## IRS *e-file* Signature Authorization for an Exempt Organization

OMB	Nο	1545-1878

For calendar year 2019, or fiscal year beginning \_\_\_\_\_\_\_, 2019, and ending \_\_\_\_\_\_\_, 20

u Do not send to the IRS. Keep for your records.

2019

Department of the Treasury Internal Revenue Service Name of exempt organization

u Go to www.irs.gov/Form8879EO for the latest information. MISSISSIPPI HEADWATERS AREA DENTAL

Employer identification number

84-1711812

Name and title of officer

HEALTH CENTER JEANNE EDEVOLD LARSON

EXECUTIVE DIRECTOR

Type of Return	and Return	Information	(Whole Dollars	Only
	Type of Return	Type of Return and Return	Type of Return and Return Information	Type of Return and Return Information (Whole Dollars

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

	approadic into potenti por net complete more than one into in that in		
1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,223,183
2a	Form 990-EZ check here  Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b b Balance Due (Form 8868, line 3c)	5b	

#### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN-	check	one	hox	only

officer	S PIN: Check	cone bo	k only										
X	I authorize	KBA	PETERSON	ASSOCIATES,	INC.	to enter my PIN	11812 as my signature						
				ERO firm name		·	Enter five numbers, but do not enter all zeros						
	on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.												
	As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.												
fficer's	signature }					Date	} 10/27/20						
Part	III Cer	tificatio	n and Author	ntication									

#### Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41701142727

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

JENNIFER M. LARSON, ERO's signature

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

(Rev. January 2020) Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

u Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2019 Open to Public

Inspection u Go to www.irs.gov/Form990 for instructions and the latest information. and ending For the 2019 calendar year, or tax year beginning D Employer identification number C Name of organization MISSISSIPPI HEADWATERS AREA DENTAL Check if applicable: HEALTH CENTER Address change Doing business as NORTHERN DENTAL ACCESS CENTER 84-1711812 Name change Number and street (or P.O. box if mail is not delivered to street address) 218-444-9646 1405 ANNE STREET NW Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated BEMIDJI MN 56601 4,223,183 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending TIM FLATHERS 1405 ANNE STREET NW H(b) Are all subordinates included? **BEMIDJI** MN 56601 If "No," attach a list. (see instructions) X 501(c)(3) 501(c) 4947(a)(1) or Tax-exempt status ) t (insert no.) WWW.NORTHERNDENTALACCESS.ORG Website: U H(c) Group exemption number U X Corporation Trust Association L Year of formation: 2006 Form of organization: M State of legal domicile: Summarv 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE ACCESS TO A DENTAL HOME THROUGH ORAL HEALTH EDUCATION, EMERGENCY Governance AND COMPREHENSIVE DENTAL CARE FOR THOSE IN NEED if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 14 Activities & 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 39 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 19 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T. line 39... Current Year 764,850 8 Contributions and grants (Part VIII, line 1h) 458,060 3,193,064 9 Program service revenue (Part VIII, line 2g) 3,764,468 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,363 655 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,969,277 4,223,183 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,782,149 2,178,720 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)  ${\bf u}$  34,854 2,070,369 2,465,037 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,852,518 4,643,757 116,759 -420,574 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 3,099,381 2,828,561 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,255,002 1,404,756 22 Net assets or fund balances. Subtract line 21 from line 20 1,844,379 1,423,805 Signature Block 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 Sign JEANNE EDEVOLD LARSON EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature Paid JENNIFER M. LARSON, CPA 10/27/20 self-employed P00231036 JENNIFER M. LARSON, CPA **Preparer** KBA PETERSON ASSOCIATES, INC. 41-1859070 Firm's EIN } **Use Only** 2901 BEMIDJI AVENUE NORTH 218-444-2727 56601 BEMIDJI, MN Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.	3,5	
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		х
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		- 21
7		4		х
5	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.4		х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> .  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	- 21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a		F		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		7.5
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,-		7.7
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41	l	22

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X. Contend A. The "Text" complete Schedule I. Part I and III.  23 Did the organization answer "Yes" to Part VII, Section A. Jine 3. 4, or 5 about compensation of the organization scheme "Text" complete Schedule I. Part I and III.  24 Did the organization have a tax-exempt bord issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," arrawer innes 24b through 24d and complete Schedule I. If "No," go to line 25a through 24d and complete Schedule I. If "No," go to line 25a through 24d and complete Schedule I. If "No," go to line 25a through 24d and complete Schedule I. If "No," go to line 25a through 24d and complete Schedule III. If "No," go to line 25a through 24d and complete Schedule III. If "No," go to line 25a through 24d and complete Schedule III. If I and I are schedule I are sched	_Pa	art IV Checklist of Required Schedules (continued)		T	l _
Part IX, column (A), line 27 H" Yes," complete Schedule J. Parts I and III.  22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directoris, hustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 X.  24a Did the organization are set as exempt bond saue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," are severe lines 24b through 24d and complete Schedule K. If "No." po Line 25a through 24d and complete Schedule K. If "No." po Line 25a through 24d and complete Schedule K. If "No." po Line 25a through 24d and complete Schedule K. If "No." po Line 25a through 24d and complete Schedule K. If "No." policy organizations escrow at any time during the year to defease any tax-search bonds?  24d Did the organization act as an "no behalf of issuer for bonds outstanding at any time during the year?  24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I are search and the transaction has not been reported on any of the organizations proof Forms 990 or 990-E27 If "Yes," "organize Schedule L. Part I.  25b Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II  25b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contribution? If "Yes," complete Schedule L. Part IV  26c Did the organization provide a part or other assistance to any current				Yes	No
23 Dit the organization answer "Yes" to Part VII, Section A, Ins 3, 4, or 5 about compensation of the organization surrent and former officers, directors, suusees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24a Dit the organization invest sus-exempt bonds beyond a temporary period exception?  25b Dit the organization invest sup-proceeds of tax-exempt bonds beyond a temporary period exception?  26c Dit the organization markstan an exceeding bonds beyond a temporary period exception?  27d Dit the organization markstan an exceeding to the sevent bonds beyond a temporary period exception?  27d Dit the organization anistration and social and official process of the organization engage in an excess benefit transaction with a disqualified person during the year?  27d Dit the organization and as an 'no behalf of' issuer for bonds outstanding at any time during the year?  27d Section 501(3), 501(4)(4), 400 April 10 April 1	22				v
organization's current and former officers, directors, fusitees, key employees, and highest compensated amployees? If "Yes," competes Schedule J. 23  23  244  255  264  265  264  265  264  266  267  268  268  268  268  268  268			22		X
employees? If "Yes," complete Schedule J  As Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Decomber 31, 2002? If "Yes," answer lines 24b iffrough 24d and complete Schedule K. If "No." go to line 25a  Did the organization ministan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization ministan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24c  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  Section 501(x)3, 501(x)4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior forms 900 or 990-E2?  If "ves," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee members of any of these persons? If "Yes," complete Schedule L, Part II  Was the organization reported entity of the organization with one of the following paties (see Schedule L, Part IV  Yes," complete Schedule L, Part IV  28a  A current or former officer, director, trustee, key employee	23				
Map   Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Pes," answer lines 24b through 24d and compilee Schedule K. If "No." you for line 25d by through 24d and compilee Schedule K. If "No." you for line 25d by the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b by the organization invest any assessment an escrow account other than a refunding escrow at any time during the year? 24d by 15d bit the organization care are not no hehalf of "issuer for bonds outstanding at any time during the year? 24d by 15d bit the organization avaire that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a by 15d the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25b by 15d the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity finduling an employee thereof a year to selection committee member, or to a 35% controlled entity finduling an employee thereof or year selection committee member, or to a 35% controlled entity finduling an employee thereof or framily member of any of these persons? If "Yes," complete Schedule I, Part II 28b A controlled entity finduling an employee thereof or framily member of any of these persons? If "Yes," complete Schedule I, Part IV 28b A controlled entity of one or more individuals and/or organization secretion of under, it is a controlled entity of one or more individuals and/or organization described in lines 28a or 28b? If "Yes," complete Schedule I, Part IV 28b A family member of any individual described in line 28a? If "Yes," complete Schedule I, Part IV 31 Did the					
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  d Did the organization act as an "on behalf of! issuer for bonds outstanding at any time during the year?  24d  55 Section 501(6)3, 501(6)4), and 501(6)20, and 501(6)20 and 501(6)			23	<u> </u>	_
through 24d and complete Schedule K. If *No,** go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization aware honds? 24d Did the organization aware an on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If *Yes,* complete Schedule L. Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If *Yes,* complete Schedule L, Part I 25b If *Yes,* complete Schedule L, Part I 26b If the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder substantial contributor, or 35% controlled entity or family member of any of these persons? If *Yes,* complete Schedule L, Part II 27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator of founder substantial contributor or employee thereod, a grant selection committee member, or to a 35% controlled entity (including an employee thereod, or family member of any of these persons? If *Yes,* complete Schedule L, Part III 27c 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 28d Was the organization receive more than \$25,000 in non-cash contributions? If *Yes,* complete Schedule III Part III 28d Did the organization receive more than \$25,000 in non-cash contributions? If *Y	:4a	· · · · · · · · · · · · · · · · · · ·			
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any trac-exempt bonds?  24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a b Is the organization waver that it engaged in an excess benefit transaction with a disqualified person of the year? If "Yes," complete Schedule L. Part I april 1975, "organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of tounder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III 27 Part III 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 27 Part III 28 Vas the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 28a Larrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part II 28a Larrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part II 28a Larrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II "Yes," complete Schedule II. Part II 28a Larrent Did the					X
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d bit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 50f(c)(3), 50f(c)(4), and 50f(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "res," complete Schedule I. Part I 25a  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? if "res," complete Schedule I. Part II 26  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? if "res," complete Schedule I. Part III 26  Was the organization a party to a business transaction with one of the following parties (see Schedule I. Part III 27  Was the organization a party to a business transaction with one of the following parties (see Schedule I. Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "res," complete Schedule I. Part IV 28a  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 28a  C A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b7 II 28a  Did the organization receive more than \$25,000 in non-cash contributions? If "res," complete Schedule II. Part IV 28a  Did the organization receive more than \$25,000 in non-cash contributions? If "res," complete Schedule II. Part II 31  Did the organization se	С		04-		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25 25 25 25 25 25 25 25 25 25 25 25 25					
transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2?  If "Yes," complete Schedule L. Part I  25b  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  27c  27d  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part II    27d  28d  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II)  28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV    28b A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV    28c    A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L. Part IV    28c    Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part II    30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part II    31 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its	_		<u>24d</u>		
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## "Yes," complete Schedule L, Part I  25b    26     26     26     27     28     28     29     29     20     20     20     20     21     22     23     24     25     25     26     26     27     28     28     29     20     20     20     21     22     23     24     25     25     26     27     28     29     20     20     20     20     20     20     20     20     20     20     20     21     22     23     24     25     26     27     28     29     20	b			1	
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"Yes," complete Schedule L, Part IV  28c  19 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V II  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  38 X  Part V Statements Regarding Other IRS Fillings and Tax Compliance			28b		X
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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  Part V Statements Regarding Other IRS Filings and Tax Compliance	37			1	<u>-</u> -
19? Note: All Form 990 filers are required to complete Schedule O.  Part V Statements Regarding Other IRS Filings and Tax Compliance				1	Х
Part V Statements Regarding Other IRS Filings and Tax Compliance	38				
	_		38	X	
Check it Schedule O contains a response or note to any line in this Part V	Pa				
Yes		Check if Schedule O contains a response or note to any line in this Part V		<del></del>	Ш

1a 18 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ..... Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

## Form 990 (2019) MISSISSIPPI HEADWATERS AREA DENTAL Part V Statements Regarding Other IRS Filings and Tax Comp Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Red for the calendary year ending with or within the year convent by this return.  2 39  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2 b X  A to If the committee is and 2a is greated hear 250, you may be required to e-file (see instructions)  3 b If the committee is and 2a is greated hear 250, you may be required to e-file (see instructions)  3 b If the committee is a control of 1,000 or more during the year?  3 a Tax y file and the major of the file year? If Yor' to file ab, provide an explanation on Schedule O  3 b If Yes', The sit filled a Form 990-T for this year? If Yor' to file ab, provide an explanation of orther authority over, a financial account in 1 orthogin country (such as a bank account, securities account, or other financial accounts (FBAR).  5 lif Yes' to file the name of the foreign country vul.  5 lif Yes' to file any taxoble porty notify the organization that it was or is a party to a prohibited tax sheller transaction?  5 lif Yes' to file a so right, and the major shell was or is a party to a prohibited tax sheller transaction?  5 lif Yes' to file the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable.  5 lif Yes' to file the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable.  5 lif Yes' to file the organization include with the value of the goods or services provided to the popular organization received a contribution on the value of the goods or services provided to the popular to the organization received and services provided to the popular to the organization received and the sales of targible personal property for which it was required to the Form 2522?  6 life the organization received a p						Yes	No							
Statements, flied for the calendary year ending with or within the year covered by this return.   2a   39   3   3   3   3   3   3   3   3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	I											
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1 and 2a is greater than 250, your may be required to API (1995 emittactions)  3a Diff the organization have unrelated businesses gross income of \$1,000 or more during the year?  4a 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()?  4b If "Yes," enter the remare of the freign country (such as a bank account), securities account, or other financial account()?  5a Was the organization to foreign country (such as a bank account, securities account), or other financial account()?  5a Was the organization to a provided tax whether transaction at any time during the tax year?  5b Us any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes I to line 5a or 5b, and the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes I to line 5a or 5b, and the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes I are for 5b organization include with every solicitation an express statement that such contributions or offer secretary organization include with every solicitation an express statement that such contributions or diffusive many receive deductable contributions under section 170c).  5c If "Yes," did the organization notify the donor of the value of the goods or services provided?  5c If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor?  5c If "Yes," did the organization notify the donor of the value of the goods or services provided?  6c If If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c If I was organization and e		· · · · · · · · · · · · · · · · · · ·	2a	39										
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3	b		ns?		2b	х								
b If "Yes," inset it fleed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  At any time during the calendar year, add 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)?  4a														
b II "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.  a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a X  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  5a Was the organization a pany to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a pany to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxobile party nority the organization file Form 8896-T?  5c If "Yes" to line Sa or Sb. did the organization file Form 8896-T?  5d Does the organization account in clude with every solicitation an empress statement that such contributions or organization solicit any contributions that were not tax deductible as charitatele contributions or gifts were not tax deductible?  5d Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b Organizations that may receive deductible contributions under section 170(c).  2c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c If "Yes," did the organization organization that may receive deductible or otherwise dispose of tangbile personal property for which it was required to file Form 8202.  7c If "Yes," indicate the number of Forms \$222 field during the year  7 g If "Yes," indicate the number of Forms \$222 field during the year  9 g Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h If the organization received a contribution of cars, boats, airplanes, or related person?  9 sponsoring organizations make any tas	3a	Bildhamanian in the complete the circumstance of the complete the circumstance of the complete the circumstance of the circums			3a		Х							
4a A any time during the coleredar 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 accounts; Yes, and the rame of the foreign country or the security of the companization and the property of the property o	b													
b II "Yes," either the name of the foreign country u. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b X  5c II "Yes" to line Saor Sft, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization is solicit any contributions that ween not tax deductibles as charitable contributions?  6c Does the organization shew annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles.  6c Did the organization tective a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7c Did the organization seed a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7d Did the organization seed as payment in excess of \$75 made party as a contribution of the what of the grown \$282?  7c Did the organization seed as payment in excess of \$75 made party as a contribution of the what of the grown \$282?  7d Did the organization seed as a payment in excess of \$75 made party as a contribution of the form \$282?  7d Did the organization seed as organization that the payor?  7d If I'ves, "did the organization that payor grown the organization that was required to file Form \$282? filed during the year  6 Did the organization seed a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7d Did the organization the payment of forms \$282 filed during the year  8 Sponsoring organization has a distribution of cars, boats, singlanes, or other vehicles, did the organization file a Form 1098-C?  7d Did the organization has payments for advised f	4a													
b II "Yes," enter the name of the foreign country L See Instructions for fling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X b Old any taxable party notify the organization that It was or is a party to a prohibited stax shelter transaction?  5b X c If "Yes to line Sao r5b, did the organization for Foreign 8896-77  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any comtributions that were not tax deductibles contributions?  6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a Tb  1if "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a Tb  1if "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Tc  1if the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Te  1if the organization received a contribution of qualified intellectual property, did the organization file a Form 108-6?  7h If the organization received a contribution of qualified intellectual property, did the organization file a Form 108-6?  7h If the organization received a contribution of cars, boots, siphenes, or other whicks, did the organization file a Form 108-6?  7h If the organization have excess business holdings at any time during the year?  8 Sponsoring organization make a distribution to a dinor, donor advised funds.  9 Did the sponsoring organization make a distribution to a dinor, donor advised funds.  1a Did the organization form or and capte		· · · · · · · · · · · · · · · · · · ·			4a		Х							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax sheller transaction?  5 L X  5 D Did any taxable party notify the organization file Form 8886-T7  6 Does the organization should any contributions that it was or is a party to a prohibited tax sheller transaction?  5 L X  5 C If "Yes" to line 5a or 5b, did the organization file Form 8886-T7  6 Does the organization solicit any contributions that were not tax deductible as charable contributions?  6 L X  5 L If "Yes," the date organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 D If "Yes," indicate the number of Forms 8282 filed during the year required to life Form 8282.  7 C Total Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282.  7 C Total Did the organization organization sell, exchange, or otherwise dispose of tangible personal benefit contract?  7 C Total Did the organization organization sell, exchange, or indirectly, to pay premiums on a personal benefit contract?  7 Te Did the organization organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required?  8 Sponsoring organization received a contribution of custified in the payment of the paymen	b													
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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

<u>Sec</u>	tion A. Governing Body and Management											
			1.4		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14									
	If there are material differences in voting rights among members of the governing body, or											
	if the governing body delegated broad authority to an executive committee or similar											
	committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with											
	any other officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct											
						X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х						
6	Did the organization have members or stockholders?			6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint											
	one or more members of the governing body?			7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,											
	stockholders, or persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following	g:								
а	The governing body?			8a	X							
b	Each committee with authority to act on behalf of the governing body?			8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at											
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue	Code.)								
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,											
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?											
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"											
	describe in Schedule O how this was done			12c	x							
13	Did the organization have a written whistleblower policy?			140	х							
14	Did the organization have a written document retention and destruction policy?				х							
15	Did the process for determining compensation of the following persons include a review and approval by											
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			15a	х							
b	Other officers or key employees of the organization			4.51		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			• • •								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement											
	with a taxable entity during the year?			16a		х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			• • •								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the											
	organization's exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed <b>u MN</b>											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sec											
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	5 0	- (-)									
	Own website Another's website    Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st nolic	v and									
13	financial statements available to the public during the tax year.	or bour	y, and									
20	State the name, address, and telephone number of the person who possesses the organization's books and record	e 11										
	State the name, address, and telephone number of the person who possesses the organization's books and record <b>1405 Anne Street NW</b>	o U										
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Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

  <u>See</u> instructions for the order in which to list the persons above.

Check this box if neither the orga	anization nor an	y rela	ited	orga	nizat	ion co	mp	ensated any current officer	, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2 loss lines)	(1.2.1000 11100)	related organizations
(1) JAMES ELIASEN										
DIRECTOR	35.00 0.00	x						193,230	0	0
(2) DR. ANDREW WEAVE										
	40.00							156 005		11 550
DENTIST (3) JEANNE EDEVOLD I	0.00 ARSON					X		156,025	0	11,558
(3) UEANNE EDEVOLD I	40.00									
EXECUTIVE DIRECTOR	0.00			x				119,442	0	33,271
(4) MARSHALL MUIRHEA								•		,
	15.00									
PAST PRESIDENT	0.00	X		Х				33,300	0	0
(5) RITA ALBRECHT	1 00									
DIRECTOR	1.00	X						0	0	0
(6) NATE DORR	0.00	^						<u> </u>	<u> </u>	0
(0)111111 20111	1.00									
DIRECTOR	0.00	X						0	0	0
(7) TIM FLATHERS										
	1.00							_	_	_
PRESIDENT	0.00	X		X				0	0	0
(8) MURIEL GILMAN	1.00									
DIRECTOR	0.00	x						o	0	0
(9) ANDREA KINGBIRD	0.00	1						Ŭ	, and the second	
(-)	1.00									
DIRECTOR	0.00	X						0	0	0
(10) JOHN PARKIN										
	1.00	1								
DIRECTOR (11) BECKY SECORE	0.00	X						0	0	0
(II) DECKI SECORE	1.00									
SECRETARY	0.00	x		x				0	0	0

Form **990** (2019)

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than o	an	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations	со	of oth mpens from	amount ner sation the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)			on and anization	s
(12) MARCIA SYVERS	ON												
	1.00	٠,		,,									,
PRESIDENT-ELECT (13) JOAN TRONSON	0.00	X		X				0	0				
(10) 0012( 1101(1501)	1.00												
DIRECTOR	0.00	x						0	0	<u> </u>			
(14) SCOTT TURN	1 00												
TREASURER	1.00	x		x				0	o				(
(15) KEVIN WILLIAM				-									
	1.00												
DIRECTOR	0.00	X						0	0	<del>                                     </del>			
(16) LINDA YOURCZE	4K 1.00												
DIRECTOR	0.00	x						0	o				(
1h Subtotal								501,997				44,	829
1b Subtotal c Total from continuation she								3017337				<u> </u>	<u> </u>
d Total (add lines 1b and 1c)							u	501,997				44,	829
2 Total number of individuals (in reportable compensation from				hose	liste	ed ab	ove	) who received more than S	\$100,000 of				
reportable compensation from	the organization	u	<u> </u>									Yes	No
3 Did the organization list any fo								e, or highest compensated					v
employee on line 1a? <i>If "Yes,"</i> <b>4</b> For any individual listed on line	•								om the		3		X
organization and related organ												v	
<ul><li>individual</li><li>Did any person listed on line 1</li></ul>	la receive or acc								individual		4	Х	
for services rendered to the or											5		X
Section B. Independent Contracto													
1 Complete this table for your five compensation from the organization										ır.			
	(A) I business address								(B) iion of services		Co	(C) mpensat	ion
DR. KATIE PETERSON					140	5 <i>P</i>	I	E ST NW					
BEMIDJI	MN	<u> 5</u>	66		1.40		_	DENTIST				218	610
DR. JAMES ELIASEN BEMIDJI	MN	r 5	66		140	5 A	I	E ST NW DENTIST				107	3,230
DR. JOYCE HOLLINSHEA					140	5 <i>P</i>	_	E ST NW					7230
BEMIDJI	MN	T 5	66				_	ENTIST				176	,180
DR. ARTHUR SWANSTROM					140	5 <i>P</i>	1	E ST NW					
DR. WILLIAM ERICKSON	<u>MN</u>	ı 5	66		140	5 7	+	DENTIST E ST NW		$\longrightarrow$		154	600
BEMIDJI	MIN	Г 5	66		- <del>-</del> 0	<i>J</i>		E SI NW DENTIST				149	,400
2 Total number of independent of		ding	but r	not li			those		_				

Part VIII Statement of Revenue

		Check if	Sch	edule O conta	ains a	a respor	nse or no	te	to any line in this	s Part VIII		
									(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated camp	aigns		1a			$\neg$				
iran		Membership due			1b			┪				
, m		Fundraising ever			1c			┪				
ifts ar /		Related organiza			1d			┪				
mii G		Government grants (co			1e		288,16	50				
ons Sis		All other contributions,						Ť				
Contributions, Gifts, Grants and Other Similar Amounts	·	and similar amounts no			1f		169,90	اه				
ξō	а	Noncash contributions	included	in lines 1a-1f	1g	s		Ť				
Sor	_	Total. Add lines				•	u	╗	458,060			
- 1		Totali 7 da iii loo	1 <del>u</del> 11				Business Co	$\neg$				
a)	2a	PATIENT SE	RVTCF	FEES			Buoiness et	Juc	3,743,456	3,743,456		
Vice	b	MISCELLANEO						_	21,012	21,012		
Program Service Revenue	c							_	,			
am	d							1				
og R	e							寸				
Ā		All other program						一				
		Total. Add lines						.	3,764,468			
	3	Investment incor						┪				
	-	other similar am	•	-			u	,	655			655
	4	Income from inve	,									
	5	Royalties				•		ı				
				(i) Real		1	Personal	7				
	6a	Gross rents	6a					┑				
	b	Less: rental expenses	6b					┑				
	С	Rental inc. or (loss)	6c					┑				
	d	Net rental incom		oss)			u	1				
		Gross amount from	, , ,	(i) Securities			) Other	7				
		sales of assets other than inventory	7a					┑				
<u>o</u>	b	Less: cost or other						┑				
Revenue	_	basis and sales exps.	7b									
Şe	С	Gain or (loss)	7c					┑				
F		Net gain or (loss	3)				u	ī				
Other		Gross income from	•									
		(not including \$		· ·								
		of contributions rep										
		See Part IV, line 18		,	8a							
	b	Less: direct expe			8b			╗				
	С	Net income or (l			events		u	1				
	9a	Gross income from		_								
		See Part IV, line 19	•	•	9a							
	b	Less: direct expe			9b			╗				
		Net income or (l					u	1				
		Gross sales of ir										
		returns and allow		• .	10a							
	b	Less: cost of god			10b			┪				
		Net income or (le					u	,				
		2123					Business Co	_				
Miscellaneous Revenue	11a							┪				
ane	b							$\dashv$				
elk	c							$\dashv$				
Aisc R	d	All other revenue					1	$\dashv$				
_		Total. Add lines						$^{\dagger}$				
		Total revenue.						$\neg$	4,223,183	3,764,468	0	655

## Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must co			olete column (A).	x			
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
•	trustees, and key employees	131,521		100,849	30,672			
6	Compensation not included above to disqualified	,						
•	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	1,440,656	1,409,984	30,672				
8	Pension plan accruals and contributions (include	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,				
·	section 401(k) and 403(b) employer contributions)	35,421	31,633	3,788				
9	Other employee benefits	431,712	385,552	46,160				
10	Payroll taxes	139,410	121,287	13,941	4,182			
11	Fees for services (nonemployees):		•	. , -	, -			
a	Management							
b	Legal							
С	Accounting							
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	· · · ·							
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	1,192,824	1,188,588	4,236				
12	Advertising and promotion							
13	Office expenses	63,727	58,669	5,058				
14	Information technology	99,878	99,878					
15	Royalties							
16	Occupancy	39,724	37,866	1,858				
17	Travel	96,952	93,995	2,957				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	<b>50 500</b>	40.410	2 274				
20	Interest	50,788	48,412	2,376				
21	Payments to affiliates	107 000	104 100	12.051				
22	Depreciation, depletion, and amortization	197,980	184,129	13,851				
23	Insurance	40,729	37,670	3,059				
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column							
	·							
_	(A) amount, list line 24e expenses on Schedule O.)  PROGRAM SUPPLIES	488,024	488,024					
a b	PROVIDER TAX	72,348	72,348					
C	REPAIRS AND MAINTENANCE	55,360	53,977	1,383				
d	MISCELLANEOUS	42,585	35,528	7,057				
e	All other expenses	24,118	22,742	1,376				
25		4,643,757	4,370,282	238,621	34,854			
	Joint costs. Complete this line only if the	-	-	-				
	organization reported in column (B) joint costs from a combined educational campaign <u>and</u>							
	fundraising solicitation. Check here <b>u</b> if							
DAA	following SOP 98-2 (ASC 958-720)				F QQQ (0040)			

Part X Balance Sheet

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 113,780 84,983 1 Cash—non-interest-bearing 241,635 6,928 Savings and temporary cash investments 28,244 Pledges and grants receivable, net 3 268,727 166,899 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges ..... 6,263 8,695 10a Land, buildings, and equipment: cost or other 10a 3,274,113 basis. Complete Part VI of Schedule D 2,542,560 b Less: accumulated depreciation 10b 814,885 2,459,228 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 3,099,381 2,828,561 Total assets. Add lines 1 through 15 (must equal line 33) ..... 16 16 Accounts payable and accrued expenses 152,278 182,310 17 17 18 Grants payable 18 13,237 140,663 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 967,163 879,881 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 122,324 201,902 of Schedule D 1,255,002 1,404,756 Total liabilities. Add lines 17 through 25 ... Organizations that follow FASB ASC 958, check here  $\mathbf{u} | \mathbf{X} |$ Fund Balances and complete lines 27, 28, 32, and 33. 1,844,379 1,423,805 Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. Assets or Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 1,844,379 1,423,805 ğ Total net assets or fund balances 32 3,099,381 2,828,561 Total liabilities and net assets/fund balances .....

Form **990** (2019)

Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	4,2		
2	Total expenses (must equal Part IX, column (A), line 25)	4,6		
3	Revenue less expenses. Subtract line 2 from line 1		20,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,8	44,3	379
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B)) 10	1,4	23,8	805
Pa	art XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			_Ш
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2019)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

MISSISSIPPI HEADWATERS AREA DENTAL Name of the organization HEALTH CENTER

Employer identification number 84-1711812

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.
The	be organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	$\Box$	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	П			ce organization described in sec			ii).	
4	П	•	·	in conjunction with a hospital de			•	spital's name.
	ш		-					-,
5	П			f a college or university owned c			overnmental unit described in	
•	Ш		(b)(1)(A)(iv). (Complete Part		opolato	a 2) a g	Transfer and Good in Good in	
6	П			overnmental unit described in <b>se</b>	ection 17	0(b)(1)(A	)(v).	
7	Н		•	substantial part of its support fron				
	ш	-	section 170(b)(1)(A)(vi). (Co		9		p go p	
8	П			70(b)(1)(A)(vi). (Complete Part I	II.)			
9	П	An agricultura	al research organization desc	cribed in section 170(b)(1)(A)(i)	k) operate	ed in conj	unction with a land-grant colleg	е
		•	•	f agriculture (see instructions). E		-		
10	X	An organizati	on that normally receives: (1)	more than 33 1/3% of its suppo	ort from c	ontributio	ns, membership fees, and gros	S
		receipts from	activities related to its exemp	ot functions—subject to certain e	exceptions	, and (2)	no more than 33 1/3% of its	
			_	d unrelated business taxable inc	•		*	
	$\Box$		•	), 1975. See <b>section 509(a)(2).</b>				
11	Н	-	•	exclusively to test for public safet	•			
12	Ш	•		xclusively for the benefit of, to person described in section 500				
			. ,	ations described in <b>section 509</b> at describes the type of supporti			. , ,	•
	а		· ·	erated, supervised, or controlled	0 0		•	· ·
	а			er to regularly appoint or elect a		•		9
			• , ,	omplete Part IV, Sections A ar		or and and		
	b			pervised or controlled in connect		ts suppor	ted organization(s), by having	
				ing organization vested in the sa			. , , .	i
		organizati	ion(s). You must complete	Part IV, Sections A and C.				
	С		, ,	supporting organization operated tructions). <b>You must complete</b> I			, ,	h,
	d			I. A supporting organization oper			•	* *
				organization generally must sat	-		•	S
		_ `	,	nust complete Part IV, Section		•		
	е		· ·	eived a written determination from n-functionally integrated supporti			a Type I, Type II, Type III	
	f		mber of supported organization		ng organi	zation.		
	g g		ollowing information about th					
ſi		ne of supported	(ii) EIN	(iii) Type of organization	(jv) Is the	organization	(v) Amount of monetary	(vi) Amount of
		ganization	(-)	(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))	docur	ment?	instructions)	instructions)
					Yes	No		
(A)								
(P)					-			
(B)								
(C)								
(D)								
(E)								
Tota								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						•	
Cale	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 20	19	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 20	19	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First five years. If the Form 990 is for the							
	organization, check this box and stop her							▶
Sec	tion C. Computation of Public S							
14	Public support percentage for 2019 (line 6,	column (f) divided	d by line 11, colum	n (f))			14	%
15	Public support percentage from 2018 Sche	dule A, Part II, line	e 14				15	%
16a	33 1/3% support test—2019. If the organ	ization did not che	ck the box on line	13, and line 14 is 3	3 1/3% or more, cl	neck this		
	box and stop here. The organization qual							▶ □
b	33 1/3% support test—2018. If the organ							
	this box and <b>stop here.</b> The organization							▶ ∟
17a	10%-facts-and-circumstances test—20°	-						
	10% or more, and if the organization meet				-			
	Part VI how the organization meets the "fa organization		ŭ	•	. ,			▶ [
b	10%-facts-and-circumstances test—20°	<ol><li>If the organizat</li></ol>	ion did not check a	box on line 13, 16	a, 16b, or 17a, and	d line		
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me			ŭ		•		. —
	supported organization							▶ ∟
18	Private foundation. If the organization did							, —
	instructions							▶ ∟

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	, ,		, I	'	,	
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	714,003	1,131,384	330,695	764,850	458,060	3,398,992
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,224,643	2,670,444	3,025,001	3,193,064	3,764,468	14,877,620
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,938,646	3,801,828	3,355,696	3,957,914	4,222,528	18,276,612
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						10 000 610
Sec	tion B. Total Support						18,276,612
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	2,938,646	3,801,828	3,355,696	3,957,914	4,222,528	18,276,612
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,537	995	322	1,989	655	5,498
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				·		
С	Add lines 10a and 10b	1,537	995	322	1,989	655	5,498
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	2,940,183	3,802,823	3,356,018	3,959,903	4,223,183	18,282,110
14	and 12.)  First five years. If the Form 990 is for the	organization's first,					10,202,110
500	organization, check this box and stop her						·····
	tion C. Computation of Public S	• •	_	- (5)		45	22 27 %
15 16	Public support percentage for 2019 (line 8						99.97 %
16 Sec	Public support percentage from 2018 Schettion D. Computation of Investme					16	99.94 %
17	Investment income percentage for 2019 (I			column (f))		17	%
18	Investment income percentage from 2018						%
19a	33 1/3% support tests—2019. If the orga						
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2018. If the orga		-				<b>&gt;</b> <u>X</u>
J	line 18 is not more than 33 1/3%, check th						▶ □
20	<b>Private foundation.</b> If the organization did	•	ŭ		, ,,	•	

#### Schedule A (Form 990 or 990-EZ) 2019 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	2-		
	3с		
	4a		
	4b		
	4c		
	F		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	OL		
	9b		
	9с		
	10a		
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	the A (Folin 990 of 990-EZ) 2019 PHISSISSIII HARDWIIIMS THEM SHATIM OT 171101	<u>-</u>		raye 3
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Socti	supported organizations played in this regard.  ion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ons).		
		1		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this record	3h		

Schedie A (Folli 390 of 390-E2) 2019	<u> </u>	. 01 1711	CIE Fage 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			ee
instructions. All other Type III non-functionally integrated supporting organizations	must comple	te Sections A through E.	(D) Comment Vers
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	<del>-                                    </del>		(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	-   -		
·	6		
emergency temporary reduction (see instructions).  7 Check here if the current year is the organization's first as a non-functionally integral		oupporting organization (s	1
7 Check here if the current year is the organization's first as a non-functionally integral instructions.	ieu rype III :	supporting organization (S	<del>50</del>

Schedule A (Form 990 or 990-EZ) 2019

t V Type III Non-Functionally Integrated 509(a)(3	o) Supporting Organiza	itions (continued)	
tion D - Distributions			Current Year
Amounts paid to supported organizations to accomplish exempt purp	poses		
Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI). See instructions.			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which the organ	ization is responsive		
(provide details in Part VI). See instructions.			
Distributable amount for 2019 from Section C, line 6			
Line 8 amount divided by line 9 amount		T	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
Excess distributions carryover, if any, to 2019			
From 2014			
From 2015			
From 2016			
From 2017			
Total of lines 3a through e			
Applied to underdistributions of prior years			
Applied to 2019 distributable amount			
Carryover from 2014 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
Distributions for 2019 from			
Section D, line 7:			
Applied to underdistributions of prior years			
Applied to 2019 distributable amount			
Remainder. Subtract lines 4a and 4b from 4.			
Remaining underdistributions for years prior to 2019, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI. See instructions.			
Remaining underdistributions for 2019. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
Breakdown of line 7:			
Excess from 2015			
Excess from 2017			
Excess from 2019			
	Amounts paid to supported organizations to accomplish exempt purp Amounts paid to perform activity that directly furthers exempt purpos organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of su Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organ (provide details in Part VI). See instructions.  Distributable amount for 2019 from Section C, line 6  Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2019 from Section C, line 6  Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2019  From 2014.  From 2015.  From 2016.  From 2016.  From 2017.  From 2018.  Total of lines 3a through e  Japplied to underdistributions of prior years  Applied to 2019 distributable amount  Carryover from 2014 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2019 from  Section D, line 7:  Applied to underdistributions of prior years  Applied to underdistributions of prior years  Applied to underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.  Excess from 2016  Excess from 2016  Excess from 2016  Excess from 2017  Excess from 2017	Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions.  Total annual distributions, Add lines 1 through 6.  Distributable amount for 2019 from Section C, line 6  Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2019 from Section C, line 6  Underdistributions, if any, for years prior to 2019  (reasonable cause required-explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2019  From 2014.  From 2016.  From 2016.  From 2017.  From 2017.  From 2018.  Total of lines 3a through e  Applied to underdistributions of prior years  Applied to underdistributions of prior years  Applied to 2019 distributable amount  Carryover from 2014 not applied (see instructions)  Remainder, Subtract lines 49, and 41 from 4.  Remaining underdistributions of prior years  Applied to underdistributions of prior years  Applied to 2019 distributable amount  Remaining underdistributions of prior years  Applied to 2019 distributable amount  Remaining underdistributions of prior years  Applied to underdistributions of prior years  Applied to 2019 distributable amount  Remaining underdistributions of prior years  Applied to inderdistributions of prior years  Applied to 2019 distributable amount  Remaining underdistributions of prior years  Applied to 2019 distributable amount  Remaining underdistributions of prior years  Applied to 2019 distributable amount  Remaining underdistributions of prior years  Applied to 10 prior years  Appl	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-astide amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Section E - Distribution Allocations (see instructions)  Section E - Distribution Allocations (see instructions)  Distributable amount for 2019 from Section C, line 6  Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2019 from Section C, line 6  Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2019  From 2015.  From 2016.  From 2016.  From 2017.  From 2018.  Total of lines 3a through e Applied to underdistributions of prior years  Applied to 2019 distributable amount  Remainder. Subtract lines 3g, 3h, and 3l from 3t.  Breakdown of line 7:  Excess from 2016  Excess from 2016  Excess from 2016  Excess from 2016  Excess from 2017  Excess from 2018

Schedule A (Form 990 or 990-EZ) 2019

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organization

MISSISSIPPI HEADWATERS AREA DENTAL HEALTH CENTER

84-1711812

Employer identification number

Organization type (check one): Filers of: Section: **X** 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

MISSISSIPPI HEADWATERS AREA DENTAL

Employer identification number 84-1711812

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MINNESOTA DEPT OF HEALTH PO BOX 64975 ST PAUL MN 55164-0975	\$ 63,688	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US DEPT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE SW  WASHINGTON DC 20250-9410	\$ 224,472	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	DELTA DENTAL OF MN FOUNDATION 500 WASHINGTON AVE S SUITE 2060 MINNEAPOLIS MN 55415	\$ 11,742	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
4	MEDICA FOUNDATION PO BOX 9310 MINNEAPOLIS MN 55440	Total contributions  \$ 23,238	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	OTTO BREMER TRUST 30 E 7TH ST #2900 ST PAUL MN 55101	\$ 82,020	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SANFORD FOUNDATION 520 MAIN AVE #700 FARGO ND 58103	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MISSISSIPPI HEADWATERS AREA DENTAL

Employer identification number 84-1711812

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. <b>7</b>	ESSENTIA 502 E SECOND ST  DULUTH MN 55805	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

	ne of the organ			Employer	identification number
		SIPPI HEADWATERS AREA DENTAL		04.4	711010
		CENTER			711812
F	Part I	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		Account	is.
		Complete ii the organization answered Tes on	<u> </u>		-) Friends and other asserts
4	Total num	mhor at and of year	(a) Donor advised funds	1, (1	Funds and other accounts
1		mber at end of year			
2		te value of contributions to (during year)			
3	Aggrega L Aggrega	te value of grants from (during year)			
4 5		te value at end of year		<u> </u>	
,		e the organization's property, subject to the organization's exc			☐ Yes ☐ No
6		organization inform all grantees, donors, and donor advisors in			1e3 140
		charitable purposes and not for the benefit of the donor or don			
	•	g impermissible private benefit?			Yes No
F	Part II	Conservation Easements.			
-		Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.		
1	Purpose	(s) of conservation easements held by the organization (check	c all that apply).		
		servation of land for public use (for example, recreation or edu		important	land area
		ection of natural habitat	Preservation of a certified hi	•	
	Pres	servation of open space			
2	2 Complete	e lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	rvation	
	easemer	nt on the last day of the tax year.			Held at the End of the Tax Year
	a Total nu	mber of conservation easements		2a	
	<b>b</b> Total ac	reage restricted by conservation easements			
	<b>c</b> Number	of conservation easements on a certified historic structure inc	cluded in (a)	2c	
		of conservation easements included in (c) acquired after 7/25/			
	historic s	structure listed in the National Register		2d	
3		of conservation easements modified, transferred, released, ex			the
	tax year	u			
4	Number	of states where property subject to conservation easement is	located <b>u</b>		
5		e organization have a written policy regarding the periodic more			
		s, and enforcement of the conservation easements it holds?			
6	Staff and	d volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation ea	asements o	during the year
	u				
7		of expenses incurred in monitoring, inspecting, handling of vic	olations, and enforcing conservation easem	ents durino	g the year
	u\$				
8		ch conservation easement reported on line 2(d) above satisfy			п., п.,
		tion 170(h)(4)(B)(ii)?			Yes No
9		(III, describe how the organization reports conservation easem	•		_
		sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that de	escribes the	9
_		tion's accounting for conservation easements.	Historical Transuras or Other	Simile:	Accets
	Part III	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on		Similar	ASSEIS.
1	a If the org	ganization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and balance	e sheet wo	rks

of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
  - provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \_\_\_\_\_\_\_ u \$
- (ii) Assets included in Form 990, Part X u \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 u \$
- Assets included in Form 990, Part X.

Part III Organizations Maintaining (	Collections of	Art, Historical T	reasures, or	Other Simil	ar Assets	(continu	ed)
3 Using the organization's acquisition, accession, collection items (check all that apply):	and other records	, check any of the follo	owing that make	significant use of	of its		
a Public exhibition	d 🗌	Loan or exchange pro	ogram				
<b>b</b> Scholarly research	е 📙	Other					
c Preservation for future generations							
4 Provide a description of the organization's colle	ctions and explain	how they further the	organization's ex	cempt purpose in	Part		
XIII.		Cont. Blata Paul ton announce		9			
5 During the year, did the organization solicit or rassets to be sold to raise funds rather than to be		•	•			Yes	. □ No
Part IV Escrow and Custodial Arra		dart of the organization	S COILECTION?				INO
Complete if the organization a 990, Part X, line 21.	_	' on Form 990, Pa	art IV, line 9,	or reported a	n amount	on Form	
1a Is the organization an agent, trustee, custodian	or other intermedi	ary for contributions or	other assets no	ot			
included on Form 990, Part X?						Yes	No
<b>b</b> If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing table:		٦			
						Amount	
c Beginning balance					1c		
d Additions during the year					1d		
e Distributions during the year					1e		
f Ending balance	n 000 Part V lina	21 for occrow or cust	todial account lia	L	1f	Yes	No
<b>b</b> If "Yes," explain the arrangement in Part XIII. C						_	$\mathbf{H}$
Part V Endowment Funds.	TICON TICTO II TITO CA	pianation has been pro	ovided on Fait 7	XIII			
Complete if the organization a	answered "Yes"	on Form 990, Pa	art IV, line 10				
	(a) Current year	(b) Prior year	(c) Two years		ee years back	(e) Four	ears back
1a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and							
losses							
d Grants or scholarships							
e Other expenditures for facilities and							
programs							
f Administrative expenses							
<ul><li>g End of year balance</li><li>2 Provide the estimated percentage of the curren</li></ul>	t veer and belones	//inc 1a column (c)	hald as				
a Board designated or quasi-endowment u	-	e (line 1g, column (a))	neid as:				
b Permanent endowment u %	/0						
c Term endowment u %							
The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
3a Are there endowment funds not in the possessi	•	tion that are held and	administered for	the			
organization by:	-						res No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
<b>b</b> If "Yes" on line 3a(ii), are the related organization	ons listed as requir	red on Schedule R?				3b	
4 Describe in Part XIII the intended uses of the c		wment funds.					
Part VI Land, Buildings, and Equip		F 000 D.	B. / . P 4.4	. 0 5	000 D. (	V P - 40	
Complete if the organization a						(d) Book v	
Description of property	(a) Cost or other I (investment)	basis (b) Cost or (oth	I .	(c) Accumulated depreciation	1	(a) BOOK V	alue
1a Land	(22311)	· · ·	29,524			52	9,524
1a Land b Buildings			16,664	121,	551		5,113
c Leasehold improvements			16,728		,633		1,095
d Equipment			11,197	647			3,496
e Other							
Total. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part	X, column (B), line 10	lc.)		u	2,45	9,228

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on I	Form 000 Part IV lin	o 11h Soo Form 000 P	ort V line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) Book value	Cost or end-of-yea	
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments - Program Related.	•		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, lin	ne 11c. See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)u			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, lin	e 11d. See Form 990, P	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, lin	ne 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2) ACCRU	ED PAYROLL			83,092
(3) ACCRU	JED PROVIDER TAX			60,43
(4) ACCRU	ED VACATION			53,613
(5) ACCRU	ED PAYROLL LIABILITIES			4,76
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		u	201,902
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footr			the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Page 4

Pa	Reconciliation of Revenue per Audited Financial Sta		•		
_	Complete if the organization answered "Yes" on Form 99				4 222 604
1	Total revenue, gains, and other support per audited financial statements			1	4,233,684
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ءء ا			
	Net unrealized gains (losses) on investments		10,501		
D	Donated services and use of facilities	2c	10,301		
Ч	Recoveries of prior year grants Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	<u>Zu</u>		2e	10,501
3	Subtract line 2e from line 1			3	4,223,183
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,223,183
Pa	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 99			Return.	
1				1	4,654,258
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	10,501		
	Prior year adjustments				
С	Other losses	2c			
	Other (Describe in Part XIII.)				10 -01
	Add lines 2a through 2d			2e	10,501
3	Subtract line 2e from line 1			3	4,643,757
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Leave to see the second see the second see that the second	4-			
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b		40	
b c	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		4c	4.643.757
b c 5	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	4b		5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757
b c 5 Provi	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III.	art IV, lines 1b and 2b	o; Part V, line 4; Part	5	4,643,757

Schedule D (Fo	orm 990) 2019	MISSISSIPPI	HEADWATERS	AREA	DENTAL	84-1711812	Page <b>5</b>
		I Information (co	ntinued)				
• • • • • • • • • • • • • • • • • • • •							
•							

### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
uGo to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MISSISSIPPI HEADWATERS AREA DENTAL

HEALTH CENTER

Employer identification number 84-1711812

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2		
	1a?			
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
·	compensation contingent on the net earnings of:			
_		6a		х
a h	The organization?	6b		X
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	OD		41
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-M	IISC compensation	(C) Retirement and			(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
JAMES ELIASEN (6	193,230	0	0	0	0	193,230	0
1 DIRECTOR (ii		0	0	0	0	0	0
DR. ANDREW WEAVER	156,025	0	0	0	11,558	167,583	0
2 DENTIST (ii	) 0	0	0	0	0	0	0
JEANNE EDEVOLD LARSON (6	119,442	0	0	0	33,271	152,713	0
3 EXECUTIVE DIRECTOR (iii	0	0	0	0	0	0	0
(i)	)						
_4 (ii	)						
(6)	)						
_5 (ii	)						
(6)	)						
6 (ii	)						
(6)	)						
7 (ii	)						
(6)	)						
8 (ii	)						
							_
9 (ii	)						
							_
10 (ii	)						
(i)	)						
11 (ii	)						
							_
12 (ii	)						
(i)	)						
13 (iii	)						
(i)	)						
14 (ii	)						
(i)	)						
15 (ii	)						
(i	)						
16 (ti	•						
	•			•	•	•	

Schedule J (Form 990) 2019

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part or any additional information.
•••••••••••••••••••••••••••••••••••••••

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ.

Open to Public Inspection

u Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number MISSISSIPPI HEADWATERS AREA DENTAL HEALTH CENTER 84-1711812 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990 BEFORE SIGNING AND FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY MONITORS ANNUALLY AND AT BOARD MEETINGS. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL REVIEW OF EXECUTIVE DIRECTOR INCLUDES REVIEW AND APPROVAL BY GOVERNING BOARD, COMPARABILITY DATA INCLUDING A COMPENSATION STUDY BY AN INDEPENDENT COMPENSATION CONSULTANT AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

DESCRIPTION					
TOT	/PROG SERVICE	MGT	& GENERAL	FUNDI	RAISING
CONTRACTED SERV	'ICES				
\$	1,166,038	\$	0	\$	0
PROFESSIONAL FE	ES				
\$	22,550	\$	4,236	\$	0
TOTAL					
\$	1,188,588	\$	4,236	\$	0

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

# Form **4562**

**Depreciation and Amortization** 

(Including Information on Listed Property)  $\boldsymbol{u}$  Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury (99) Internal Revenue Service Name(s) shown on return

MISSISSIPPI HEADWATERS AREA DENTAL HEALTH CENTER

Identifying number 84-1711812

	NEAD REPORT TO SERVICE AND THE COLOR							
	NDIRECT DEPRECIAT		antir Undar Caa	tion 170				
Pa	Election To Expe				amplete Dort			
_	Note: If you have	\	-	-				1,020,000
1	Maximum amount (see instruction						1	1,020,000
2	Total cost of section 179 property						2	2,550,000
3	Threshold cost of section 179 pro						3	2,330,000
4	Reduction in limitation. Subtract lin						4	
5	Dollar limitation for tax year. Subtract lin	ne 4 Irom line 1. Il Zero or on of property	less, enter -u II mame	(b) Cost (business use		Elected cost	5	
6	(a) Description	or property		(b) Cost (business use	orliy) (c)	Elected cost		
	Listed supports. Futouther supposed	from line 00			_			
7	Listed property. Enter the amount				7			
8	Total elected cost of section 179						<u>8</u> 9	
9	Tentative deduction. Enter the sn	from line 12 of your	0010 Form 4560				10	
10 11	Carryover of disallowed deduction Business income limitation. Enter						11	
11	Section 179 expense deduction.						12	
12 12					13		12	
13 Note	Carryover of disallowed deduction : Don't use Part II or Part III below				13			
	art II Special Depreciat			ciation (Don't	include lister	nronert	v Sc	a instructions )
14	Special depreciation allowance fo			<u> </u>		и ргорон	<u>y. Oc</u>	instructions.
	during the tax year. See instruction			• , .			14	
15	Property subject to section 168(f)						15	
16	Other depreciation (including ACI						16	196,316
	art III MACRS Deprecia						10	150,510
	in i	tion (Don't moida	Section		) i i i i i i i i i i i i i i i i i i i			
17	MACRS deductions for assets pla	aced in service in tax v					17	1,659
	MACRS deductions for assets place		vears beginning before	e 2019			17	1,659
	If you are electing to group any assets place	ed in service during the tax ye	vears beginning before ear into one or more general	re 2019al asset accounts, check	here	. u 🗌		
	If you are electing to group any assets place Section B—,	Assets Placed in Ser  (b) Month and year	rears beginning before ear into one or more generarice During 2019 T  (c) Basis for deprecia	al asset accounts, check ax Year Using th	e General Depr	u eciation S	ystem	
	If you are electing to group any assets place	Assets Placed in Ser	rears beginning before ear into one or more general rouce During 2019 T	al asset accounts, check ax Year Using th	here	. u 🗌	ystem	
17 18 19a	If you are electing to group any assets place Section B—,	Assets Placed in Ser  (b) Month and year placed in	rears beginning before ar into one or more general vice During 2019 T  (c) Basis for deprecia (business/investment	al asset accounts, check ax Year Using th	e General Depr	u eciation S	ystem	
18	If you are electing to group any assets place Section B—,  (a) Classification of property	Assets Placed in Ser  (b) Month and year placed in	rears beginning before ar into one or more general vice During 2019 T  (c) Basis for deprecia (business/investment	al asset accounts, check ax Year Using th	e General Depr	u eciation S	ystem	
18 19a	Section B—.  (a) Classification of property  3-year property	Assets Placed in Ser  (b) Month and year placed in	rears beginning before ar into one or more general vice During 2019 T  (c) Basis for deprecia (business/investment	al asset accounts, check ax Year Using th	e General Depr	u eciation S	ystem	
18 19a b	Section B—.  (a) Classification of property  3-year property  5-year property	Assets Placed in Ser  (b) Month and year placed in	rears beginning before ar into one or more general vice During 2019 T  (c) Basis for deprecia (business/investment	al asset accounts, check ax Year Using th	e General Depr	u eciation S	ystem	
19a b	Section B—.  (a) Classification of property  3-year property  5-year property  7-year property	Assets Placed in Ser  (b) Month and year placed in	rears beginning before ar into one or more general vice During 2019 T  (c) Basis for deprecia (business/investment	al asset accounts, check ax Year Using th	e General Depr	u eciation S	ystem	
19a b	Section B—.  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	Assets Placed in Ser  (b) Month and year placed in	rears beginning before ar into one or more general vice During 2019 T  (c) Basis for deprecia (business/investment	al asset accounts, check ax Year Using th	e General Depr	u eciation S	ystem	
19a b c d e	Section B—.  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	Assets Placed in Ser  (b) Month and year placed in	rears beginning before ar into one or more general vice During 2019 T  (c) Basis for deprecia (business/investment	al asset accounts, check ax Year Using th	e General Depr	u eciation S	ystem	
19a b c d e f	Section B—  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	Assets Placed in Ser  (b) Month and year placed in	rears beginning before ar into one or more general vice During 2019 T  (c) Basis for deprecia (business/investment	re 2019	e General Depr	eciation S (f) Meth	ystem	
19a b c d e f	Section B—.  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property	Assets Placed in Ser  (b) Month and year placed in	rears beginning before ar into one or more general vice During 2019 T  (c) Basis for deprecia (business/investment	re 2019 al asset accounts, check ax Year Using th tion use s) (d) Recovery period	e General Depr  (e) Convention	eciation S (f) Meth	ystem	
19a b c d e f	Section B—.  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental	Assets Placed in Ser  (b) Month and year placed in	rears beginning before ar into one or more general vice During 2019 T  (c) Basis for deprecia (business/investment	al asset accounts, check ax Year Using th tion use s)  (d) Recovery period  25 yrs. 27.5 yrs.	e General Depr  (e) Convention	eciation S  (f) Meth	ystem	
19a b c d e f g h	Section B—.  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property	Assets Placed in Ser  (b) Month and year placed in	rears beginning before ar into one or more general vice During 2019 T  (c) Basis for deprecia (business/investment	al asset accounts, check ax Year Using the did not use style in the content of th	e General Depr  (e) Convention  MM  MM	eciation S  (f) Meth	ystem	
19a b c d e f g h	Section B—.  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property	Assets Placed in Ser  (b) Month and year placed in	vears beginning before a into one or more general revice During 2019 T  (c) Basis for deprecia (business/investment only-see instruction	al asset accounts, check ax Year Using the tion use s)  (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	e General Depr  (e) Convention  MM  MM  MM  MM  MM	eciation S  (f) Metr	ystem	(g) Depreciation deduction
19a b c d e f g h	Section B—.  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property	ed in service during the tax ye  Assets Placed in Ser  (b) Month and year placed in service	vears beginning before a into one or more general revice During 2019 T  (c) Basis for deprecia (business/investment only-see instruction	al asset accounts, check ax Year Using the tion use s)  (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	e General Depr  (e) Convention  MM  MM  MM  MM  MM	eciation S  (f) Metr	ystem	(g) Depreciation deduction
19a b c d e f g h	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C—As	ed in service during the tax ye  Assets Placed in Ser  (b) Month and year placed in service	vears beginning before a into one or more general revice During 2019 T  (c) Basis for deprecia (business/investment only-see instruction	al asset accounts, check ax Year Using the tion use s)  (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	e General Depr  (e) Convention  MM  MM  MM  MM  MM	eciation S  (f) Methalian  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	ystem	(g) Depreciation deduction
19a b c d e f g h i 20a b	Section B—.  (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property  Nonresidential real property  Section C—As Class life	ed in service during the tax ye  Assets Placed in Ser  (b) Month and year placed in service	vears beginning before a into one or more general revice During 2019 T  (c) Basis for deprecia (business/investment only-see instruction	al asset accounts, check ax Year Using th tion use s)  (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  x Year Using the	e General Depr  (e) Convention  MM  MM  MM  MM  MM	eciation S  (f) Methods  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	ystem	(g) Depreciation deduction
19a b c d e f g h i 220a b c c	Section B—.  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Class life  12-year	ed in service during the tax ye  Assets Placed in Ser  (b) Month and year placed in service	vears beginning before a into one or more general revice During 2019 T  (c) Basis for deprecia (business/investment only-see instruction	al asset accounts, check ax Year Using the tion use ships are seen as a counts, check ax Year Using the tion use ships are seen as a counts, check ax Year Using the seen as a counts of the seen as a count	MM MM MM MM Alternative Dep	eciation S  (f) Methods  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	ystem	(g) Depreciation deduction
19a b c d d e f g h i 20a b c d d	Section B—.  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Nonresidential rental property  Section C—As Class life  12-year  30-year	ed in service during the tax yet  Assets Placed in Ser  (b) Month and year placed in service  service	vears beginning before a into one or more general revice During 2019 T  (c) Basis for deprecia (business/investment only-see instruction	al asset accounts, check ax Year Using the distribution use sis)  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  x Year Using the  12 yrs. 30 yrs.	MM MM MM Alternative Dep	eciation S  (f) Methods  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	ystem	(g) Depreciation deduction
19a b c d d e f g h i 20a b c d d	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Class life  12-year  30-year  40-year  Summary (See in Listed property. Enter amount from	Assets Placed in Ser  (b) Month and year placed in service  ssets Placed in Service	vears beginning before a into one or more general vice During 2019 To the provide Busis for deprecia (business/investment only-see instruction) tice During 2019 Tax	al asset accounts, check ax Year Using the tion use s)  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  x Year Using the  12 yrs. 30 yrs. 40 yrs.	MM MM MM Alternative Dep	eciation S  (f) Methods  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	ystem	(g) Depreciation deduction
19a b c d e f g h i	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Class life  12-year  30-year  40-year  art IV Summary (See in Total. Add amounts from line 12,	Assets Placed in Service (b) Month and year placed in service  (b) Month and year placed in service  ssets Placed in Service  ssets Placed in Service	rears beginning before a into one or more general revice During 2019 To the property of the pr	al asset accounts, check ax Year Using the tion use s)  25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  x Year Using the  12 yrs. 30 yrs. 40 yrs.	MM MM MM Alternative Dep  MM MM MM Alternative Dep	eciation S  (f) Methods  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	ystem nod	(g) Depreciation deduction
19a b c d e f g h i	Section B—  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Class life  12-year  30-year  40-year  Summary (See in Listed property. Enter amount from	Assets Placed in Service during the tax yet Assets Placed in Service (b) Month and year placed in service serv	rears beginning before a into one or more general revice During 2019 To a construction (business/investment only-see instruction) ince During 2019 Taxones 19 and 20 in colerships and S corporation of the colerships and S corporation in the colerships are colerships are colerships are colerships and S corporation in the colerships are colerships and S corporation in the colerships are colerships and S corporation in the colerships are colership	al asset accounts, check ax Year Using the tion use s)  25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  12 yrs. 30 yrs. 40 yrs.	MM MM MM Alternative Dep  MM MM MM Alternative Dep	eciation S  (f) Methods  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	ystem	(g) Depreciation deduction

# Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec 179 Bonus fo	Basis or Depr	Per Conv Meth	Prior	Current
2 1 3 1 5 7 7 8 5 7 7 8 6 6 1 6 6 7 1 7 7 8 1 7 7 8 1 7 9 1 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1	MACRS: NETWORK HARDWARE POWEREDGE 2900 III QUAD CORE 7 DELL 19" LCD MONITORS 7 EX 110 CORDLESS DESKTOP 2 DELL 19" MONITOR SE 198WFP DELL OPTIPLEX 380MT DELL OPTIPLEX 380MT ROOT ZX II APEX LOCATOR HPC HI-SP TA-97 LED HPC HI-SP TA-97 LED PORTER FLOWMETER X-RAY CENTER CABINET X-RAY CENTER CABINET DENTAL ASSISTANT CART DELL LATITUDE E5510 NOTEBOOK CURING LIGHT, SKY BLUE ASSISTANTS MOBILE CART 2 ASSISTANTS STOOL CENTRAL DIVIDER SINK CABINET INTRAORAL XRAY 2 PATIENT CHAIRS HPC HI-SP TA-97 LED PLUS EVAC COMP 30G OTTER TANK PROSEAL UNIT	10/07/08 10/07/08 10/07/08 11/07/08 11/07/08 11/07/08 12/22/09 4/24/09 4/10/09 4/10/09 2/06/09 12/30/09 12/30/09 12/30/09 12/30/09 12/30/09 12/30/11 5/12/11 5/12/11 5/12/11 5/12/11 5/12/11 10/10/11 11/21/11	949 7,640 1,116 285 319 1,019 1,011 1,198 1,198 1,198 3,770 10,260 10,260 1,008 1,008 1,008 1,008 22,293 1,275 791 1,336 856 2,280 1,018 11,021 4,544 19,065 8,034 867 5,220		949 7,640 1,116 285 319 1,019 1,011 1,198 1,198 1,198 3,770 10,260 1,008 1,008 1,008 1,008 22,293 1,275 791 1,336 856 2,280 1,018 11,021 4,544 19,065 8,034 867 5,220	5 HY S/L 7 HY S/L 5 HY S/L	949 7,640 1,116 285 319 1,019 1,019 1,011 1,198 1,198 3,770 10,260 10,260 10,260 1,008 1,008 1,008 1,008 1,008 1,008 1,008 1,008 1,018 5,788 1,275 791 1,336 856 2,280 1,018 5,511 4,544 19,065 8,034 867 5,220	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
127	ULTRACLAVE STERILIZER AMALGAMA	5/12/11 6/08/11	5,895 781		5,895 781	5 HY S/L 5 HY S/L	5,895 781	0
130	ROTOQUICK OPITORY 10 REMODEL	6/08/11 5/01/11	938 5,308		938 5,308	5 HY S/L 15 HY S/L	938 2,654	0 354
		_	136,796	_	136,796	•	112,127	1,659
30	ENGLE 360, BEIGE PROGNY X-RAY PROGNY X-RAY PROGNY X-RAY PROGNY X-RAY WHALED BIOSONIC ULTRA CLEANER DENTEZ EVAC PUMP #10 MODEL TRIMMER AMALGAMATOR DRILLS HI-SP TA-97 LED DRILLS HI-SP TA-97 LED DRILLS HI-SP TA-97 LED DRILLS HI-SP TA-97 LED DENTIST CHAIR DENTIST CHAIR DENTIST CHAIR DENTIST CHAIR X-RAY MACHINE	10/16/08 12/01/08 12/01/08 11/12/08 11/12/08 11/12/08 11/12/08 11/12/08 12/30/09 12/30/09 12/30/09 12/30/09 12/30/09 12/30/09 12/30/09 11/05/10 1/05/10 1/05/10	5,235 1,917 9,937 10,051 9,925 5,693 5,693 4,495 1,895 10,797 550 549 2,172 2,172 1,574 1,410 12,525 12,525 12,525 12,525 12,525 12,525 12,454 1,931 1,931 1,129 1,129 4,344		5,235 1,917 9,937 10,051 9,925 5,693 5,693 4,495 1,895 10,797 550 549 2,172 2,172 1,574 1,410 12,525 12,525 12,525 12,525 12,525 12,525 12,454 1,931 1,931 1,129 1,129 4,344	9 MO S/L 7 MO S/L	5,235 1,917 9,937 10,051 9,937 10,051 9,925 5,693 4,495 1,895 10,797 550 549 2,172 2,172 1,574 1,410 12,525 12,525 12,525 12,525 12,525 12,454 1,931 1,931 1,129 1,129 4,344	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

# Federal Asset Report Form 990, Page 1

86 4-ENGLE UNIT COMP  17 WALL KRAY PLATE KIT  18 WALL	Asset	Description	Date In Service	Cost	Sec 179Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
87 WALL X-RAY PLATE KIT		•			 _ <u>110</u> D <u>ona</u> 0					
88 9DELUKE STANDARD AUTOCLAVEAJ 20210 454 454 7 MO SL 454 0 98 NS DEM CRUING LIGHT 201010 1870 1870 1870 7 MO SL 1870 0 91 DETWALL REPARK 11309 11,301 11,301 30 MO SL 2,323 283 283 283 283 283 283 283 283 283										
91 DRYWALL REPAIRS  1/309  1/401  2/4										
92 PIPING RENOVATION 611.09 4,310 4,310 39 MO S.I. 1,059 111 3										
93 CABINETS AND COUNTERFOPS 7/1009 1,239 1,239 39 MO S.L 302 32 34   94 CLINIC REMODEL 123/100 2,908 2,908 39 MO S.L 6,210 690   95 CARINETS AND COUNTERFORS 12/100 9,612 9,612 39 MO S.L 1, 2,239 246   96 CARINETS AND COUNTERFORS 12/100 9,612 9,612 39 MO S.L 1, 2,239 246   97 CONTERENCE BOOM WINDOW 12/100 2,000 150 MS S.L 1, 189 130   98 CARPETING FOR OPHCES 12/100 7,463 7,463 5 MO S.L 1,178 10   98 CARPETING FOR OPHCES 12/100 7,463 7,463 5 MO S.L 1,178 10   134 LAB COMPUTER 11/91/2 2,067 2,007 5 MO S.L 1,266 0   135 VANTERGAURD XTM 50/12/2 1,178 1,178 3 MO S.L 1,178 1   136 2 AIR COMPUTER 11/91/2 2,067 2,007 5 MO S.L 2,067 0   137 EMODELING & WOODWORK 10/91/2 5,508 5 MO S.L 1,260 0   138 REMODELING & WOODWORK 10/91/2 5,508 5 MO S.L 2,067 0   140 WASHER & DRYFER IMPROVEMENTS 11/03/12 2,244 2,244 15 MO S.L 3,370 0   141 LAB REMODEL LING & WOODWORK 11/03/12 2,244 2,244 15 MO S.L 1,050 1   142 COUNTER & DISS WORK 12/31/12 1,390 1 1,390 1 5 MO S.L 1,050 1   143 CHINE REMODEL WORK 12/31/12 1,390 1 1,390 1 5 MO S.L 1,050 1   144 CURING HIGHTS 12/31/12 2,243 2,431 1   145 CHINE HIGHTS 12/31/12 2,243 2,431 1   146 WASHER & DRYFER IMPROVEMENTS 1   147 PHONE SYSTEM 11/01/12 8,785 8,785 5 MO S.L 8,785 0   148 PHONE SYSTEM 11/01/12 8,785 8,785 5 MO S.L 8,785 0   149 PHONE SYSTEM 11/01/12 8,785 8,785 5 MO S.L 8,785 0   140 PHONE SYSTEM 11/01/12 8,785 8,785 5 MO S.L 8,785 0   147 PHAD AND CASE 20613 648 648 5 MO S.L 8,785 0   148 PHONE SYSTEM 1,001/12 8,785 8,785 5 MO S.L 8,785 0   149 PHONE SYSTEM 1,001/12 8,785 8,785 5 MO S.L 8,785 0   140 PHONE SYSTEM 1,001/12 8,785 8,785 5 MO S.L 8,785 0   141 PHAD AND CASE 20613 648 648 648 5 MO S.L 8,785 0   142 CHINER ADDRESS WORK 2,221/3 5 MO S.L 8,785 0   145 PHONE SYSTEM 1,001/12 8,785 8,785 5 MO S.L 8,785 0   146 PHAD AND CASE 20613 648 648 648 5 MO S.L 8,785 0   147 PHAD AND CASE 300 1   148 PHONE SYSTEM 1,001/12 8,785 8,785 5 MO S.L 8,785 0   149 PHONE SYSTEM 1,001/12 8,785 1   140 PHONE SYSTEM 1,001/12 8,785 1   140 PHONE SYSTEM 1,001/12 8,785 1   140 PHONE SYSTEM 1,001/12 8,785										
94 CLINIC REMODEL 95 CABINES AND COUNTERTOPS 120809 96 CABINES AND COUNTERTOPS 120809 12080										
95 CABINETS AND COLNTERTOPS 120809 9,612 9,612 39 MO ST. 2239 246 96 4 INSTALLED TOLLER'S 1,009 11/8409 1,566 1,565 15 MO ST. 1,1090 1104 97 CONTERENCE ROOM WINDOW 127/10 2,000 2,000 15 MO ST. 1,139 133 97 CONTERENCE ROOM WINDOW 127/10 2,000 2,000 15 MO ST. 1,139 130 134 LAR COMPITER 11/91/2 2,007 2,007 5 MO ST. 1,178 130 135 LAR COMPITER 11/91/2 2,007 2,007 5 MO ST. 1,178 130 136 2 AIR COMPRESSOR 10/930/12 2,500 1,250 5 MO ST. 1,178 100 137 2 CAVITRON 11/97/2 5,203 5,203 5 MO ST. 1,2590 0 137 2 CAVITRON 11/97/2 5,203 5,203 5 MO ST. 1,2590 0 138 ROOM CRIT ST. 1,000 1 1,000 1,										
96 4 INSTALLED TOILETS						9,612	39	MO S/L	,	
98 CARPETING FOR OFFICES 1/27/10 7,463 7,463 5 MO SI. 7,463 0 MO SI. 7,463 WATCHGAURD XTM 5/12/12 1,178 1,178 3 MO SI. 1,178 0 MO SI. 2,187 0 MO SI. 2,267 2,067 5 MO SI. 2,067 0 MO SI. 3,07 0 MO SI.	96	4 INSTALLED TOILETS							,	
133 WATCHGAURD XTM									,	
124   LAB COMPUTER										
136   2 AIR COMPRESSOR										
138   ROMO CURTAINS   1214/12   870   870   5 MO S.L   870   0     39   REMODICLING & WODDWORK   101/12   709   709   15 MO S.L   331   47     410   WASHIR & DRYER IMPROVEMENTS   11.08/12   2.244   2.244   15 MO S.L   1.030   169     412   CUNITER & DESK WORK   1231/12   1.390   1.390   1.390   15 MO S.L   1.030   169     413   SENSOR SUZT ELITE   9/11/12   1.390   1.39										
139   REMODELING & WOODWORK   101/12   709   709   15 MO St.   331   47										
141   LAB REMODEL   102112   2,546   2,244   15 MO S/L   1,030   169   142   COUNTER & DESK WORK   12,31/2   1,390   1,390   15 MO S/L   1,030   169   143   SENSOR SIZE 2 ELITE   9/11/12   8,182   8,182   5 MO S/L   2,613   0   144   CURING LIGHTS   123/1/2   2,613   2,613   3,613   5 MO S/L   2,613   0   144   CURING LIGHTS   123/1/2   2,613   2,613   5 MO S/L   2,613   0   144   DESK WORK   1,011/3   8,788   8,785   5 MO S/L   2,613   0   145   DESK WORK   1,011/3   8,788   8,785   5 MO S/L   2,613   0   146   DESK WORK   1,011/3   8,788   8,785   5 MO S/L   2,613   0   147   DESK WORK   1,011/3   8,788   8,785   5 MO S/L   2,613   0   147   DESK WORK   1,011/3   8,784   8,785   5 MO S/L   5,766   0   147   DESK WORK   1,011/3   8,784   7,488										
141   LAR REMODPE    11/2   1/2   2/540   2/540   15 MO SIL   1/300   169     142 COUNTER & DESK WORK   1/2/11/2   1/300   1/300   1/5 MO SIL   5/56   93     143 SENSOR SIZIE 2 ELITE   9/11/2   8/18/2   8/18/2   5 MO SIL   8/18/2   0     144 CURING LIGHTS   1/2/11/2   2/6/13   2/6/13   5 MO SIL   2/6/13   0     145 PHONE SYSTEM   11/01/2   8/78/5   8/78/5   5 MO SIL   2/6/13   0     146 IPAD AND CASE   2/06/13   6/88   6/84   5 MO SIL   5/76   0     147 IPAD AND CASE   5/02/13   5/76   5/76   5 MO SIL   5/76   0     149 IPAD AND CASE   5/02/13   5/76   5/76   5 MO SIL   5/76   0     140 IPAD AND CASE   5/02/13   5/76   5/76   5/76   5 MO SIL   5/76   0     141 IPAD AND CASE   5/02/13   5/76   5/76   5 MO SIL   5/76   0     142 IPAD PIECES   5/02/13   5/76   5/76   5/76   5 MO SIL   5/76   0     143 IPAD PIECES   5/02/13   5/76   5/76   5/76   5 MO SIL   5/78   0     144 IPAD PIECES   8/20/13   4/222   4/222   5/76   5/76   5/76   5/76   5/76   0     153 SEEVER UPGRADE & BACKUP   9/08/13   1/2/18   1/2/18   1/2/18   5 MO SIL   1/2/18   1/2										
143   SENSOR SIZE 2 ELITE				,		,				
144   CURING LICHTS   1231/12   2,613   2,613   5 MO S/L   2,613   0     148   PHONE SYSTEM   1101/12   8,785   8,785   5 MO S/L   648   0     149   PAD AND CASE   206/13   576   576   576   5 MO S/L   648   0     141   PAD AND CASE   500/13   576   576   5 MO S/L   548   0     148   THINKPAD   7/22/13   748   748   5 MO S/L   834   0     149   THINKCENTRE   7/22/13   748   748   5 MO S/L   834   0     151   CURING LICHTS   8/20/13   4,222   4,222   5 MO S/L   5,883   0     151   CURING LICHTS   8/20/13   4,222   4,222   5 MO S/L   4,222   0     152   HAND PIECES   8/20/13   4,222   4,222   5 MO S/L   4,222   0     153   SERVER UPGRADE & BACKUP   9/21/3   4,089   4,089   5 MO S/L   2,047   5 MO S/L     154   SERVER UPGRADE & BACKUP   9/10/13   1,226   1,266   5 MO S/L   2,047   5 MO S/L     155   SOUBLE THER LOCKERS   1207/13   4,075   4,075   5 MO S/L   2,006   0     156   STYLEVIEW STI-STAND COMBO   9/10/13   1,226   1,260   5 MO S/L   2,006   0     157   REMODEL DENTAL ROOM   9/24/13   1,502   1,502   1,500   5 MO S/L   2,006   0     158   NEW OPERATORY RIMODEL   21/51/4   5,593   5,593   15 MO S/L   1,433   373     159   OPERATORY RIMODEL   21/51/4   5,593   5,593   15 MO S/L   1,267   442     160   SERVER   506/14   7,794   7,794   5 MO S/L   2,474   520     161   CAVITRON PLUS   7/17/15   2,811   2,811   2,811   5 MO S/L   3,067   818     162   COMPRESSOR HEAD ASSEMBLY   3/31/15   4,089   4,089   5 MO S/L   3,067   818     163   GENDEX CORPO SUSNOR SYSTEM   7/28/15   7,737   7,737   7,737   5 MO S/L   3,067   818     164   QUATROCARE   12/11/15   2,698   2,698   5 MO S/L   3,067   818     165   THINKPAD   12/11/16   3,095   3,095   5 MO S/L   3,067   818     166   DENISINTRAORAL CAMERA   7/12/16   3,095   3,095   5 MO S/L   3,067   818     167   AVITRON PLUS PACKAGE   7/19/16   3,027   3,027   5 MO S/L   3,067   818     165   THINKPAD   1107/16   688,249   688,249   9 MO S/L   3,067   818     166   DENISINTRAORAL CAMERA   7/12/16   3,095   3,095   5 MO S/L   1,098   799     167   AVITRON PLUS PACKAGE				,		1,390				
145   PHONE SYSTEM										
146   PAD AND CASE										
147   IPAD AND CASE										
148   THINKPAD										
151   CURING LIGHTS										
152   HAND PIECES										
153   SERVER UPGRADE & BACKUP   908/13   12,181   12,181   12,181   0.375   40,375   0.0   155   SOUBLE TIER LOCKERS   12/21/13   2,006   2,006   5 MO S/L   40,375   0.0   155   DOUBLE TIER LOCKERS   12/21/13   2,006   2,006   5 MO S/L   2,006   0.0										
154   SENSOR   12/27/13   40,375   40,375   5 MO S/L   40,375   0     155   DOUBLE TIER LOCKERS   12/02/13   2,006   2,006   5 MO S/L   2,006   0     156   STYLEVIEW SIT-STAND COMBO   9/10/13   1,226   1,226   5 MO S/L   1,226   0     157   REMODEL DENTAL ROOM   9/24/13   1,502   1,502   15 MO S/L   1,519   100     158   NEW OPERATORY REMODEL   2/15/14   5,593   5,593   15 MO S/L   1,833   373     159   OPERATORY EQUIPMENT   2/15/14   5,593   5,593   15 MO S/L   1,833   373     159   OPERATORY EQUIPMENT   2/15/14   6,6516   5 MO S/L   2,6074   442     160   SERVER   5/06/14   7,794   7,794   5 MO S/L   7,274   520     161   CAVITRON PLUS   7/17/15   2,811   2,811   5 MO S/L   3,067   818     163   GENDEX CORPO SENSOR SYSTEM   7,28/15   7,737   7,737   5 MO S/L   3,067   818     163   GENDEX CORPO SENSOR SYSTEM   7,28/15   7,737   7,737   5 MO S/L   3,067   818     164   QUATROO RE   12/17/15   2,698   2,698   5 MO S/L   1,619   540     165   THINKPAD   12/17/16   1,455   1,455   3 MO S/L   1,619   540     166   DEXISINTRAORAL CAMERA   7/12/16   3,095   3,395   5 MO S/L   1,619   540     167   CAVITRON PLUS PACKAGE   7/19/16   3,027   3,027   5 MO S/L   1,463   605     168   DEXIS PLATINUM SENSOR   90/1/6   2,298   22,498   5 MO S/L   1,463   605     169   DIGITAL PAN CEPH   9/19/16   22,498   22,498   5 MO S/L   1,0124   4,499     171   LAND - LOTIS 16 & 17   3/24/16   181,395   181,395   0 Land   0   0     173   BUILDING   11/07/16   658,249   658,249   39 MO S/L   3,6569   16,879     174   EXTERIOR LIGHTING   12/16/16   6,774   10 MO S/L   3,560   1,780     175   DEMI ULTRACAP CURING ITTE (2)   80/1/7   2,800   2,800   5 MO S/L   3,6569   16,879     179   EXPERTITORQUE HANDPIECES   80/1/7   2,800   2,800   5 MO S/L   3,560   1,800     187   DEMI ULTRACAP CURING ITTE (2)   80/1/7   2,800   2,800   5 MO S/L   3,560   1,800     188   RADIUS STYLE LED LIGHTING   12/22/16   8,900   8,900   5 MO S/L   3,560   1,800     189   EXPERTITORQUE HANDPIECES   80/1/7   2,800   2,800   5 MO S/L   2,555   180     180   S						4,222				
155   DOUBLE TIER LOCKERS   12/02/13   2,006   2,006   5 MO S/L   2,006   0   156   STYLEVIEW STISTAND COMBO   9/10/13   1,226   1,226   5 MO S/L   5/19   100   157   REMODEL DENTAL ROOM   9/24/13   1,502   1,502   1,502   15 MO S/L   5/19   100   158   NEW OPERATORY REMODEL   2/15/14   26,516   26,516   5 MO S/L   2,6074   442   160   SERVER   5/06/14   7,794   7,794   5 MO S/L   2,6074   442   160   SERVER   5/06/14   7,794   7,794   5 MO S/L   2,6074   442   161   CAVITRON PLUS   7/17/15   2,811   2,811   5 MO S/L   1,921   562   162   COMPRESSOR HEAD ASSEMBLY   3/31/15   4,089   4,089   5 MO S/L   3,067   818   163   GENDEX CORPO SENSOR SYSTEM   7/28/15   7,737   7,737   5 MO S/L   3,067   818   164   QUATROCARE   12/17/15   2,698   2,698   5 MO S/L   1,619   540   165   THINKPAD   12/17/15   2,698   2,698   5 MO S/L   1,010   445   166   DEXISINTRAORAL CAMERA   7/12/16   3,995   3,995   5 MO S/L   1,998   799   167   CAVITRON PLUS PACKAGE   7/19/16   3,027   3,027   5 MO S/L   1,403   169   DIGITAL PAN CEPH   9/19/16   2,2498   22,498   5 MO S/L   1,408   599   170   DIGITAL PAN ORTHO   9/19/16   22,498   22,498   5 MO S/L   1,0124   4,499   170   DIGITAL PAN ORTHO   9/19/16   22,498   22,498   5 MO S/L   1,0124   4,499   171   LAND   LOTS 16 & 17   3,2446   81.395   818.529   3 18.529   0 - Land   0   0   172   LAND   11/07/16   688,249   688,249   3 MO S/L   1,355   677   175   LED LIGHTING   12/16/16   6,774   10 MO S/L   3,560   1,780   176   HVAC SYSTEM   12/28/16   15,274   10 MO S/L   3,550   1,780   177   DEMI ULTRACAP CURING LTE (2)   80/1/7   2,800   2,800   5 MO S/L   3,560   1,780   180   KAVOLOW SPEED MOTORS (6)   80/1/7   2,800   2,800   5 MO S/L   1,335   677   179   EXPERITORQUE HANDPHECES   80/1/7   2,800   2,800   5 MO S/L   1,355   677   180   KARDATOR UNIT (2)   80/1/7   5,664   5,664   5 MO S/L   1,416   1,133   3,246   1,446   1,449										
157   REMODEL DENTAL ROOM   9/24/13   1.502   1.502   1.5 MO S/L   5.19   100   158 NEW OPERATORY REMODEL   21/5/14   2.6.516   2.6.516   5.593   1.5 MO S/L   1.833   373   3159   OPERATORY REMODEL   21/5/14   2.6.516   2.6.516   5.593   1.5 MO S/L   2.6.074   442   2.6.516   2.6.516   5.593   1.5 MO S/L   2.6.714   520   1.6 NO S/L										
158 NEW OPERATORY REMODEL										
159 OPERATORY EQUIPMENT   2/15/14   26.516   26.516   5 MO S/L   26.074   442										
160   SERVER										
161   CAVITRON PLUS										
163 GENDEX CORPO SENSOR SYSTEM   7,2815   7,737   7,737   5 MO S/L   5,287   1,547     164 QUATROCARE   12/17/15   2,698   2,698   5 MO S/L   1,619   5440     165 THINKPAD   12/01/16   1,455   1,455   3 MO S/L   1,010   445     166 DEXISINTRAORAL CAMERA   7/12/16   3,995   3,995   5 MO S/L   1,998   799     167 CAVITRON PLUS PACKAGE   7/19/16   3,027   3,027   5 MO S/L   1,463   605     168 DEXIS PLATINUM SENSOR   9/01/16   2,995   2,995   5 MO S/L   1,398   599     169 DIGITAL PAN CEPH   9/19/16   22,498   22,498   5 MO S/L   10,124   4,499     170 DIGITAL PAN ORTHO   9/19/16   22,498   22,498   5 MO S/L   10,124   4,499     171 LAND - LOTS 16 & 17   3/24/16   181,395   181,395   0  Land   0   0     172 LAND   11/07/16   318,529   318,529   0  Land   0   0     173 BUILDING   11/07/16   658,249   658,249   39 MO S/L   36,569   16,879     174 EXTERIOR LIGHTING   12/16/16   6,774   6,774   10 MO S/L   3,356   1,780     175 LED LIGHTING   12/28/16   15,274   15,274   10 MO S/L   3,055   1,780     176 HVAC SYSTEM   12/28/16   15,274   15,274   10 MO S/L   3,055   1,527     177 DEMI ULTRACAP CURING LTE (2)   8/01/17   2,800   2,800   5 MO S/L   3,055   1,527     179 EXPERTITORQUE HANDPIECES (6)   8/01/17   4,200   4,200   5 MO S/L   1,700   1,200     180 ANALGAMATOR UNIT (2)   8/01/17   4,200   4,200   5 MO S/L   2,525   180     181 AMALGAMATOR UNIT (2)   8/01/17   2,860   2,860   5 MO S/L   3,661   2,901     182 RESTORATIVE HANDPIECES   8/01/17   4,200   4,200   5 MO S/L   2,022   1,617     185 S45 WORKSURFACE   10/07/17   5,664   5,664   5 MO S/L   1,333   1,466     181 AMALGAMATOR UNIT (2)   8/01/17   2,940   2,941   5 MO S/L   3,065   1,380     183 S32 RADIUS STYLE   10/07/17   3,805   3,805   5 MO S/L   3,670   2,931     184 DENTAL CHAIR   10/07/17   2,860   2,860   5 MO S/L   1,416   1,133     185 ASTORATIVE HANDPIECES   8/01/17   2,944   2,944   5 MO S/L   3,670   2,931     186 RAR-MOUNT ADJUSTABLE ARM   10/07/17   1,467   1,467   5 MO S/L   3,670   2,931     187 SALTORO CLIFF   10/14/17   2,944   2,9			7/17/15							562
164 QUATROCARE										
165 THINKPAD										,
166   DEXISITRAORAL CAMERA   7/12/16   3.995   3.995   5 MO S/L   1.998   799     167   CAVITRON PLUS PACKAGE   7/19/16   3.027   3.027   5 MO S/L   1.463   605     168   DEXIS PLATINUM SENSOR   9/01/16   2.995   2.995   5 MO S/L   1.398   599     169   DIGITAL PAN CEPH   9/19/16   22.498   22.498   5 MO S/L   10,124   4.499     170   DIGITAL PAN ORTHO   9/19/16   21.498   22.498   5 MO S/L   10,124   4.499     171   LAND - LOTS 16 & 17   3/24/16   181,395   181,395   0 Land   0   0     172   LAND   11/07/16   318,529   318,529   0 Land   0   0     173   BUILDING   11/07/16   658,249   658,249   389   MO S/L   36,569   16,879     174   EXTERIOR LIGHTING   12/16/16   6,774   6,774   10   MO S/L   3,560   1,780     175   LED LIGHTING   12/22/16   8,900   8,900   5 MO S/L   3,560   1,780     176   HVAC SYSTEM   12/28/16   15,274   15,274   10   MO S/L   3,055   1,527     177   DEMI ULTRACAP CURING LTE (2)   8/01/17   2,800   2,800   5 MO S/L   6,796   4,797     179   EXPERITIORQUE HANDPIECES (6)   8/01/17   4,200   4,200   5 MO S/L   1,700   1,200     180   KAVO LOW SPEED MOTORS (6)   8/01/17   4,200   4,200   5 MO S/L   1,190   840     181   AMALGAMATOR UNIT (2)   8/01/17   4,250   4,250   5 MO S/L   2,55   180     182   RESTORATIVE HANDPIECES   8/01/17   2,850   2,850   5 MO S/L   2,55   180     183   332 RADIUS STYLE   10/07/17   5,664   5,664   5 MO S/L   1,416   1,133     332 RADIUS STYLE   10/07/17   5,664   5,664   5 MO S/L   3,670   293     184   DENTAL CHAIR   10/07/17   1,467   1,467   5 MO S/L   3,670   293     185   545 WORKSURFACE   10/14/17   2,914   2,914   5 MO S/L   3,670   293     186   REAR-MOUNT ADJUSTABLE ARM   10/07/17   1,467   1,467   5 MO S/L   3,670   3,670     187   SALTORO CLIFF   10/14/17   2,914   2,914   5 MO S/L   1,416   1,133   1,466     188   RADIUS STYLE   10/07/17   2,860   2,860   5 MO S/L   1,412   914   4,449										
167 CAVITRON PLUS PACKAGE   7/19/16   3,027   3,027   5 MO S/L   1,463   605     168 DEXIS PLATINUM SENSOR   9/01/16   2,995   2,995   5 MO S/L   1,398   599     169 DIGITAL PAN CEPH   9/19/16   22,498   22,498   5 MO S/L   10,124   4,499     170 DIGITAL PAN ORTHO   9/19/16   22,498   22,498   5 MO S/L   10,124   4,499     171 LAND - LOTS 16 & 17   3/24/16   181,395   181,395   0										
169   DIGITAL PAN CEPH   9/19/16   22,498   22,498   5 MO S/L   10,124   4,499   170   DIGITAL PAN ORTHO   9/19/16   22,498   22,498   5 MO S/L   10,124   4,499   171   LAND - LOTS 16 & 17   3/24/16   181,395   181,395   0 Land   0   0   0   0   172   LAND   11/07/16   318,529   318,529   0 Land   0   0   0   0   0   0   173   BUILDING   11/07/16   658,249   658,249   39 MO S/L   3,555   677   173   BUILDING   12/16/16   6,774   0 MO S/L   3,555   677   175   LED LIGHTING   12/16/16   8,900   8,900   5 MO S/L   3,550   1,780   176   HVAC SYSTEM   12/28/16   15,274   15,274   10 MO S/L   3,550   1,527   177   DEMI ULTRACAP CURING LTE (2)   8/01/17   2,800   2,800   5 MO S/L   793   566   1,780   178   DIGITAL XRAY SENSOR (3)   8/08/17   23,985   23,985   5 MO S/L   6,796   4,797   179   EXPERTITORQUE HANDPIECES (6)   8/01/17   6,000   6,000   5 MO S/L   1,700   1,200   1,80   1,80   1,40   1,	167	CAVITRON PLUS PACKAGE	7/19/16			3,027	5	MO S/L		
170   DIGITAL PAN ORTHO										
171   LAND - LOTS 16 & 17   3/24/16   181,395   318,529   0 Land   0   0   0   172   LAND   11/07/16   318,529   318,529   0 Land   0   0   0   0   0   0   173   BUILDING   11/07/16   658,249   658,249   368,249   30   MO S/L   36,569   16,879   174   EXTERIOR LIGHTING   12/16/16   6,774   6,774   10   MO S/L   1,355   677   175   LED LIGHTING   12/22/16   8,900   8,900   5   MO S/L   3,560   1,780   176   HVAC SYSTEM   12/28/16   15,274   15,274   10   MO S/L   3,560   1,780   177   DEMI ULTRACAP CURING LTE (2)   8/01/17   2,800   2,800   5   MO S/L   793   560   1,780   178   DIGITAL XRAY SENSOR (3)   8/08/17   23,985   23,985   5   MO S/L   6,796   4,797   179   EXPERTTORQUE HANDPIECES (6)   8/01/17   6,000   6,000   5   MO S/L   1,700   1,200   180   KAVO LOW SPEED MOTORS (6)   8/01/17   4,200   4,200   5   MO S/L   1,190   840   181   AMALGAMATOR UNIT (2)   8/01/17   900   900   5   MO S/L   255   180   182   RESTORATIVE HANDPIECES   8/01/17   2,850   2,850   5   MO S/L   2,550   183   332 RADIUS STYLE   10/07/17   5,664   5,664   5   MO S/L   1,416   1,133   184   DENTAL CHAIR   10/07/17   8,087   8,087   5   MO S/L   2,022   1,617   185   545   WORKSURFACE   10/14/17   2,914   2,914   5   MO S/L   2,022   1,617   186   REAR-MOUNT ADJUSTABLE ARM   10/07/17   2,860   2,860   5   MO S/L   1,833   1,466   188   RADIUS STYLE   LED LIGHT   10/07/17   2,860   2,860   5   MO S/L   1,142   914   190   ARTIZAN SLIM PIVOTING WORKSURF 10/07/17   5,568   4,568   5   MO S/L   1,142   914   190   ARTIZAN SLIM PIVOTING WORKSURF 10/07/17   5,568   4,568   5   MO S/L   1,418   1,150   191   INSTRUMENT DELIVERY SYSTEM   10/07/17   5,550   5,750   5,750   5   MO S/L   598   478   193   INTEGRA PIVOT WORKSURFACE   10/07/17   2,391   2,391   5   MO S/L   598   478										
172 LAND										
174       EXTERIOR LIGHTING       12/16/16       6,774       6,774       10       MO S/L       1,355       677         175       LED LIGHTING       12/22/16       8,900       8,900       5       MO S/L       3,560       1,780         176       HVAC SYSTEM       12/28/16       15,274       15,274       10       MO S/L       3,055       1,527         177       DEMI ULTRACAP CURING LTE (2)       8/01/17       2,800       2,800       5       MO S/L       793       560         178       DIGITAL XRAY SENSOR (3)       8/08/17       23,985       23,985       5       MO S/L       6,796       4,797         179       EXPERTTORQUE HANDPIECES (6)       8/01/17       6,000       6,000       5       MO S/L       1,700       1,200         180       KAVO LOW SPEED MOTORS (6)       8/01/17       4,200       4,200       5       MO S/L       1,190       840         181       AMALGAMATOR UNIT (2)       8/01/17       2,900       900       5       MO S/L       2,55       180         182       RESTORATIVE HANDPIECES       8/01/17       2,850       2,850       5       MO S/L       808       570         183       332 RADIUS STYLE <td></td>										
175         LED LIGHTING         12/22/16         8,900         8,900         5         MO S/L         3,560         1,780           176         HVAC SYSTEM         12/28/16         15,274         15,274         10         MO S/L         3,055         1,527           177         DEMI ULTRACAP CURING LTE (2)         8/01/17         2,800         2,800         5         MO S/L         793         560           178         DIGITAL XRAY SENSOR (3)         8/08/17         23,985         23,985         5         MO S/L         6,796         4,797           179         EXPERTTORQUE HANDPIECES (6)         8/01/17         4,000         6,000         5         MO S/L         1,700         1,200           180         KAVO LOW SPEED MOTORS (6)         8/01/17         4,200         4,200         5         MO S/L         1,190         840           181         AMALGAMATOR UNIT (2)         8/01/17         900         900         5         MO S/L         255         180           182         RESTORATIVE HANDPIECES         8/01/17         2,850         2,850         5         MO S/L         255         180           183         332 RADIUS STYLE         10/07/17         8,087         8,087										,
176   HVAC SYSTEM   12/28/16   15,274   15,274   10   MO S/L   3,055   1,527   177   DEMI ULTRACAP CURING LTE (2)   8/01/17   2,800   2,800   5   MO S/L   793   560   560   5   MO S/L   6,796   4,797   791   792   793										
177         DEMI ULTRACAP CURING LTE (2)         8/01/17         2,800         2,800         5         MO S/L         793         560           178         DIGITAL XRAY SENSOR (3)         8/08/17         23,985         23,985         5         MO S/L         6,796         4,797           179         EXPERTITORQUE HANDPIECES (6)         8/01/17         6,000         6,000         5         MO S/L         1,700         1,200           180         KAVO LOW SPEED MOTORS (6)         8/01/17         4,200         4,200         5         MO S/L         1,190         840           181         AMALGAMATOR UNIT (2)         8/01/17         900         900         5         MO S/L         255         180           182         RESTORATIVE HANDPIECES         8/01/17         2,850         2,850         5         MO S/L         285         180           182         RESTORATIVE HANDPIECES         8/01/17         2,850         2,850         5         MO S/L         285         180           182         RESTORATIVE HANDPIECES         8/01/17         2,850         2,850         5         MO S/L         360         285         180           182         RESTORATIVE HANDPIECES         8/01/17         8,087<										
178         DIGITAL XRAY SENSOR (3)         8/08/17         23,985         5 MO S/L         6,796         4,797           179         EXPERTTORQUE HANDPIECES (6)         8/01/17         6,000         6,000         5 MO S/L         1,700         1,200           180         KAVO LOW SPEED MOTORS (6)         8/01/17         4,200         4,200         5 MO S/L         1,190         840           181         AMALGAMATOR UNIT (2)         8/01/17         900         900         5 MO S/L         255         180           182         RESTORATIVE HANDPIECES         8/01/17         2,850         2,850         5 MO S/L         808         570           183         332 RADIUS STYLE         10/07/17         5,664         5,664         5 MO S/L         1,416         1,133           184         DENTAL CHAIR         10/07/17         8,087         8,087         5 MO S/L         2,022         1,617           185         545 WORKSURFACE         10/14/17         2,914         2,914         5 MO S/L         729         582           186         REAR-MOUNT ADJUSTABLE ARM         10/07/17         1,467         1,467         5 MO S/L         1,833         1,466           188         RADIUS STYLE LED LIGHT         10/0										
180       KAVO LOW ŠPEED MOTORS (6)       8/01/17       4,200       4,200       5       MO S/L       1,190       840         181       AMALGAMATOR UNIT (2)       8/01/17       900       900       5       MO S/L       255       180         182       RESTORATIVE HANDPIECES       8/01/17       2,850       2,850       5       MO S/L       808       570         183       332       RADIUS STYLE       10/07/17       5,664       5,664       5       MO S/L       1,416       1,133         184       DENTAL CHAIR       10/07/17       8,087       8,087       5       MO S/L       2,022       1,617         185       545       WORKSURFACE       10/14/17       2,914       2,914       5       MO S/L       729       582         186       REAR-MOUNT ADJUSTABLE ARM       10/07/17       1,467       1,467       5       MO S/L       367       293         187       SALTORO CLIFF       10/14/17       7,330       7,330       5       MO S/L       1,833       1,466         188       RADIUS STYLE LED LIGHT       10/07/17       2,860       2,860       5       MO S/L       715       572         189       ARTIZAN SILM PIV										
181 AMALGAMATOR UNIT (2)       8/01/17       900       900 5 MO S/L       255       180         182 RESTORATIVE HANDPIECES       8/01/17       2,850       2,850 5 MO S/L       808       570         183 332 RADIUS STYLE       10/07/17       5,664       5,664 5 MO S/L       1,416       1,133         184 DENTAL CHAIR       10/07/17       8,087       8,087 5 MO S/L       2,022       1,617         185 545 WORKSURFACE       10/14/17       2,914       2,914 5 MO S/L       729       582         186 REAR-MOUNT ADJUSTABLE ARM       10/07/17       1,467       1,467 5 MO S/L       367       293         187 SALTORO CLIFF       10/14/17       7,330       7,330 5 MO S/L       1,833       1,466         188 RADIUS STYLE LED LIGHT       10/07/17       2,860       2,860 5 MO S/L       715       572         189 ARTIZAN SIDE STATION SINK       10/07/17       4,568       4,568 5 MO S/L       1,142       914         190 ARTIZAN SLIM PIVOTING WORKSURF 10/07/17       6,046       6,046 5 MO S/L       1,512       1,209         191 INSTRUMENT DELIVERY SYSTEM       10/07/17       5,750       5,750 5 MO S/L       1,438       1,150         192 CUSTOM CABINETS       10/07/17       3,805       3,805 5 MO S/L       595 <td></td>										
182       RESTORATIVE HANDPIÈCES       8/01/17       2,850       2,850       5 MO S/L       808       570         183       332       RADIUS STYLE       10/07/17       5,664       5,664       5 MO S/L       1,416       1,133         184       DENTAL CHAIR       10/07/17       8,087       8,087       5 MO S/L       2,022       1,617         185       545       WORKSURFACE       10/14/17       2,914       2,914       5 MO S/L       729       582         186       REAR-MOUNT ADJUSTABLE ARM       10/07/17       1,467       1,467       5 MO S/L       367       293         187       SALTORO CLIFF       10/14/17       7,330       7,330       5 MO S/L       1,833       1,466         188       RADIUS STYLE LED LIGHT       10/07/17       2,860       2,860       5 MO S/L       715       572         189       ARTIZAN SIDE STATION SINK       10/07/17       4,568       4,568       5 MO S/L       1,142       914         190       ARTIZAN SLIM PIVOTING WORKSURF 10/07/17       6,046       6,046       5 MO S/L       1,512       1,209         191       INSTRUMENT DELIVERY SYSTEM       10/07/17       5,750       5,750       5 MO S/L       1,438										
183       332 RADIUS STYLE       10/07/17       5,664       5,664       5 MO S/L       1,416       1,133         184       DENTAL CHAIR       10/07/17       8,087       8,087       5 MO S/L       2,022       1,617         185       545 WORKSURFACE       10/14/17       2,914       2,914       5 MO S/L       729       582         186       REAR-MOUNT ADJUSTABLE ARM       10/07/17       1,467       1,467       5 MO S/L       367       293         187       SALTORO CLIFF       10/14/17       7,330       7,330       5 MO S/L       1,833       1,466         188       RADIUS STYLE LED LIGHT       10/07/17       2,860       2,860       5 MO S/L       715       572         189       ARTIZAN SIDE STATION SINK       10/07/17       4,568       4,568       5 MO S/L       1,142       914         190       ARTIZAN SLIM PIVOTING WORKSURF 10/07/17       6,046       6,046       5 MO S/L       1,512       1,209         191       INSTRUMENT DELIVERY SYSTEM       10/07/17       5,750       5,750       5 MO S/L       1,438       1,150         192       CUSTOM CABINETS       10/07/17       3,805       3,805       5 MO S/L       951       761										
184       DENTAL CHAIR       10/07/17       8,087       8,087       5 MO S/L       2,022       1,617         185       545       WORKSURFACE       10/14/17       2,914       2,914       5 MO S/L       729       582         186       REAR-MOUNT ADJUSTABLE ARM       10/07/17       1,467       1,467       5 MO S/L       367       293         187       SALTORO CLIFF       10/14/17       7,330       7,330       5 MO S/L       1,833       1,466         188       RADIUS STYLE LED LIGHT       10/07/17       2,860       2,860       5 MO S/L       715       572         189       ARTIZAN SIDE STATION SINK       10/07/17       4,568       4,568       5 MO S/L       1,142       914         190       ARTIZAN SLIM PIVOTING WORKSURF 10/07/17       6,046       6,046       5 MO S/L       1,512       1,209         191       INSTRUMENT DELIVERY SYSTEM       10/07/17       5,750       5,750       5 MO S/L       1,438       1,150         192       CUSTOM CABINETS       10/07/17       3,805       3,805       5 MO S/L       951       761         193       INTEGRA PIVOT WORKSURFACE       10/07/17       2,391       2,391       5 MO S/L       598       478 <td></td>										
186       REAR-MOUNT ADJUSTABLE ARM       10/07/17       1,467       1,467       5 MO S/L       367       293         187       SALTORO CLIFF       10/14/17       7,330       7,330       5 MO S/L       1,833       1,466         188       RADIUS STYLE LED LIGHT       10/07/17       2,860       2,860       5 MO S/L       715       572         189       ARTIZAN SIDE STATION SINK       10/07/17       4,568       4,568       5 MO S/L       1,142       914         190       ARTIZAN SLIM PIVOTING WORKSURF 10/07/17       6,046       6,046       5 MO S/L       1,512       1,209         191       INSTRUMENT DELIVERY SYSTEM       10/07/17       5,750       5,750       5 MO S/L       1,438       1,150         192       CUSTOM CABINETS       10/07/17       3,805       3,805       5 MO S/L       951       761         193       INTEGRA PIVOT WORKSURFACE       10/07/17       2,391       2,391       5 MO S/L       598       478	184	DENTAL CHAIR	10/07/17	8,087		8,087	5	MO S/L	2,022	1,617
187 SALTORO CLIFF       10/14/17       7,330       7,330       5 MO S/L       1,833       1,466         188 RADIUS STYLE LED LIGHT       10/07/17       2,860       2,860       5 MO S/L       715       572         189 ARTIZAN SIDE STATION SINK       10/07/17       4,568       4,568       5 MO S/L       1,142       914         190 ARTIZAN SLIM PIVOTING WORKSURF 10/07/17       6,046       6,046       5 MO S/L       1,512       1,209         191 INSTRUMENT DELIVERY SYSTEM       10/07/17       5,750       5,750       5 MO S/L       1,438       1,150         192 CUSTOM CABINETS       10/07/17       3,805       3,805       5 MO S/L       951       761         193 INTEGRA PIVOT WORKSURFACE       10/07/17       2,391       2,391       5 MO S/L       598       478										
188 RADIUS STYLE LED LIGHT       10/07/17       2,860       2,860       5 MO S/L       715       572         189 ARTIZAN SIDE STATION SINK       10/07/17       4,568       4,568       5 MO S/L       1,142       914         190 ARTIZAN SLIM PIVOTING WORKSURF 10/07/17       6,046       6,046       5 MO S/L       1,512       1,209         191 INSTRUMENT DELIVERY SYSTEM       10/07/17       5,750       5,750       5 MO S/L       1,438       1,150         192 CUSTOM CABINETS       10/07/17       3,805       3,805       5 MO S/L       951       761         193 INTEGRA PIVOT WORKSURFACE       10/07/17       2,391       2,391       5 MO S/L       598       478										
189 ARTIZAN SIDE STATION SINK       10/07/17       4,568       4,568       5 MO S/L       1,142       914         190 ARTIZAN SLIM PIVOTING WORKSURF 10/07/17       6,046       6,046       5 MO S/L       1,512       1,209         191 INSTRUMENT DELIVERY SYSTEM       10/07/17       5,750       5,750       5 MO S/L       1,438       1,150         192 CUSTOM CABINETS       10/07/17       3,805       3,805       5 MO S/L       951       761         193 INTEGRA PIVOT WORKSURFACE       10/07/17       2,391       2,391       5 MO S/L       598       478										
190       ARTIZAN SLIM PIVOTING WORKSURF 10/07/17       6,046       6,046       5 MO S/L       1,512       1,209         191       INSTRUMENT DELIVERY SYSTEM       10/07/17       5,750       5,750       5 MO S/L       1,438       1,150         192       CUSTOM CABINETS       10/07/17       3,805       3,805       5 MO S/L       951       761         193       INTEGRA PIVOT WORKSURFACE       10/07/17       2,391       2,391       5 MO S/L       598       478										
192 CUSTOM CABINETS     10/07/17     3,805     3,805     5 MO S/L     951     761       193 INTEGRA PIVOT WORKSURFACE     10/07/17     2,391     2,391     5 MO S/L     598     478				6,046		6,046	5	MO S/L	1,512	
193 INTEGRA PIVOT WORKSURFACE 10/07/17 2,391 2,391 5 MO S/L 598 478										,

# Federal Asset Report Form 990, Page 1

		Date		Bus Sec	Basis			
Asset	Description	In Service	Cost	% 179Bonus		PerConv Meth	Prior	Current
195	MOBILE NITROUS CART	9/22/17	4,134		4,134	5 MO S/L	1,034	826
196	MOBILE NITROUS CART	11/10/17	4,134		4,134	5 MO S/L	965	826
197	PREVA DC X-RAY 76	10/17/17	4,389		4,389	5 MO S/L	1,024	878
198	PREVA DC X-RAY 76	10/07/17	4,392		4,392	5 MO S/L	1,098	878
199	ULTRATRIM LEATHER CHAIR	10/07/17	7,043		7,043	5 MO S/L	1,761	1,408
200	NEW VACUM SYSTEM	10/09/17	10,398		10,398	5 MO S/L	2,600	2,079
201	ELECTRICAL WORK	10/07/17	3,803		3,803	10 MO S/L	475	381
202	HVAC SYSTEM	7/13/17	5,463		5,463	10 MO S/L	819	547
203	PLUMBING	10/07/17	3,135		3,135	10 MO S/L	392	313
204	REMODELING	10/07/17	8,422		8,422	10 MO S/L	1,053	842
206	THINKCENTRE TINY DESKTOP	8/08/17	1,498		1,498	3 MO S/L	707	500
207	THINKCENTRE TINY DESKTOP	4/17/17	799		799	3 MO S/L	444	266
208	THINKCENTRE TINY DESKTOP	6/14/17	769		769	3 MO S/L	406	256
209	WASHER & DRYER	4/30/18	1,582		1,582	5 MO S/L	211	316
210	2017 CHEVY TRAVERSE	3/20/18	28,296		28,296	5 MO S/L	4,244	5,660
211	M11 ULTRACLAVE	5/11/18	5,892		5,892	5 MO S/L	786	1,178
212	STATIM G4 5000	12/24/18	6,484		6,484	5 MO S/L	0	1,297
	HALSTAD DENTAL OPERATORIES	10/05/18	162,000		162,000	7 MO S/L	5,786	23,143
214	HALSTAD DENTAL MACHINES	10/05/18	145,860		145,860	5 MO S/L	7,293	29,172
	HALSTAD BUILDING	10/05/18	271,885		271,885	40 MO S/L	1,699	6,797
217	HALSTAD LAND	10/05/18	26,600		26,600	0 Land	0	0
	HALSTAD LOT	10/05/18	3,000		3,000	0 Land	0	0
	HALSTAD OFFICE EQUIPMENT	10/05/18	26,540		26,540	5 MO S/L	1,327	5,308
220	BEMIDJI RENOVATIONS	9/30/18	496,235		496,235	15 MO S/L	8,271	33,082
221	THINKCENTRE COMPUTERS	10/31/18	9,198		9,198	3 MO S/L	511	3,066
222 223	SERVERS OFFICE EQUIPMENT	12/31/18 1/15/19	17,272 2,825		17,272 2,825	3 MO S/L 3 MO S/L	$0 \\ 0$	5,757 942
223	SERVERS & STORAGE	1/13/19	2,823 44,500		44,500	5 MO S/L 5 MO S/L	0	8,158
225	THINKCENTRE COMPUTERS	6/26/19	8,429		8,429	3 MO S/L 3 MO S/L	0	1,405
226	THINKCENTRE COMPUTERS	6/30/19	5,779		5,779	3 MO S/L 3 MO S/L	0	963
227	SNOWBLOWER	12/31/19	890		890	5 MO S/L 5 MO S/L	0	0
228	DENTAL EQUIPMENT	7/12/19	3,976		3,976	5 MO S/L 5 MO S/L	0	398
229	LAUNDRY ROOM & SIDE STORAGE	2/11/19	4,805		4,805	15 MO S/L	ő	294
230	BREAKROOM	3/12/19	10,457		10,457	15 MO S/L	ŏ	581
231	DDS LOUNGE	4/09/12	3,919			15 MO S/L	Ö	261
232	DIRT WORK & DOOR	7/16/19	7,601			15 MO S/L	Ö	211
233	PARKING LOT CURB & PAVEMENT	11/06/19	6,820		,	15 MO S/L	Ö	76
234	STERILIZATION ROOM	11/08/19	4,922		4,922		0	55
235	THINKPADS	12/30/19	9,720		9,720	3 MO S/L	0	0
	<b>Total Other Depreciation</b>	-	3,137,317	•	3,137,317		504,783	196,316
	Total Other Depreciation	-	3,137,317	-	3,137,317		304,763	170,510
	Total ACRS and Other Depre	eciation =	3,137,317	:	3,137,317		504,783	196,316
	Grand Totals		3,274,113		3,274,113		616,910	197,975
	Less: Dispositions and Transf Less: Start-up/Org Expense	ers	0		0		0	$0 \\ 0$
	Net Grand Totals	-	3,274,113	-	3,274,113		616,910	197,975
	THE GIANG IVANS	=	3,2, 1,113	:	3,2,7,113			171,713

# **Federal Statements**

## **Taxable Interest on Investments**

	 Amount	Unrelated Exclusion Business Code		US Obs (\$ or %)
INTEREST				
	\$ 655	1	_4	
TOTAL	\$ 655			

# Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description

		Total Expenses		Program Service	M	lanagement & General		Fund Raising
CONTRACTED SERVICES	<u>.</u>	1 166 030	۲.	1 166 030	<u>.</u>		<u>.</u>	_
PROFESSIONAL FEES	Ş	1,166,038	Ş	1,166,038	Ş		Ş	
		26,786		22,550		4,236		
TOTAL	\$	1,192,824	\$_	1,188,588	\$_	4,236	\$_	0

# Form 990, Part IX, Line 24e - All Other Expenses

Description

	_	Total Expenses	_	Program Service	N _	lanagement & General		Fund Raising
BANK FEES	ċ	7 760	<b>.</b>	7 221	Ċ	F 2.1	4	
TRAINING AND EDUCATION	\$	7,762	Þ	7,231	Ş	531	Þ	
		6,362		6,141		221		
DUES AND SUBSCRIPTIONS		5,057		4,433		624		
OUTREACH		5,057		4,433		024		
	_	4,937	_	4,937			_	
TOTAL	\$_	24,118	\$_	22,742	\$_	1,376	\$_	0

# **Federal Statements**

# Schedule A, Part III, Line 1(e)

Desc	crip	tion
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		Amount
OTHER	\$	12,900
MINNESOTA DEPT OF HEALTH	·	·
CASH CONTRIBUTION		63,688
US DEPT OF HEALTH AND HUMAN SERVICES		03,000
CASH CONTRIBUTION		224 472
DELTA DENTAL OF MN FOUNDATION		224,472
CASH CONTRIBUTION		11,742
MEDICA FOUNDATION		11,742
CASH CONTRIBUTION		23,238
OTTO BREMER TRUST		23,230
CASH CONTRIBUTION		82,020
SANFORD FOUNDATION		02,020
CASH CONTRIBUTION		20,000
ESSENTIA		20,000
CASH CONTRIBUTION		20.000
TOTAL	 \$	20,000 458,060

# Schedule A, Part III, Line 2(e)

# Description

	Amount
PATIENT SERVICE FEES	2 542 456
MISCELLANEOUS INCOME	3,743,456
	21,012
TOTAL \$	3,764,468

84-1711812	Federal Statements	
	Schedule A, Part III, Line 10a(e)	
	Description	
INTEREST		Amount
TOTAL		\$655 \$655