

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

A For the 2006 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 number: **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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

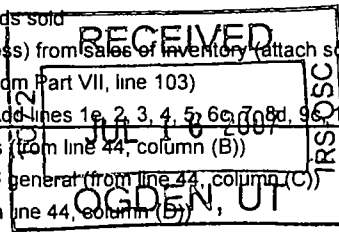
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **6,459,496**

H and are not applicable to section 527 organizations: I
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 instructions.)
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.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	487,135	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ <u>487,135</u> noncash \$ _____)	1e		487,135
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		5,927,202
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		499
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
c	Net rental income or (loss) Subtract line 6b from line 6a	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a	21,320	
	c	Gain or (loss) (attach schedule)	8b	22,587	
d	Net gain or (loss) Combine line 8c, columns (A) and (B) See Stmt 1	8c	-1,267		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	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		23,340	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		6,436,909	
Expenses	13	Program services (from line 44, column (B))	13	5,889,084	
	14	Management and general (from line 44, column (C))	14	346,214	
	15	Fundraising (from line 44, column (B))	15	77,644	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		6,312,942
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12	18	123,967	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-254,897	
	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		-130,930

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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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) See Statement 2	150,067	105,287	26,868	17,912
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	3,859,851	3,705,703	126,308	27,840
27	Pension plan contributions not included on lines 25a, b, and c	55,618	45,939	7,453	2,226
28	Employee benefits not included on lines 25a - 27	193,320	182,986	8,156	2,178
29	Payroll taxes	272,728	257,137	12,005	3,586
30	Professional fundraising fees				
31	Accounting fees	17,369	3,672	13,697	
32	Legal fees				
33	Supplies	23,977	22,252	1,319	406
34	Telephone	38,744	34,478	3,285	981
35	Postage and shipping	16,141	15,951	146	44
36	Occupancy	254,304	254,304		
37	Equipment rental and maintenance	65,028	64,472	428	128
38	Printing and publications	20,511	12,255	6,357	1,899
39	Travel	90,520	86,173	3,701	646
40	Conferences, conventions, and meetings	52,572	49,033	3,539	
41	Interest	57,686	34,836	22,850	
42	Depreciation, depletion, etc (attach schedule)	157,669	157,669		
43a	Other expenses not covered above (itemize) See Statement 3	986,837	856,937	110,102	19,798
43b					
43c					
43d					
43e					
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	6,312,942	5,889,084	346,214	77,644

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**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 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

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

5,889,084

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)

5,889,084

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash-non-interest-bearing	48,515	45	157,480
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	552,245		
	47b Less allowance for doubtful accounts	31,425	461,721	47c 520,820
	48a Pledges receivable	56,400		
	48b Less allowance for doubtful accounts	4,569	35,229	48c 51,831
	49 Grants receivable	105,000	49	65,000
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	50b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)			50b
	51a Other notes and loans receivable (attach schedule)			
	51b Less allowance for doubtful accounts			51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		16,040	53 18,320
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	54b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments-land, buildings, and equipment basis	2,121,926		
	55b Less accumulated depreciation (attach schedule) See Statement 4	1,838,738	430,905	55c 283,188
	56 Investments-other (attach schedule)			56
57a Land, buildings, and equipment basis				
57b Less accumulated depreciation (attach schedule)			57c	
58 Other assets, including program-related investments (describe See Statement 5)		6,481	58 6,312	
59 Total assets (must equal line 74) Add lines 45 through 58		1,103,891	59 1,102,951	
Liabilities	60 Accounts payable and accrued expenses	637,649	60 570,498	
	61 Grants payable		61	
	62 Deferred revenue See Statement 6	25,850	62 21,756	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	64b Mortgages and other notes payable (attach schedule) See Worksheet	652,516	64b 631,722	
	65 Other liabilities (describe See Statement 7)	42,773	65 9,905	
66 Total liabilities. Add lines 60 through 65	1,358,788	66 1,233,881		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	-473,717	67 -428,784	
	68 Temporarily restricted	218,820	68 297,854	
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72) (Column (A) must equal line 19 and column (B) must equal line 21)	-254,897	73 -130,930		
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,103,891	74 1,102,951		

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	6,436,909
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	6,436,909
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	6,436,909

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

a	Total expenses and losses per audited financial statements		a	6,312,942
b	Amounts included on line a but not Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	6,312,942
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	6,312,942

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Michael J. Helgeson, DDS 13511 Thrush Street Andover MN 55304	CEO 40	150,067	1,484	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 Member 0	0	0	0
Kevin Lutterman 6025 Clinton Ave. S Minneapolis MN 55419	Secretary 0	0	0	0
Bob Peterson 348 Forest Drive Circle Pines MN 55014	Treasurer 0	0	0	0
Jim Chase 11900 Meadow Lane West Mnnetonka MN 55305	Board Member 0	0	0	0
Cathy Jacobson 1355 Waterford Drive Golden Valley 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 Drive Ann Arbor MI 48103	Board Member 0	0	0	0

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
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?	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?		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	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85a			
85b			
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	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 \blacktriangleright 0, section 4912 \blacktriangleright 0, section 4955 \blacktriangleright 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		X
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \blacktriangleright 0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed \blacktriangleright MN		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	79
91a	The books are in care of \blacktriangleright Michael J. Helgeson 8960 Springbrook Dr. #150 Located at \blacktriangleright Minneapolis, MN	Telephone no \blacktriangleright	763-784-7570
		ZIP + 4 \blacktriangleright	55433
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 \blacktriangleright See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
		Yes	No
91b			X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No
 Yes No

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Program fees					5,431,344
b Dental Director fees					407,945
c Mobile Dentistry					87,913
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	499	
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					-1,267
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b Miscellaneous			1	14,103	
c Rental income			17	9,237	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		23,839	5,925,935
105 Total (add line 104, columns (B), (D), and (E))					5,949,774

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Statement 8

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

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

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

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

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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: *[Handwritten Signature]* Date: **7-2-07**

Type or print name and title: **Michael J. Helgeson, DDS, CEO**

Paid Preparer's Use Only

Preparer's signature: **Kenneth J. Kalina, CPA** Date: **6/25/07** Check if self-employed:

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

Preparer's SSN or PTIN (See Gen Instr X): **P00163035**
 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

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

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 2 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	316,693	4,535	0
Teresa Johnson DDS 7492 435th Avenue Waterville MN 56006	Dentist 40	150,385	2,840	0
Kerry Johnson DDS 7228 Girard Avenue So. Richfield MN 55423	Dentist 40	132,391	2,632	0
Jayne Cernohous DDS 1081 Labarge Rd Hudson WI 54016	Dental Dir. 40	115,128	2,203	0
Thy Lu, DDS 7568 Blackoaks Lane Maple Grove MN 55311	Dentist 40	110,871	2,201	0
Total number of other employees paid over \$50,000 ▶	18			

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) 2006

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 ▶ \$ <u>10,000</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	X	
See Statement 9			
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____	0	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	616,436	592,954	571,174	729,356	2,509,920
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	5,518,542	5,632,647	4,094,847	3,518,345	18,764,381
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	200	21	2,240	53	2,514
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 10	62,955	24,377	65,729	37,960	191,021
23 Total of lines 15 through 22	6,198,133	6,249,999	4,733,990	4,285,714	21,467,836
24 Line 23 minus line 17	679,591	617,352	639,143	767,369	2,703,455
25 Enter 1% of line 23	61,981	62,500	47,340	42,857	

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 2002 through 2005 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	(2005)	616,436	(2004)	592,954	(2003)	571,174	(2002)	729,356
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	(2005)	5,456,561	(2004)	5,570,147	(2003)	4,047,507	(2002)	3,475,488
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 <u>18,764,381</u> 20 _____ 21 _____	27c	21,274,301						
d Add Line 27a total <u>2,509,920</u> and line 27b total <u>18,549,703</u>	27d	21,059,623						
e Public support (line 27c total minus line 27d total)	27e	214,678						
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f	21,467,836						
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	1.0000%						
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.0117%						

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	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 10 of the instructions.)

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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 c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
X		10,000
	X	
	X	
	X	
	X	
		10,000

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

See Statement 11

For calendar year 2006, or tax year beginning , and ending

Name

Employer Identification Number

APPLE TREE DENTAL

36-3411437

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

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

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 250,000	6/06/01	6/06/06	Monthly payment of \$2,269	8.990
(2) 299,771	5/01/03	6/01/04	Monthly installment \$6,215	8.950
(3) 94,576	5/05/03	5/19/08	Monthly installment \$1,872	6.990
(4) 119,038	6/19/03	6/16/04	Monthly installment \$2,000	9.000
(5) 195,290	6/19/03	6/16/04	Monthly installment \$4,500	7.000
(6) 42,230	2/13/04	2/13/09	Monthly installment \$849	8.485
(7) 11,464	3/12/04	4/10/07	Monthly installment \$433	15.990
(8) 7,560	7/29/05	7/29/10	\$160 per month	9.950
(9) 75,000	10/31/06	11/15/11	Five variable installments	5.000
(10) 75,000	Various	8/31/07	Interest only payments	9.250

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	225,532	220,865
(2)	163,103	101,047
(3)	50,129	30,546
(4)	83,223	65,661
(5)	89,290	39,863
(6)	28,194	17,823
(7)	5,840	
(8)	7,205	5,917
(9)		75,000
(10)		75,000
Totals	652,516	631,722

79300 APPLE TREE DENTAL
 36-3411437
 FYE: 12/31/2006

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
2003 Acura	Purchase		12/12/02	12/01/06	\$ 21,320	\$ 42,949	\$ 20,362	\$ -1,267
Total					\$ 21,320	\$ 42,949	\$ 20,362	\$ -1,267

79300 APPLE TREE DENTAL

36-3411437

FYE: 12/31/2006

Federal Statements

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Expenses	\$	\$	\$
Compensation	105,287	26,868	17,912
Total	<u>\$ 105,287</u>	<u>\$ 26,868</u>	<u>\$ 17,912</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	106,458	106,458		
401k expenses	15,395	676	14,719	
Fundraising expense	19,605			19,605
Contracted services	84,764	28,513	56,251	
Dental supplies	288,715	288,715		
Bad debt expense	20,180		20,180	
Bank charges	16,603	4,327	12,276	
Insurance	75,328	69,466	5,862	
Marketing expense	38,051	37,233	630	188
Miscellaneous expense	18,220	18,200	15	5
Real estate taxes	278	278		
Lab fees	303,071	303,071		
Amortization	169		169	
Total	\$ 986,837	\$ 856,937	\$ 110,102	\$ 19,798

Federal Statements

Statement 4 - 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	263,723	315,401	295,264
Leasehold improvements	96,854	90,337	103,842	91,793
Dental equipment	1,170,517	1,006,423	1,195,009	1,078,057
Vans	250,270	154,536	207,322	159,143
Office equipment and furniture	288,794	186,412	289,852	214,481
Total	<u>\$ 2,132,336</u>	<u>\$ 1,701,431</u>	<u>\$ 2,121,926</u>	<u>\$ 1,838,738</u>

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

Description	Beginning of Year	End of Year
Security Deposit	\$ 4,500	\$ 4,500
Trademark, Net of Amortization	1,981	1,812
Total	<u>\$ 6,481</u>	<u>\$ 6,312</u>

Statement 6 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
Deferred Revenue	\$ 25,850	\$ 21,756
Total	<u>\$ 25,850</u>	<u>\$ 21,756</u>

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Capitalized lease obligations	\$ 27,065	\$
Patients deposit payable	14,683	9,905
Other liabilities	1,025	
Total	<u>\$ 42,773</u>	<u>\$ 9,905</u>

Federal Statements**Statement 8 - 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.

Federal Statements

Statement 9 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp

Description

See Form 990, Part V

Federal Statements**Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
Miscellaneous income	\$ 27,900	\$ 24,150	\$ 46,625	\$ 3,195
Gain/(loss) on sale of assets	26,611	-13,368		3,004
Administrative fees		4,851	10,295	23,158
Rental income	8,444	8,744	8,809	8,603
Total	<u>\$ 62,955</u>	<u>\$ 24,377</u>	<u>\$ 65,729</u>	<u>\$ 37,960</u>

Federal Statements

Statement 11 - Schedule A, Part VI-B - Description of Lobbying Activities

Description

THE ORGANIZATION PAYS A LOBBYIST A RETAINER FEE TO DO VARIOUS ACTIVITIES IN CONNECTION PUBLIC POLCIY AND PROCEDURE RELATED TO DENTAL CARE.

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	108,000
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	430,000
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 instructions	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 2005 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 2007 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 qualified New York Liberty or Gulf Opportunity 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	147,827

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 2006	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 2006 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	
i	Nonresidential real property			39 yrs	MM	S/L	

Section C-Assets Placed in Service During 2006 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	9,842
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	157,669
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? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special allowance for qualified New York Liberty or Gulf Opportunity 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

Table row for 2003 Acura with values: 12/12/02, 100.00%, 42,949, 42,949, 4.0, S/L-, 9,842

27 Property used 50% or less in a qualified business use

Table rows for 27 with values: %, S/L-, %

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 9,842

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

Table for Section B with columns (a) through (f) for Vehicle 1 through 6, and rows 30-36 for various metrics like miles driven and availability.

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)

Table for Section C with questions 37-41 and Yes/No columns.

Part VI Amortization

Table for Part VI with columns (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 2006 tax year (see instructions)

43 Amortization of costs that began before your 2006 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 Sec % 179Bonus	Basis for Depr	PerConv 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	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	446	0
7	Message Board	3/21/95	290		290	10 MO S/L	290	0
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	4,493	155
72	Portable Unit	11/30/96	3,500		3,500	10 MO S/L	2,829	350
73	Implant Equipment	4/01/97	971		971	10 MO S/L	849	98
74	X-Ray Machine	5/01/97	20,110		20,110	10 MO S/L	17,429	2,011
75	Dental Equipment	6/01/97	20,900		20,900	10 MO S/L	17,939	2,090
76	Dental Equipment	7/18/97	225		225	10 MO S/L	189	23
77	Dental Equipment	8/22/97	5,048		5,048	10 MO S/L	4,207	504
78	Upgrade Equipment	1/30/98	59		59	10 MO S/L	47	6
79	Adec Equipment	4/13/98	11,070		11,070	10 MO S/L	8,579	1,107
80	Adec Comp.	7/14/98	544		544	10 MO S/L	408	54
81	Statim 2000	7/28/98	3,270		3,270	10 MO S/L	2,425	327
82	Motorized Cart	8/18/98	5,295		5,295	10 MO S/L	3,883	530
83	Kavo Tools	12/30/98	39		39	10 MO S/L	27	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	4,072	378
86	Evac Pump	11/12/99	2,060		2,060	7 MO S/L	1,806	254
87	Vitality Scanner	8/04/99	490		490	7 MO S/L	449	41
88	Tool Cabinet	10/20/99	1,784		1,784	7 MO S/L	1,579	205
89	Dental Cart	8/27/99	820		820	7 MO S/L	743	77
91	Wheelchair Recliner	2/01/00	3,250		3,250	7 MO S/L	2,747	464
92	2 Toolbox Carts	3/03/00	1,092		1,092	7 MO S/L	910	156
94	Nitrous Oxide Equipment	4/28/00	5,549		5,549	7 MO S/L	4,492	793
95	Cases for DMD Equipment	8/11/00	1,000		1,000	7 MO S/L	774	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
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	7,564	0
115	Wand Systems	11/01/99	995		995	7 MO S/L	877	118
116	Auto X-ray Developer	5/05/99	4,090		4,090	7 MO S/L	3,889	201
117	EMS Scaler	1/15/00	3,475		3,475	7 MO S/L	2,979	496
119	Building	5/01/97	25,220		25,220	10 MO S/L	22,558	2,522
120	Building Upgrade	6/26/97	31,560		31,560	10 MO S/L	26,826	3,156
121	Building Upgrade	8/10/97	78,074		78,074	10 MO S/L	65,712	7,808
122	Building Upgrade	9/02/97	48,932		48,932	10 MO S/L	40,776	4,893
123	Building Upgrade	10/07/97	68,630		68,630	10 MO S/L	56,620	6,863
124	Building Upgrade	11/06/97	42,619		42,619	10 MO S/L	34,805	4,262
125	Building Upgrade	12/05/97	17,118		17,118	10 MO S/L	13,837	1,712
126	Reception Room	1/15/98	2,507		2,507	10 MO S/L	2,005	251
127	Sign for Building	1/31/98	329		329	10 MO S/L	260	33
128	Lab Sink	3/04/98	412		412	10 MO S/L	323	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 -- Memo	0	0
131	Gaughan Companies	10/31/93	14,794		14,794	7 MO S/L	14,794	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date	Cost	Bus	Sec	Basis	PerConv Meth	Prior	Current
		In Service		%	179				
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	14,400	0
155	Patient chairs (DHS Grant, 2000)	10/01/00	39,852			39,852	5 MO S/L	39,852	0
156	Delivery Systems (DHS Grant, 2000)	10/01/00	34,968			34,968	5 MO S/L	34,968	0
157	Stools (DHS Grant, 2000)	10/01/00	3,567			3,567	5 MO S/L	3,567	0
158	Cabinetry and Asst Cart (DHS Grant, 2000	10/01/00	21,847			21,847	5 MO S/L	21,847	0
159	Patient Lights (DHS Grant, 2000)	10/01/00	9,324			9,324	5 MO S/L	9,324	0
160	X-Ray Units (DHS Grant, 2000)	10/01/00	32,173			32,173	5 MO S/L	32,173	0
161	Nitrous Oxide Accessories (DHS Grant, 200	10/01/00	10,646			10,646	5 MO S/L	10,646	0
162	Patient Chairs (DHS Grant, 2000)	10/01/00	38,700			38,700	5 MO S/L	38,700	0
163	Delivery Systems (DHS Grant, 2000)	10/01/00	38,825			38,825	5 MO S/L	38,825	0
164	Stools (DHS Grant, 2000)	10/01/00	13,079			13,079	5 MO S/L	13,079	0
165	Handpieces (DHS Grant, 2000)	10/01/00	84,772			84,772	5 MO S/L	84,772	0
166	Cabinetry (DHS Grant, 2000)	10/01/00	28,724			28,724	5 MO S/L	28,724	0
167	Patient Lights (DHS Grant, 2000)	10/01/00	7,905			7,905	5 MO S/L	7,905	0
168	X-Ray Units (DHS Grant, 2000)	10/01/00	54,118			54,118	5 MO S/L	54,118	0
169	Nitrous Oxide Equipment	10/01/00	19,561			19,561	5 MO S/L	19,561	0
170	Digital X-Ray Equipment (AmEx Grant, 20	10/01/00	25,510			25,510	5 MO S/L	25,510	0
171	Handpieces (DHS Grant, 2000)	10/01/00	27,396			27,396	5 MO S/L	27,396	0
172	Criticare monitor	12/29/00	3,904			3,904	5 MO S/L	3,904	0
180	DENTAL EQUIPMENT	9/11/00	499			499	5 MO S/L	499	0
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	78,302	5,593
183	Dental chair	4/17/01	54,740			54,740	5 MO S/L	51,091	3,649
184	X-ray cart	4/17/01	29,750			29,750	5 MO S/L	27,767	1,983
185	Dental Assistant cart	4/17/01	27,965			27,965	5 MO S/L	26,101	1,864
186	Statim 5000 sterilizer	1/01/01	3,712			3,712	5 MO S/L	3,712	0
191	Frontier 3000 Comp Workstation	5/03/01	899			899	7 MO S/L	599	129
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	345	72
194	Sony camcorder & equipment	1/15/01	863			863	5 MO S/L	863	0
195	Addition of body to truck	5/08/01	5,555			5,555	7 MO S/L	3,703	794
197	ADI color monitor	5/03/01	223			223	5 MO S/L	208	15
198	Plain Paper Laser Printer	6/20/01	339			339	5 MO S/L	305	34
201	Fax Machine	6/21/01	300			300	7 MO S/L	193	43
202	Frontier Computer Workstation System	9/12/01	1,568			1,568	5 MO S/L	1,359	209
207	ADEC HPC Comp Synea Contra	10/12/01	7,618			7,618	5 MO S/L	6,475	1,143
209	Curing Lights	6/04/02	4,695			4,695	5 MO S/L	3,365	939
210	Hand Pieces	4/30/02	2,650			2,650	5 MO S/L	1,943	530
211	Hand Pieces	4/30/02	1,786			1,786	5 MO S/L	1,310	357
212	Hand Pieces	5/23/02	1,053			1,053	5 MO S/L	755	210
213	Statim 2000 Sterilizer - 3 units	5/06/02	10,047			10,047	5 MO S/L	7,368	2,009
214	Statim Repair	5/20/02	686			686	5 MO S/L	492	137
215	Model Trimmer	5/15/02	874			874	5 MO S/L	641	174
216	Hand Pieces	7/12/02	1,720			1,720	5 MO S/L	1,204	344
217	Dental Equipment	7/23/02	27,160			27,160	5 MO S/L	18,559	5,432
218	Network Wiring - Suite 100	2/01/02	5,708			5,708	7 MO S/L	3,194	815
219	HP Laser Printer	4/20/02	2,136			2,136	5 MO S/L	1,567	427
220	Best Buy Computer	4/25/02	3,150			3,150	5 MO S/L	2,310	630
221	Techline Office Furniture	4/01/02	15,502			15,502	7 MO S/L	8,305	2,214
222	Light Guide	5/01/02	596			596	5 MO S/L	437	119
223	Hand Pieces	7/23/02	1,553			1,553	5 MO S/L	1,061	311
224	Monitors (2)	7/14/02	1,000			1,000	7 MO S/L	500	143
225	Office Furniture	7/18/02	701			701	7 MO S/L	342	100
226	Computer	8/01/02	600			600	7 MO S/L	293	86

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec		Basis for Depr	PerConv Meth	Prior	Current
				%	179 Bonus				
227	Computer Equipment	7/17/02	2,370			2,370	7 MO S/L	1,157	338
228	Digital X-Rays	8/01/02	1,400			1,400	5 MO S/L	957	280
229	Dental Stool	8/27/02	519			519	5 MO S/L	346	104
232	Dental Cabinets (2)	10/01/02	1,590			1,590	5 MO S/L	1,034	318
233	Network equipment	9/30/02	7,714			7,714	7 MO S/L	3,582	1,102
234	Network Equipment	9/30/02	4,932			4,932	7 MO S/L	2,290	705
235	Network Equipment	9/30/02	2,170			2,170	7 MO S/L	1,007	310
236	Network Equipment	9/30/02	3,329			3,329	7 MO S/L	1,546	475
238	Whisper Jet KCP 1000	12/02/02	16,395			16,395	7 MO S/L	7,222	2,342
239	Diagnodent Laser Caries Detect Aid	11/30/02	2,840			2,840	7 MO S/L	1,251	406
240	Printer Laserjet HP	11/06/02	700			700	5 MO S/L	443	140
243	HPCE Foot Control	10/31/02	1,256			1,256	7 MO S/L	568	180
244	Office Equip	10/03/02	700			700	10 MO S/L	228	70
245	Patterson Motorea	11/12/02	635			635	7 MO S/L	287	91
246	Delivery Unit	3/01/03	4,110			4,110	5 MO S/L	2,329	822
248	Digital Camera	3/31/03	1,110			1,110	5 MO S/L	611	222
249	MDV	6/01/03	47,288			47,288	7 MO S/L	17,452	6,755
250	ADEC chair	3/31/03	543			543	5 MO S/L	299	108
251	UBS DIgital Camera	3/31/03	6,000			6,000	5 MO S/L	3,300	1,200
252	ADEC Digital camera	3/31/03	16,000			16,000	5 MO S/L	8,800	3,200
253	Battery backup	3/31/03	519			519	7 MO S/L	204	74
254	MDV	6/01/03	47,288			47,288	7 MO S/L	17,452	6,755
255	Porter analog	1/31/03	2,409			2,409	7 MO S/L	1,004	344
256	MCC cabinet	9/12/03	865			865	7 MO S/L	288	124
257	File cabinet	9/12/03	2,265			2,265	7 MO S/L	755	324
258	Digital x-ray	6/30/03	1,590			1,590	7 MO S/L	568	227
259	Gemdex tubehead	6/30/03	2,035			2,035	7 MO S/L	727	290
260	Lucintone w/Hooker	6/30/03	700			700	7 MO S/L	250	100
261	T-1 Router	3/01/03	2,500			2,500	7 MO S/L	1,012	357
262	Attchment returns	1/31/03	-2,430			-2,430	5 MO S/L	-1,418	-486
263	Server	12/23/03	5,089			5,089	5 MO S/L	2,036	1,017
264	Office Computer	12/23/03	1,635			1,635	5 MO S/L	654	327
265	Office computers	8/07/03	2,934			2,934	5 MO S/L	1,418	587
266	Office computer	8/07/03	1,517			1,517	5 MO S/L	733	304
271	Dental Equipment	2/27/04	3,422			3,422	5 MO S/L	1,255	684
272	Dental Equipment	3/22/04	510			510	5 MO S/L	178	102
273	Madelia Dental Equipment	4/06/04	42,230			42,230	5 MO S/L	14,781	8,446
274	Dental Equipment	5/11/04	3,422			3,422	5 MO S/L	1,141	684
275	Madelia Dental Equipment	6/17/04	35,770			35,770	5 MO S/L	10,731	7,154
276	Dental Equipment	11/05/04	1,860			1,860	5 MO S/L	434	372
277	Dental Equipment	12/01/04	985			985	5 MO S/L	213	197
278	Dental Equipment	3/17/04	1,074			1,074	5 MO S/L	376	214
279	Laptop	1/30/04	1,969			1,969	5 MO S/L	755	394
280	Webcam	3/29/04	1,210			1,210	5 MO S/L	424	242
281	Digital Software	3/29/04	2,000			2,000	3 MO S/L	1,167	666
282	Conference phone	3/29/04	1,105			1,105	5 MO S/L	387	221
283	Computer	3/29/04	1,301			1,301	5 MO S/L	455	261
284	5 Laptops	4/06/04	9,495			9,495	5 MO S/L	3,323	1,899
285	Digital Software	5/18/04	750			750	3 MO S/L	396	250
286	Laser Copier	6/17/04	499			499	5 MO S/L	150	99
287	Computer	9/27/04	2,051			2,051	5 MO S/L	513	410
288	Office Furniture	12/01/04	3,189			3,189	7 MO S/L	494	455
289	Leasehold imporvement - Madelia	9/01/04	4,144			4,144	39 MO S/L	142	106
291	Hutch	11/16/04	795			795	7 MO S/L	123	114
292	Hutch	11/16/04	855			855	7 MO S/L	132	123
293	Lockers	1/30/04	639			639	7 MO S/L	175	91
294	Computer	12/27/04	682			682	5 MO S/L	136	137
2841	1 Laptop	4/06/04	1,899			1,899	5 MO S/L	665	379
2842	Autoclave	11/16/04	4,583			4,583	5 MO S/L	993	917
2843	(14) Office Computers	1/10/05	16,436			16,436	5 MO S/L	3,287	3,287
2844	(5) Dell Latitudes, (9) Dell Printers	1/17/05	18,990			18,990	5 MO S/L	3,481	3,798
2845	Dell Latitude D610	4/01/05	4,074			4,074	5 MO S/L	611	815
2846	Laptop PC Brenda M	8/30/05	2,609			2,609	5 MO S/L	174	522
2847	eTrust Anti-Spyware (36 user), 36 Secure C	9/07/05	2,311			2,311	5 MO S/L	154	462
2848	Corp Office Furniture (3 offices)	9/28/05	6,620			6,620	5 MO S/L	331	1,324
2849	Tradeshaw Signage	10/10/05	3,311			3,311	5 MO S/L	166	662
2850	SW Initiative Computer - Dell Latitude	11/08/05	2,300			2,300	5 MO S/L	77	460
2851	Laptop PC Dr Johnson	8/30/05	2,081			2,081	5 MO S/L	139	416
2852	Elcomed System (Zimmer)	2/25/05	6,212			6,212	5 MO S/L	1,035	1,243
2853	Gendex X-Ray (Patterson)	3/14/05	3,650			3,650	5 MO S/L	608	730
2854	LT25, Low Speed Motor	3/18/05	1,078			1,078	5 MO S/L	162	215

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
2855	(2) New Digital X-Ray Sensor	4/15/05	3,900		3,900	5 MO S/L	585	780
2856	(3) Cavitron Sterimates	7/12/05	7,515		7,515	5 MO S/L	752	1,503
2857	Nitrous Oxide Unit	11/18/05	3,688		3,688	5 MO S/L	61	738
2858	Biosonic Ultra Cleaner	8/03/05	1,469		1,469	5 MO S/L	122	294
2859	Progeny X-Ray Equipment	11/18/05	3,846		3,846	5 MO S/L	64	769
2860	Bredahl Plumbing INC	6/01/06	1,311		1,311	4 MO S/L	0	191
2861	Sjoquist Architects, Inc	9/30/06	5,128		5,128	4 MO S/L	0	320
2862	Sjoquist Architects, Inc	10/31/06	550		550	4 MO S/L	0	23
2863	Dell Computer	6/14/06	1,058		1,058	5 MO S/L	0	123
2864	Porter Portable Nitrous Unit	1/12/06	3,700		3,700	5 MO S/L	0	740
2865	Airtec Film Proc AT2000XR	6/01/06	5,395		5,395	5 MO S/L	0	629
2866	Electronic Module AT2000XR	7/07/06	2,277		2,277	5 MO S/L	0	228
2867	Cavitron Serial 17936	1/10/06	1,976		1,976	5 MO S/L	0	395
2868	Rebec Amalgam Separator	5/05/06	1,795		1,795	5 MO S/L	0	239
2869	Ramvac Evac Pump Bison Combo 7	12/08/06	9,348		9,348	5 MO S/L	0	156
Total Other Depreciation			<u>2,121,930</u>		<u>2,121,930</u>		<u>1,690,919</u>	<u>147,822</u>
Total ACRS and Other Depreciation			<u>2,121,930</u>		<u>2,121,930</u>		<u>1,690,919</u>	<u>147,822</u>
Listed Property:								
237	2003 Acura	12/12/02	42,949		42,949	4 MO S/L	10,520	9,842
		Sold/Scrapped 12/01/06						
			<u>42,949</u>		<u>42,949</u>		<u>10,520</u>	<u>9,842</u>
Amortization:								
242	Copyright	10/01/02	2,529		2,529	15 MO Amort	548	168
			<u>2,529</u>		<u>2,529</u>		<u>548</u>	<u>168</u>
Grand Totals			<u>2,167,408</u>		<u>2,167,408</u>		<u>1,701,987</u>	<u>157,832</u>
Less: Dispositions			<u>42,949</u>		<u>42,949</u>		<u>10,520</u>	<u>9,842</u>
Net Grand Totals			<u>2,124,459</u>		<u>2,124,459</u>		<u>1,691,467</u>	<u>147,990</u>

79300 APPLE TREE DENTAL

36-3411437

FYE: 12/31/2006

Federal Statements

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
2005	\$ 5,518,542	\$ 5,456,561
2004	5,632,647	5,570,147
2003	4,094,847	4,047,507
2002	3,518,345	3,475,488
Total	<u>\$18,764,381</u>	<u>\$18,549,703</u>

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(Rev April 2007)

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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

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

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 section 501(c) corporation required to file Form 990-T) extension of time until **8/15/07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year **2006** 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	3a	\$
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	3b	\$
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	3c	\$

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 4-2007)