 MO S/L	150	43	
202	Frontier Computer Workstation System	9/12/01	1,568		1,568	5 MO S/L	1,045	314	
207	ADEC HPC Comp Synea Cntra	10/12/01	7,618		7,618	5 MO S/L	4,952	1,523	
208	2001 Honda Accord	3/30/01	21,855		21,855	7 MO S/L	11,708	260	
		Sold/Scrapped: 1/31/05							
209	Curing Lights	6/04/02	4,695		4,695	5 MO S/L	2,426	939	
210	Hand Pieces	4/30/02	2,650		2,650	5 MO S/L	1,413	530	
211	Hand Pieces	4/30/02	1,786		1,786	5 MO S/L	953	357	
212	Hand Pieces	5/23/02	1,053		1,053	5 MO S/L	544	211	
213	Statim 2000 Sterilizer - 3 units	5/06/02	10,047		10,047	5 MO S/L	5,358	2,010	
214	Statim Repair	5/20/02	686		686	5 MO S/L	355	137	
215	Model Trimmer	5/15/02	874		874	5 MO S/L	466	175	
216	Hand Pieces	7/12/02	1,720		1,720	5 MO S/L	860	344	
217	Dental Equipment	7/23/02	27,160		27,160	5 MO S/L	13,127	5,432	
218	Network Wiring - Suite 100	2/01/02	5,708		5,708	7 MO S/L	2,378	816	
219	HP Laser Printer	4/20/02	2,136		2,136	5 MO S/L	1,139	428	
220	Best Buy Computer	4/25/02	3,150		3,150	5 MO S/L	1,680	630	
221	Techline Office Furniture	4/01/02	15,502		15,502	7 MO S/L	6,090	2,215	
222	Light Guide	5/01/02	596		596	5 MO S/L	318	119	

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
223	Hand Pieces	7/23/02	1,553			1,553	5 MO S/L	751	310
224	Monitors (2)	7/14/02	1,000			1,000	7 MO S/L	357	143
225	Office Furniture	7/18/02	701			701	7 MO S/L	242	100
226	Computer	8/01/02	600			600	7 MO S/L	207	86
227	Computer Equipment	7/17/02	2,370			2,370	7 MO S/L	818	339
228	Digital X-Rays	8/01/02	1,400			1,400	5 MO S/L	677	280
229	Dental Stool	8/27/02	519			519	5 MO S/L	242	104
230	Subaru Legacy Outback	9/17/02	14,590			14,590	3 MO S/L	10,943	3,647
	Sold/Scrapped 9/30/05								
231	Subaru Legacy Outback	9/17/02	29,089			29,089	3 MO S/L	21,817	7,272
	Sold/Scrapped 9/30/05								
232	Dental Cabinets (2)	10/01/02	1,590			1,590	5 MO S/L	716	318
233	Network equipment	9/30/02	7,714			7,714	7 MO S/L	2,480	1,102
234	Network Equipment	9/30/02	4,932			4,932	7 MO S/L	1,585	705
235	Network Equipment	9/30/02	2,170			2,170	7 MO S/L	697	310
236	Network Equipment	9/30/02	3,329			3,329	7 MO S/L	1,070	476
238	Whisper Jet KCP 1000	12/02/02	16,395			16,395	7 MO S/L	4,879	2,343
239	Diagnodent Laser Caries Detect Aid	11/30/02	2,840			2,840	7 MO S/L	845	406
240	Printer Laserjet HP	11/06/02	700			700	5 MO S/L	303	140
243	HPCE Foot Control	10/31/02	1,256			1,256	7 MO S/L	389	179
244	Office Equip	10/03/02	700			700	10 MO S/L	158	70
245	Patterson Motorea	11/12/02	635			635	7 MO S/L	197	90
246	Delivery Unit	3/01/03	4,110			4,110	5 MO S/L	1,507	822
248	Digital Camera	3/31/03	1,110			1,110	5 MO S/L	389	222
249	MDV	6/01/03	47,288			47,288	7 MO S/L	10,696	6,756
250	ADEC chair	3/31/03	543			543	5 MO S/L	190	109
251	UBS Digital Camera	3/31/03	6,000			6,000	5 MO S/L	2,100	1,200
252	ADEC Digital camera	3/31/03	16,000			16,000	5 MO S/L	5,600	3,200
253	Battery backup	3/31/03	519			519	7 MO S/L	130	74
254	MDV	6/01/03	47,288			47,288	7 MO S/L	10,696	6,756
255	Porter analog	1/31/03	2,409			2,409	7 MO S/L	660	344
256	MCC cabinet	9/12/03	865			865	7 MO S/L	165	123
257	File cabinet	9/12/03	2,265			2,265	7 MO S/L	431	324
258	Digital x-ray	6/30/03	1,590			1,590	7 MO S/L	341	227
259	Gemdex tubehead	6/30/03	2,035			2,035	7 MO S/L	436	291
260	Lucitone w/Hooker	6/30/03	700			700	7 MO S/L	150	100
261	T-1 Router	3/01/03	2,500			2,500	7 MO S/L	655	357
262	Attchment returns	1/31/03	-2,430			-2,430	5 MO S/L	-932	-486
263	Server	12/23/03	5,089			5,089	5 MO S/L	1,018	1,018
264	Office Computer	12/23/03	1,635			1,635	5 MO S/L	327	327
265	Office computers	8/07/03	2,934			2,934	5 MO S/L	831	587
266	Office computer	8/07/03	1,517			1,517	5 MO S/L	430	303
267	Corolla Green	8/02/03	0			0	3 MO S/L	3,117	2,200
	Mass Sale: 11/30/05								
268	Corolla Beige	8/02/03	9,600			9,600	3 MO S/L	3,117	2,016
	Mass Sale 11/30/05								
269	Corolla White	8/02/03	9,600			9,600	3 MO S/L	3,117	2,016
	Mass Sale: 11/30/05								
270	Corolla Silver	8/02/03	9,600			9,600	3 MO S/L	3,117	2,016
	Mass Sale. 11/30/05								
271	Dental Equipment	2/27/04	3,422			3,422	5 MO S/L	570	685
272	Dental Equipment	3/22/04	510			510	5 MO S/L	76	102
273	Madelia Dental Equipment	4/06/04	42,230			42,230	5 MO S/L	6,335	8,446
274	Dental Equipment	5/11/04	3,422			3,422	5 MO S/L	456	685
275	Madelia Dental Equipment	6/17/04	35,770			35,770	5 MO S/L	3,577	7,154
276	Dental Equipment	11/05/04	1,860			1,860	5 MO S/L	62	372
277	Dental Equipment	12/01/04	985			985	5 MO S/L	16	197
278	Dental Equipment	3/17/04	1,074			1,074	5 MO S/L	161	215
279	Laptop	1/30/04	1,969			1,969	5 MO S/L	361	394
280	Webcam	3/29/04	1,210			1,210	5 MO S/L	182	242
281	Digital Software	3/29/04	2,000			2,000	3 MO S/L	500	667
282	Conference phone	3/29/04	1,105			1,105	5 MO S/L	166	221
283	Computer	3/29/04	1,301			1,301	5 MO S/L	195	260
284	5 Laptops	4/06/04	9,495			9,495	5 MO S/L	1,424	1,899
285	Digital Software	5/18/04	750			750	3 MO S/L	146	250
286	Laser Copier	6/17/04	499			499	5 MO S/L	50	100
287	Computer	9/27/04	2,051			2,051	5 MO S/L	103	410
288	Office Furniture	12/01/04	3,189			3,189	7 MO S/L	38	456
289	Leasehold improvment - Madelia	9/01/04	4,144			4,144	39 MO S/L	35	107
291	Hutch	11/16/04	795			795	7 MO S/L	9	114
292	Hutch	11/16/04	855			855	7 MO S/L	10	122

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
293	Lockers	1/30/04	639				639	7 MO S/L	84	91
294	Computer	12/27/04	682				682	5 MO S/L	0	136
1701	5 Laptops with Digital X-Ray Sold/Scrapped 2/01/05	10/01/00	7,990				7,990	5 MO S/L	6,549	133
2841	1 Laptop	4/06/04	1,899				1,899	5 MO S/L	285	380
2842	Autoclave	11/16/04	4,583				4,583	5 MO S/L	76	917
2843	(14) Office Computers	1/10/05	16,436				16,436	5 MO S/L	0	3,287
2844	(5) Dell Lattitudes, (9) Dell Printers	1/17/05	18,990				18,990	5 MO S/L	0	3,481
2845	Dell Latitude D610	4/01/05	4,074				4,074	5 MO S/L	0	611
2846	Laptop PC Brenda M	8/30/05	2,609				2,609	5 MO S/L	0	174
2847	eTrust Anti-Spyware (36 user), 36 Secure C	9/07/05	2,311				2,311	5 MO S/L	0	154
2848	Corp. Office Furniture (3 offices)	9/28/05	6,620				6,620	5 MO S/L	0	331
2849	Tradeshaw Signage	10/10/05	3,311				3,311	5 MO S/L	0	166
2850	SW Initiative Computer - Dell Latitude	11/08/05	2,300				2,300	5 MO S/L	0	77
2851	Laptop PC Dr Johnson	8/30/05	2,081				2,081	5 MO S/L	0	139
2852	Elcomed System (Zimmer)	2/25/05	6,212				6,212	5 MO S/L	0	1,035
2853	Gendex X-Ray (Patterson)	3/14/05	3,650				3,650	5 MO S/L	0	608
2854	LT25, Low Speed Motor	3/18/05	1,078				1,078	5 MO S/L	0	162
2855	(2) New Digital X-Ray Sensor	4/15/05	3,900				3,900	5 MO S/L	0	585
2856	(3) Cavitron Sterimates	7/12/05	7,515				7,515	5 MO S/L	0	752
2857	Nitrous Oxide Unit	11/18/05	3,688				3,688	5 MO S/L	0	61
2858	Biosonic Ultra Cleaner	8/03/05	1,469				1,469	5 MO S/L	0	122
2859	Progeny X-Ray Equipment	11/18/05	3,846				3,846	5 MO S/L	0	64
<b>Total Other Depreciation</b>			<u>2,205,342</u>				<u>2,205,342</u>		<u>1,523,983</u>	<u>263,607</u>
<b>Total ACRS and Other Depreciation</b>			<u>2,205,342</u>				<u>2,205,342</u>		<u>1,523,983</u>	<u>263,607</u>
<b>Listed Property:</b>										
237	2003 Acura	12/12/02	42,949	A			42,949	4 MO S/L	8,745	1,775
			<u>42,949</u>				<u>42,949</u>		<u>8,745</u>	<u>1,775</u>
<b>Amortization:</b>										
242	Copyright	10/01/02	2,529				2,529	15 MO Amort	379	169
			<u>2,529</u>				<u>2,529</u>		<u>379</u>	<u>169</u>
<b>Grand Totals</b>			2,250,820				2,250,820		1,533,107	265,551
<b>Less: Dispositions</b>			<u>115,950</u>				<u>115,950</u>		<u>77,111</u>	<u>19,560</u>
<b>Net Grand Totals</b>			<u>2,134,870</u>				<u>2,134,870</u>		<u>1,455,996</u>	<u>245,991</u>

79300 APPLE TREE DENTAL

36-3411437

FYE: 12/31/2005

## Federal Statements

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

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Contributions from Schedule B	\$ 87,500	\$	\$ 87,500
Total	<u>\$ 87,500</u>	<u>\$ 0</u>	<u>\$ 87,500</u>

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

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Contributions from Schedule B	\$ 130,000	\$	\$ 130,000
Total	<u>\$ 130,000</u>	<u>\$ 0</u>	<u>\$ 130,000</u>

79300 APPLE TREE DENTAL  
 36-3411437  
 FYE: 12/31/2005

## Federal Statements

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

Donor Name	2004	2003	2002	2001
	7,500		7,500 7,000	
	75,000 75,000	50,000	10,000	128,528 106,800
	83,333	221,000 17,500	190,000	
	13,000	44,952	205,856	35,835 25,000 150,000
	90,371	174,722 13,000	175,000 109,000 25,000	
	50,000 33,750 45,000 100,000 20,000	50,000		
<b>Total</b>	<u>592,954</u>	<u>571,174</u>	<u>729,356</u>	<u>446,163</u>

79800 APPLE TREE DENTAL

36-3411437

FYE: 12/31/2005

## Federal Statements

### Schedule A, Part IV, Line 27b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$	\$
2004	5,632,647	5,570,147
2003	4,094,847	4,047,507
2002	3,518,345	3,475,488
2001	<u>2,428,630</u>	<u>2,399,679</u>
Total	<u>\$15,674,469</u>	<u>\$15,492,821</u>

Form **8868**

(Rev. December 2004)

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

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

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

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868****Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)****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](http://www.irs.gov/efile)

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

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

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

- 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 **8/15/06**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2005**, 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 period3a 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.

Form **8868** (Rev. 12-2004)