

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 2007 calendar year, or tax year beginning and ending

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

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

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

D Employer identification number: 36-3411437
E Telephone number: 763-784-7570
F Accounting method: [X] Accrual [] Cash [] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [] Yes [X] 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)

G Website: www.appletreedental.org

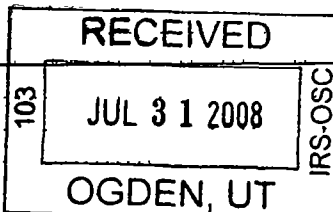
J Organization type (check only): [X] 501(c) (3) (insert no) [] 4947(a)(1) or [] 527

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: 6,803,347

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, gross rents, sales of assets, special events, and inventory. Total revenue is 6,797,330 and total expenses is 6,340,470.



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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 See Statement 2	160,800	112,800	28,800	19,200
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B				
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)				
26	Salaries and wages of employees not included on lines 25a, b, and c	3,833,742	3,664,323	135,819	33,600
27	Pension plan contributions not included on lines 25a, b, and c	58,703	55,548	2,389	766
28	Employee benefits not included on lines 25a - 27	219,791	203,544	12,543	3,704
29	Payroll taxes	275,708	261,169	11,008	3,531
30	Professional fundraising fees				
31	Accounting fees	13,572		13,572	
32	Legal fees				
33	Supplies	32,064	29,170	2,191	703
34	Telephone	39,699	35,907	2,871	921
35	Postage and shipping	19,333	18,610	547	176
36	Occupancy	234,609	195,825	38,784	
37	Equipment rental and maintenance	61,255	61,255		
38	Printing and publications	21,873	12,189	7,332	2,352
39	Travel	89,605	86,085	3,520	
40	Conferences, conventions, and meetings	96,631	83,523	13,108	
41	Interest	50,205	33,544	16,661	
42	Depreciation, depletion, etc (attach schedule)	131,440	131,440		
43a	Other expenses not covered above (itemize) See Statement 3	1,001,440	887,394	88,198	25,848
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)	6,340,470	5,872,326	377,343	90,801

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 ►

5,872,326

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)

5,872,326

Form **990** (2007)

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	157,480	45	271,635
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	47a 681,258		
	b	Less allowance for doubtful accounts	47b 39,746	520,820	47c 641,512
	48a	Pledges receivable	48a 63,280		
	b	Less allowance for doubtful accounts	48b 5,044	51,831	48c 58,236
	49	Grants receivable		65,000	49 296,412
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b	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)	51a		
	b	Less allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges		18,320	53 21,476
	54a	Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b	Investments—other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55a	Investments—land, buildings, and equipment basis	55a 2,311,429			
b	Less accumulated depreciation (attach schedule) See Statement 4	55b 1,917,146	283,188	55c 394,283	
56	Investments—other (attach schedule)			56	
57a	Land, buildings, and equipment basis	57a			
b	Less accumulated depreciation (attach schedule)	57b		57c	
58	Other assets, including program-related investments (describe ▶ See Statement 5)		6,312	58 6,144	
59	Total assets (must equal line 74) Add lines 45 through 58		1,102,951	59 1,689,698	
Liabilities	60	Accounts payable and accrued expenses	570,498	60	830,828
	61	Grants payable		61	
	62	Deferred revenue See Statement 6		21,756	62 47,595
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a	Tax-exempt bond liabilities (attach schedule)			64a
	b	Mortgages and other notes payable (attach schedule) See Worksheet		631,722	64b 483,660
	65	Other liabilities (describe ▶ See Statement 7)		9,905	65 1,685
66	Total liabilities. Add lines 60 through 65		1,233,881	66 1,363,768	
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	-428,784	67	-383,294
	68	Temporarily restricted	297,854	68	709,224
	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)		-130,930	73 325,930	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		1,102,951	74 1,689,698	

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	6,797,330
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	6,797,330
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	6,797,330

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

a	Total expenses and losses per audited financial statements		a	6,340,470
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	6,340,470
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	6,340,470

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	160,800	8,881	0
Dan Callahan 3265 County Rd 6 Orono MN 55356	Past Chair 0	0	0	0
James Lanigan 277 Coon Rapids Blvd Coon Rapids MN 55433	Board Chair 0	0	0	0
Adele Della Torre 2232 Hennepin Ave South Minneapolis MN 55410	Board Member 0	0	0	0
Jim Chase 3433 Broadway St NE #455 Minneapolis MN 55413	Vice Chair 0	0	0	0
Cathy Jacobson 540 Cedar Street St. Paul MN 55155	Board Member 0	0	0	0
Joe Pederson 715 11th St North Moorhead MN 56560	Board Member 0	0	0	0
Barbara Smith 211 E Chicago Ave Chicago IL 60611	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	
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	
85a	501(c)(4), (5), or (6). 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	
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	
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	
	85g		
	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
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
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0 .		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 .		
	0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0 .		
	0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
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
	89e		
	89f		
	89g		
90a	List the states with which a copy of this return is filed MN .		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 82 .		
91a	The books are in care of Michael J. Helgeson 8960 Springbrook Dr. #150 Located at Minneapolis, MN	Telephone no 763-784-7570	
		ZIP + 4 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 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)

Yes No

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

91c 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					5,561,418
b Dental Director fees					415,925
c Mobile Dentistry					25,074
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	451	
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					-5,167
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b Miscellaneous			1	16,005	
c Rental income			17	11,475	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		27,931	5,997,250
105 Total (add line 104, columns (B), (D), and (E))					6,025,181

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] x 7-8-08
 Signature of officer Date

Michael J. Helgeson, PWS CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Kenneth J. Kalina, CPA	Date	6/24/08	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X)	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

2007

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 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and other allowances
Ali Mohebbi, DDS 2363 Meeting Place Wayzata MN 55391	Dentist 40	374,562	10,181	0
Teresa Johnson DDS 7492 435th Avenue Waterville MN 56006	Dentist 40	149,372	6,969	0
Thy Lu, DDS 7568 Blackoaks Lane Maple Grove MN 55311	Dentist 40	133,114	4,994	0
Jayne Cernohous DDS 1081 Labarge Rd Hudson WI 54016	Dental Dir. 40	118,792	4,721	0
Carrie Carlson 8960 Springbrook Drive Minneapolis MN 55433	Dental Dir. 40	110,145	7,840	0
Total number of other employees paid over \$50,000 ▶		20		

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) 2007

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 ▶ \$ <u>12,500</u> (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>	<p>1</p>	<p>X</p>	
<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>	<p>2a</p>		<p>X</p>
<p>b Lending of money or other extension of credit?</p>	<p>2b</p>		<p>X</p>
<p>c Furnishing of goods, services, or facilities?</p>	<p>2c</p>		<p>X</p>
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<p>2d</p>	<p>X</p>	
<p>e Transfer of any part of its income or assets?</p>	<p>2e</p>		<p>X</p>
<p>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)</p>	<p>3a</p>		<p>X</p>
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	<p>3b</p>		<p>X</p>
<p>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</p>	<p>3c</p>		<p>X</p>
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<p>3d</p>		<p>X</p>
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<p>4a</p>		<p>X</p>
<p>b Did the organization make any taxable distributions under section 4966?</p>	<p>4b</p>		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<p>4c</p>		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>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 ▶ _____</p>		<p>0</p>	
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____</p>			<p>0</p>

**See Part V-A, Form 990
See Statement 9**

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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 8 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 8 of the instructions)

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?	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 11 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) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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		12,500
	X	
	X	
	X	
	X	
		12,500

See Statement 11

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2007
For calendar year 2007, or tax year beginning _____, and ending _____		

Name APPLE TREE DENTAL	Employer Identification Number 36-3411437
----------------------------------	---

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

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

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 250,000	6/06/01	9/01/09	Monthly payment of \$2,046	7.200
(2) 299,771	5/01/03	5/01/08	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	12/31/07	Monthly installment \$2,000	9.000
(5) 195,290	6/19/03	10/19/07	Monthly installment \$4,500	7.000
(6) 42,230	2/13/04	2/13/09	Monthly installment \$849	9.100
(7) 7,560	7/29/05	7/29/10	\$160 per month	9.950
(8) 75,000	10/31/06	11/15/11	Five variable installments	5.000
(9) 75,000	Various	3/01/08	Interest only payments	9.250
(10) 17,050	12/01/07	8/01/11	\$416 per month	7.900

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	Equipment
(8) Unsecured	
(9) Supplies and equipment	
(10) Vehicle	Vehicle

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	220,865	213,183
(2)	101,047	33,232
(3)	30,546	9,550
(4)	65,661	46,782
(5)	39,863	
(6)	17,823	10,531
(7)	5,917	4,558
(8)	75,000	60,000
(9)	75,000	90,000
(10)		15,824
Totals	631,722	483,660

79300 APPLE TREE DENTAL
 36-3411437
 FYE: 12/31/2007

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	Depr	Gain/ -Loss
2007 scrapped equipment			Various	7/01/07	\$	\$ 55,800	\$ 49,783	\$ -6,017
Wheelchair Recliner	Purchase		2/01/00	6/27/07	850	3,250	3,250	850
	Purchase				\$ 850	\$ 59,050	\$ 53,033	\$ -5,167
Total								

79300 APPLE TREE DENTAL
36-3411437
FYE: 12/31/2007

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	112,800	28,800	19,200
Total	<u>\$ 112,800</u>	<u>\$ 28,800</u>	<u>\$ 19,200</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	106,315	106,315		
401k expenses	14,422	623	13,799	
Fundraising expense	25,848			25,848
Contracted services	89,546	32,847	56,699	
Dental supplies	314,347	314,347		
Bad debt expense	70,951	70,951		
Bank charges	15,976	4,458	11,518	
Insurance	89,494	83,473	6,021	
Marketing expense	40,320	40,320		
Miscellaneous expense	16,733	16,741	-8	
Real estate taxes	1,178	1,178		
Lab fees	216,141	216,141		
Amortization	169		169	
Total	<u>\$ 1,001,440</u>	<u>\$ 887,394</u>	<u>\$ 88,198</u>	<u>\$ 25,848</u>

Federal Statements

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

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
Land	\$ 10,500	\$	\$ 10,500	\$
Building	315,401	295,264	414,242	317,168
Leasehold improvements	103,842	91,793	103,842	94,462
Dental equipment	1,195,009	1,078,057	1,266,880	1,109,339
Vans	207,322	159,143	226,523	170,674
Office equipment and furniture	289,852	214,481	289,442	225,503
Total	<u>\$ 2,121,926</u>	<u>\$ 1,838,738</u>	<u>\$ 2,311,429</u>	<u>\$ 1,917,146</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	1,812	1,644
Total	<u>\$ 6,312</u>	<u>\$ 6,144</u>

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

Description	Beginning of Year	End of Year
Deferred Revenue	\$ 21,756	\$ 47,595
Total	<u>\$ 21,756</u>	<u>\$ 47,595</u>

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

Description	Beginning of Year	End of Year
Patients deposit payable	\$ 9,905	\$ 1,685
Total	<u>\$ 9,905</u>	<u>\$ 1,685</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.

79300 APPLE TREE DENTAL

36-3411437

FYE: 12/31/2007

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>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
Miscellaneous income	\$ 14,103	\$ 27,900	\$ 24,150	\$ 46,625
Gain/(loss) on sale of assets	-1,267	26,611	-13,368	
Administrative fees			4,851	10,295
Rental income	9,237	8,444	8,744	8,809
Total	<u>\$ 22,073</u>	<u>\$ 62,955</u>	<u>\$ 24,377</u>	<u>\$ 65,729</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	125,000
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	500,000
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	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 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 2008 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) and cellulosic biomass ethanol plant 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	131,440

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 2007	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 2007 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 2007 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	
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	131,440
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	

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? Yes No 24b If "Yes," is the evidence written? Yes 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 qualified 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
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28
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

30 Total business/investment miles driven during the year (do not include commuting miles) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
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? Yes No Yes No Yes No Yes No Yes No Yes No
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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
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 Yes No
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) Yes No
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 2007 tax year (see instructions)
43 Amortization of costs that began before your 2007 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 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Metro Systems	10/29/93	11,445				11,445	10	MO S/L	11,445	0
2	Metro Systems	5/18/94	25,000				25,000	10	MO S/L	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	Mass Sale 7/01/07									
		3/21/95	290				290	10	MO S/L	290	0
9	Office Files	Mass Sale 7/01/07									
		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	Mass Sale 7/01/07									
		8/11/97	2,321				2,321	5	MO S/L	2,321	0
22	Lucent Phone System	Mass Sale 7/01/07									
		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	Mass Sale 7/01/07									
		6/17/00	852				852	3	MO S/L	852	0
60	FM Dental	Mass Sale 7/01/07									
		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	4,648	0
72	Portable Unit	11/30/96	3,500				3,500	10	MO S/L	3,179	175
73	Implant Equipment	Mass Sale 7/01/07									
		4/01/97	971				971	10	MO S/L	947	24
74	X-Ray Machine	5/01/97	20,110				20,110	10	MO S/L	19,440	670
75	Dental Equipment	6/01/97	20,900				20,900	10	MO S/L	20,029	871
76	Dental Equipment	7/18/97	225				225	10	MO S/L	212	13
77	Dental Equipment	8/22/97	5,048				5,048	10	MO S/L	4,711	337
78	Upgrade Equipment	1/30/98	59				59	10	MO S/L	53	3
79	Adec Equipment	Mass Sale 7/01/07									
		4/13/98	11,070				11,070	10	MO S/L	9,686	1,107
80	Adec Comp.	7/14/98	544				544	10	MO S/L	462	55
81	Statim 2000	7/28/98	3,270				3,270	10	MO S/L	2,752	164
82	Motorized Cart	Mass Sale 7/01/07									
		8/18/98	5,295				5,295	10	MO S/L	4,413	264
83	Kavo Tools	Mass Sale 7/01/07									
		12/30/98	39				39	10	MO S/L	31	2
84	Sterilizers	Mass Sale 7/01/07									
		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	4,450	0
86	Evac Pump	11/12/99	2,060				2,060	7	MO S/L	2,060	0
87	Vitality Scanner	8/04/99	490				490	7	MO S/L	490	0
88	Tool Cabinet	10/20/99	1,784				1,784	7	MO S/L	1,784	0
89	Dental Cart	8/27/99	820				820	7	MO S/L	820	0
91	Wheelchair Recliner	2/01/00	3,250				3,250	7	MO S/L	3,211	39
92	2 Toolbox Carts	Sold/Scrapped 6/27/07									
		3/03/00	1,092				1,092	7	MO S/L	1,066	26
94	Nitrous Oxide Equipment	4/28/00	5,549				5,549	7	MO S/L	5,285	264
95	Cases for DMD Equipment	8/11/00	1,000				1,000	7	MO S/L	917	83
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	Mass Sale 7/01/07									
		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	995	0
116	Auto X-ray Developer	5/05/99	4,090				4,090	7	MO S/L	4,090	0
117	EMS Scaler	1/15/00	3,475				3,475	7	MO S/L	3,475	0

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Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
119	Building	5/01/97	25,220		25,220	10 MO S/L	25,080	140
120	Building Upgrade	6/26/97	31,560		31,560	10 MO S/L	29,982	1,578
121	Building Upgrade	8/10/97	78,074		78,074	10 MO S/L	73,520	4,554
122	Building Upgrade	9/02/97	48,932		48,932	10 MO S/L	45,669	3,263
123	Building Upgrade	10/07/97	68,630		68,630	10 MO S/L	63,483	5,147
124	Building Upgrade	11/06/97	42,619		42,619	10 MO S/L	39,067	3,552
125	Building Upgrade	12/05/97	17,118		17,118	10 MO S/L	15,549	1,569
126	Reception Room	1/15/98	2,507		2,507	10 MO S/L	2,256	251
127	Sign for Building	1/31/98	329		329	10 MO S/L	293	33
128	Lab Sink	3/04/98	412		412	10 MO S/L	364	41
129	Dayton's	1/16/91	160		160	10 MO S/L	160	0
	Mass Sale 7/01/07							
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
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 Assst. 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, 2000)	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, 2000)	10/01/00	12,940		12,940	5 MO S/L	12,940	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	83,895	0
183	Dental chair	4/17/01	54,740		54,740	5 MO S/L	54,740	0
184	X-ray cart	4/17/01	29,750		29,750	5 MO S/L	29,750	0
185	Dental Assistant cart	4/17/01	27,965		27,965	5 MO S/L	27,965	0
186	Statim 5000 sterilizer	1/01/01	3,712		3,712	5 MO S/L	3,712	0
	Mass Sale 7/01/07							
191	Frontier 3000 Comp Workstation	5/03/01	899		899	7 MO S/L	728	128
192	Office 2000 Business Edition	5/03/01	209		209	3 MO S/L	209	0
	Mass Sale 7/01/07							
193	Metro System metal cabinet	3/12/01	500		500	7 MO S/L	417	71
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	4,497	397
	Mass Sale 7/01/07							
197	ADI color monitor	5/03/01	223		223	5 MO S/L	223	0
	Mass Sale 7/01/07							
198	Plain Paper Laser Printer	6/20/01	339		339	5 MO S/L	339	0
201	Fax Machine	6/21/01	300		300	7 MO S/L	236	21
	Mass Sale 7/01/07							
202	Frontier Computer Workstation System	9/12/01	1,568		1,568	5 MO S/L	1,568	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
207	ADEC HPC Comp Synea Cntra	10/12/01	7,618				7,618	5 MO S/L	7,618	0
209	Curing Lights	6/04/02	4,695				4,695	5 MO S/L	4,304	391
210	Hand Pieces	4/30/02	2,650				2,650	5 MO S/L	2,473	177
211	Hand Pieces	4/30/02	1,786				1,786	5 MO S/L	1,667	119
212	Hand Pieces	5/23/02	1,053				1,053	5 MO S/L	965	88
213	Statim 2000 Sterilizer - 3 units	5/06/02	10,047				10,047	5 MO S/L	9,377	670
214	Statim Repair	5/20/02	686				686	5 MO S/L	629	57
215	Model Trimmer	5/15/02	874				874	5 MO S/L	815	59
216	Hand Pieces	7/12/02	1,720				1,720	5 MO S/L	1,548	172
217	Dental Equipment	7/23/02	27,160				27,160	5 MO S/L	23,991	3,169
218	Network Wiring - Suite 100	2/01/02	5,708				5,708	7 MO S/L	4,009	816
219	HP Laser Printer	4/20/02	2,136				2,136	5 MO S/L	1,994	142
220	Best Buy Computer	4/25/02	3,150				3,150	5 MO S/L	2,940	210
	Mass Sale: 7/01/07									
221	Techline Office Furniture	4/01/02	15,502				15,502	7 MO S/L	10,519	2,215
222	Light Guide	5/01/02	596				596	5 MO S/L	556	40
223	Hand Pieces	7/23/02	1,553				1,553	5 MO S/L	1,372	181
224	Monitors (2)	7/14/02	1,000				1,000	7 MO S/L	643	143
225	Office Furniture	7/18/02	701				701	7 MO S/L	442	100
226	Digital Camera	8/01/02	600				600	7 MO S/L	379	85
227	Computer Equipment	7/17/02	2,370				2,370	7 MO S/L	1,495	339
228	Digital X-Rays	8/01/02	1,400				1,400	5 MO S/L	1,237	140
	Mass Sale 7/01/07									
229	Dental Stool	8/27/02	519				519	5 MO S/L	450	69
232	Dental Cabinets (2)	10/01/02	1,590				1,590	5 MO S/L	1,352	238
233	Network equipment	9/30/02	7,714				7,714	7 MO S/L	4,684	1,102
234	Network Equipment	9/30/02	4,932				4,932	7 MO S/L	2,995	704
235	Network Equipment	9/30/02	2,170				2,170	7 MO S/L	1,317	155
	Mass Sale. 7/01/07									
236	Network Equipment	9/30/02	3,329				3,329	7 MO S/L	2,021	238
	Mass Sale 7/01/07									
238	Whisper Jet KCP 1000	12/02/02	16,395				16,395	7 MO S/L	9,564	2,342
239	Diagnodent Laser Caries Detect Aid	11/30/02	2,840				2,840	7 MO S/L	1,657	405
240	Printer Laserjet HP	11/06/02	700				700	5 MO S/L	583	70
	Mass Sale 7/01/07									
243	HPCE Foot Control	10/31/02	1,256				1,256	7 MO S/L	748	179
244	Office Equip	10/03/02	700				700	10 MO S/L	298	70
245	Patterson Motorea	11/12/02	635				635	7 MO S/L	378	91
246	Delivery Unit	3/01/03	4,110				4,110	5 MO S/L	3,151	822
248	Digital Camera	3/31/03	1,110				1,110	5 MO S/L	833	222
249	MDV	6/01/03	47,288				47,288	7 MO S/L	24,207	6,755
250	ADEC chair	3/31/03	543				543	5 MO S/L	407	109
251	UBS Digital Camera	3/31/03	6,000				6,000	5 MO S/L	4,500	1,200
252	ADEC Digital camera	3/31/03	16,000				16,000	5 MO S/L	12,000	3,200
253	Battery backup	3/31/03	519				519	7 MO S/L	278	37
	Mass Sale 7/01/07									
254	MDV	6/01/03	47,288				47,288	7 MO S/L	24,207	6,755
255	Porter analog	1/31/03	2,409				2,409	7 MO S/L	1,348	344
256	MCC cabinet	9/12/03	865				865	7 MO S/L	412	123
257	File cabinet	9/12/03	2,265				2,265	7 MO S/L	1,079	323
258	Digital x-ray	6/30/03	1,590				1,590	7 MO S/L	795	114
	Mass Sale 7/01/07									
259	Gemdex tubehead	6/30/03	2,035				2,035	7 MO S/L	1,017	291
260	Lucitone w/Hooker	6/30/03	700				700	7 MO S/L	350	100
261	T-1 Router	3/01/03	2,500				2,500	7 MO S/L	1,369	357
262	Attchment returns	1/31/03	-2,430				-2,430	5 MO S/L	-1,904	-486
263	Server	12/23/03	5,089				5,089	5 MO S/L	3,053	1,018
264	Office Computer	12/23/03	1,635				1,635	5 MO S/L	981	327
265	Office computers	8/07/03	2,934				2,934	5 MO S/L	2,005	587
266	Office computer	8/07/03	1,517				1,517	5 MO S/L	1,037	303
271	Dental Equipment	2/27/04	3,422				3,422	5 MO S/L	1,939	684
272	Dental Equipment	3/22/04	510				510	5 MO S/L	280	102
273	Madelia Dental Equipment	4/06/04	42,230				42,230	5 MO S/L	23,227	8,446
274	Dental Equipment	5/11/04	3,422				3,422	5 MO S/L	1,825	684
275	Madelia Dental Equipment	6/17/04	35,770				35,770	5 MO S/L	17,885	7,154
276	Dental Equipment	11/05/04	1,860				1,860	5 MO S/L	806	372
277	Dental Equipment	12/01/04	985				985	5 MO S/L	410	197
278	Dental Equipment	3/17/04	1,074				1,074	5 MO S/L	590	215
279	Laptop	1/30/04	1,969				1,969	5 MO S/L	1,149	393
280	Webcamera(2)	3/29/04	1,210				1,210	5 MO S/L	666	242
281	Digital Software	3/29/04	2,000				2,000	3 MO S/L	1,833	167

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Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current
282	Conference phone	3/29/04	1,105			1,105	5 MO S/L	608	220
283	Computer	3/29/04	1,301			1,301	5 MO S/L	716	260
284	5 Laptops	4/06/04	9,495			9,495	5 MO S/L	5,222	1,899
285	Digital Software	5/18/04	750			750	3 MO S/L	646	104
286	Laser Copier	6/17/04	499			499	5 MO S/L	249	100
287	Computer	9/27/04	2,051			2,051	5 MO S/L	923	410
288	Office Furniture	12/01/04	3,189			3,189	7 MO S/L	949	456
289	Leasehold imporvement - Madelta	9/01/04	4,144			4,144	39 MO S/L	248	106
291	Hutch	11/16/04	795			795	7 MO S/L	237	113
292	Hutch	11/16/04	855			855	7 MO S/L	255	122
293	Lockers	1/30/04	639			639	7 MO S/L	266	91
294	Computer	12/27/04	682			682	5 MO S/L	273	136
2841	1 Laptop	4/06/04	1,899			1,899	5 MO S/L	1,044	380
2842	Autoclave	11/16/04	4,583			4,583	5 MO S/L	1,910	916
2843	(14) Office Computers	1/10/05	16,436			16,436	5 MO S/L	6,574	3,288
2844	(5) Dell Lattitudes, (9) Dell Printers	1/17/05	18,990			18,990	5 MO S/L	7,279	3,798
2845	Dell Latitude D610	4/01/05	4,074			4,074	5 MO S/L	1,426	815
2846	Laptop PC Brenda M.	8/30/05	2,609			2,609	5 MO S/L	696	522
2847	eTrust Anti-Spyware (36 user), 36 Secure C Mass Sale 7/01/07	9/07/05	2,311			2,311	5 MO S/L	616	231
2848	Corp Office Furniture (3 offices)	9/28/05	6,620			6,620	5 MO S/L	1,655	1,324
2849	Tradeshaw Signage	10/10/05	3,311			3,311	5 MO S/L	828	662
2850	SW Initiative Computer - Dell Latitude	11/08/05	2,300			2,300	5 MO S/L	537	460
2851	Laptop PC Dr Johnson	8/30/05	2,081			2,081	5 MO S/L	555	416
2852	Elcomed System (Zimmer)	2/25/05	6,212			6,212	5 MO S/L	2,278	1,242
2853	Gendex X-Ray (Patterson)	3/14/05	3,650			3,650	5 MO S/L	1,338	730
2854	LT25, Low Speed Motor	3/18/05	1,078			1,078	5 MO S/L	377	216
2855	(2) New Digital X-Ray Sensor	4/15/05	3,900			3,900	5 MO S/L	1,365	780
2856	(3) Cavitron Sterimates	7/12/05	7,515			7,515	5 MO S/L	2,255	1,503
2857	Nitrous Oxide Unit	11/18/05	3,688			3,688	5 MO S/L	799	738
2858	Biosonic Ultra Cleaner	8/03/05	1,469			1,469	5 MO S/L	416	294
2859	Progeny X-Ray Equipment	11/18/05	3,846			3,846	5 MO S/L	833	770
2860	Bredahl Plumbing INC	6/01/06	1,311			1,311	4 MO S/L	191	328
2861	Sjoquist Architects, Inc	9/30/06	5,128			5,128	4 MO S/L	320	1,282
2862	Sjoquist Architects, Inc	10/31/06	550			550	4 MO S/L	23	137
2863	Dell Computer	6/14/06	1,058			1,058	5 MO S/L	123	212
2864	Porter Portable Nitrous Unit	1/12/06	3,700			3,700	5 MO S/L	740	740
2865	Airtec Film Proc AT2000XR	6/01/06	5,395			5,395	5 MO S/L	629	1,079
2866	Electronic Module AT2000XR	7/07/06	2,277			2,277	5 MO S/L	228	455
2867	Cavitron Serial 17936	1/10/06	1,976			1,976	5 MO S/L	395	396
2868	Rebec Amalgam Separator	5/05/06	1,795			1,795	5 MO S/L	239	359
2869	Ramvac Evac Pump Bison Combo 7	12/08/06	9,348			9,348	5 MO S/L	156	1,869
2870	New Roof	5/11/07	39,964			39,964	15 MO S/L	0	1,776
2871	New Garage	12/31/07	58,877			58,877	39 MO S/L	0	0
2872	Final Cut Studio software	7/08/07	1,437			1,437	3 MO S/L	0	239
2873	Apple Computer System	8/17/07	6,234			6,234	5 MO S/L	0	416
2874	Adobe software for apple	8/17/07	1,545			1,545	3 MO S/L	0	172
2875	Apple Laptop Computer	10/10/07	2,499			2,499	5 MO S/L	0	125
2876	Sony Camcorder	12/28/07	2,631			2,631	5 MO S/L	0	0
2877	Filing Cabinet	1/27/07	1,590			1,590	7 MO S/L	0	208
2878	Server	9/12/07	2,765			2,765	5 MO S/L	0	184
2879	Swedish Support Chair Bruno Series	11/01/07	1,130			1,130	7 MO S/L	0	27
2880	Portable Aseptico Equipment	1/31/07	6,972			6,972	5 MO S/L	0	1,278
2881	(2) Handheld Nomad X-Rays w/case	2/16/07	13,851			13,851	5 MO S/L	0	2,308
2882	USB Box + #2 sensor (suni)	6/20/07	5,295			5,295	5 MO S/L	0	530
2883	Cardiac Science Defibrillator	7/13/07	2,820			2,820	5 MO S/L	0	282
2884	Asceptico Roary endo system	8/09/07	1,418			1,418	5 MO S/L	0	118
2885	Suni Replacement Sensor	8/16/07	1,950			1,950	5 MO S/L	0	130
2886	EURO Steamer-lab	10/04/07	1,204			1,204	5 MO S/L	0	60
2887	Sensor (Suni imaging microsystems)	11/01/07	1,950			1,950	5 MO S/L	0	65
2888	Airtech Evac Purmp	11/15/07	2,130			2,130	5 MO S/L	0	71
2889	Syneq Handpiece	12/26/07	1,111			1,111	5 MO S/L	0	0
2890	Portable Aseptico Equipment, WCI Grant	1/31/07	20,082			20,082	5 MO S/L	0	3,682
2891	3 Dell Laptops for Digital Xrays(WCI Gran	2/13/07	5,082			5,082	5 MO S/L	0	932
2892	Suni HG Kit with sensors, camera (wci gran	2/20/07	17,185			17,185	5 MO S/L	0	2,864
2893	Software for 2 suni imagining systems	3/08/07	1,390			1,390	5 MO S/L	0	232
2894	Midmar autoclave m11 ultraclave	3/12/07	4,580			4,580	5 MO S/L	0	763
2895	USB Camera	4/02/07	5,482			5,482	5 MO S/L	0	822
2896	Handheld Xray with case (WCI, Kiwanis Gi	4/10/07	6,928			6,928	5 MO S/L	0	1,039
2897	(3) Adec Handpieces	7/13/07	3,078			3,078	5 MO S/L	0	308
2898	Xray Vision Software (7 wrkstns)	9/14/07	2,620			2,620	5 MO S/L	0	175

79300 APPLE TREE DENTAL
 36-3411437
 FYE: 12/31/2007

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
2899	2000 International 4700 LP	9/12/07	3,239				3,239	5 MO S/L	0	216
2900	2001 Honda	7/17/07	2,736				2,736	5 MO S/L	0	228
2901	2006 Grand Caravan Minivan	8/20/07	18,781				18,781	5 MO S/L	0	1,252
2902	Digital X-Ray Equipment (AmEx Grant, 20 Mass Sale 7/01/07)	10/01/00	12,570				12,570	5 MO S/L	12,570	0
Total Other Depreciation			<u>2,370,486</u>				<u>2,370,486</u>		<u>1,838,741</u>	<u>131,436</u>
Total ACRS and Other Depreciation			<u>2,370,486</u>				<u>2,370,486</u>		<u>1,838,741</u>	<u>131,436</u>
Amortization:										
242	Copyright	10/01/02	<u>2,529</u>				<u>2,529</u>	15 MO Amort	716	169
			<u>2,529</u>				<u>2,529</u>		<u>716</u>	<u>169</u>
Grand Totals			2,373,015				2,373,015		1,839,457	131,605
Less: Dispositions			59,050				59,050		50,772	2,260
Less: Start-up/Org Expensed			0				0		0	0
Net Grand Totals			<u>2,313,965</u>				<u>2,313,965</u>		<u>1,788,685</u>	<u>129,345</u>

Application for Extension of Time To File an Exempt Organization Return

(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	Name of Exempt Organization APPLE TREE DENTAL	Employer identification number 36-3411437
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. 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 **8/15/08**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2007** 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.