

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization **MISSISSIPPI HEADWATERS AREA DENTAL HEALTH CENTER**
 Doing Business As **NORTHERN DENTAL ACCESS CENTER**
 Number and street (or P.O. box if mail is not delivered to street address) **PO BOX 279** Room/suite _____
 City or town, state or country, and ZIP + 4 **BEMIDJI MN 56619-0279**

D Employer identification number **84-1711812**

E Telephone number **218-444-9646**

F Name and address of principal officer:
JEANNE EDEVOLD LARSON
PO BOX 279
BEMIDJI MN 56619-0279

G Gross receipts \$ **2,337,390**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.NORTHERNDENTALACCESS.ORG**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **2006** **M** State of legal domicile: **MN**

H(c) Group exemption number **u**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BE A NOT-FOR-PROFIT, NON-COMPETITIVE DENTAL SERVICE FOR THE UNDERPRIVILEGED AND UNDERINSURED, PROVIDING ACCESS AND EDUCATION FOR EMERGENCY AND PREVENTATIVE CARE, PAYING PARTICULAR ATTENTION TO CHILDREN.		
	2 Check this box <input type="checkbox"/> 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)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	307,879	569,169
	9 Program service revenue (Part VIII, line 2g)	1,356,373	1,715,029
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,099	-3,486
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,429	51,674
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,668,780	2,332,386
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	760,418	1,094,909
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 23,476		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	906,244	934,956	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,666,662	2,029,865	
19 Revenue less expenses. Subtract line 18 from line 12	2,118	302,521	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	670,416	1,060,228
	21 Total liabilities (Part X, line 26)	77,157	164,448
	22 Net assets or fund balances. Subtract line 21 from line 20	593,259	895,780

Part II 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.

Sign Here

Signature of officer: **JEANNE EDEVOLD LARSON** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **TRUDY D. PETERSON, CPA** Preparer's signature: **TRUDY D. PETERSON, CPA** Date: _____
 Check if self-employed PTIN: **P00427018**

Firm's name: **KBA PETERSON ASSOCIATES, INC.** Firm's EIN: **41-1859070**
 Firm's address: **2901 BEMIDJI AVENUE NORTH BEMIDJI, MN 56601** Phone no.: **218-444-2727**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

TO BE A NOT-FOR-PROFIT, NON-COMPETITIVE DENTAL SERVICE FOR THE UNDERPRIVILEGED AND UNDERINSURED, PROVIDING ACCESS AND EDUCATION FOR EMERGENCY AND PREVENTATIVE CARE, PAYING PARTICULAR ATTENTION TO CHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,758,191 including grants of \$) (Revenue \$)

PROVIDES SERVICES FOR UNDERPRIVILEGED AND UNDERINSURED, PROVIDING ACCESS AND EDUCATION FOR EMERGENCY AND PREVENTATIVE CARE, PAYING PARTICULAR ATTENTION TO CHILDREN.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u 1,758,191

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
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, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	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, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	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		X
36	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		X
37	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 VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V []

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.		
	1a 9		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 9		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			
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?		X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u ADMINISTRATION 1405 ANNE STREET NW MN 56601 218-444-9646**

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

Check if Schedule O contains a response to any question 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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN LEUTH PRESIDENT	2.00	X		X				0	0	0
(2) WARREN LARSON VICE PRESIDENT	1.50	X		X				0	0	0
(3) SCOTT TURN SECREARY/TREASURER	1.00	X		X				0	0	0
(4) CATHY GUNVALSON BOARD MEMBER	0.50	X						0	0	0
(5) JOHN PARKIN BOARD MEMBER	0.50	X						0	0	0
(6) BECKY SECORE BOARD MEMBER	0.50	X						0	0	0
(7) JOAN TRONSON BOARD MEMBER	0.50	X						0	0	0
(8) LINDA YOURCZEK BOARD MEMBER	0.50	X						0	0	0
(9) ROBERT ENGER BOARD MEMBER	0.50	X						0	0	0
(10) JEANNE EDEVOLD LARSON EXECUTIVE DIRECTOR	40.00			X				70,369	0	7,037
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							70,369		7,037	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							70,369		7,037	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	224,262				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	344,907				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	569,169				
	Program Service Revenue	2a PATIENT SERVICE FEES	Busn. Code	1,715,029	1,715,029		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	1,715,029				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	1,518			1,518
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
		c Rental inc. or (loss)					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.			5,004		
		c Gain or (loss)			-5,004		
		d Net gain or (loss)	u	-5,004	-5,004		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	u				
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a SALES TAX REFUND			45,605	45,605			
b MISCELLANEOUS			6,069	6,069			
c							
d All other revenue							
e Total. Add lines 11a-11d	u		51,674				
12 Total revenue. See instructions.	u		2,332,386	1,761,699	0	1,518	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	77,406		55,665	21,741
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	829,287	767,242	62,045	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,887	19,728	1,159	
9 Other employee benefits	90,804	84,202	6,602	
10 Payroll taxes	76,525	65,316	9,474	1,735
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,472		22,472	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	7,850		7,850	
12 Advertising and promotion				
13 Office expenses	19,864		19,864	
14 Information technology	16,551		16,551	
15 Royalties				
16 Occupancy	117,748	111,861	5,887	
17 Travel	36,824	34,805	2,019	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,590	53,761	2,829	
23 Insurance	14,173	8,217	5,956	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTED SERVICES	323,612	323,612		
b PROGRAM SUPPLIES	244,470	244,470		
c REPAIRS AND MAINTENANCE	30,278	7,933	22,345	
d PROVIDER TAX	28,725	28,725		
e All other expenses	15,799	8,319	7,480	
25 Total functional expenses. Add lines 1 through 24e	2,029,865	1,758,191	248,198	23,476
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	23,450	1	116,612
	2 Savings and temporary cash investments	222,341	2	418,241
	3 Pledges and grants receivable, net		3	17,925
	4 Accounts receivable, net	93,461	4	87,880
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,506	9	11,319
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 544,649		
	b Less: accumulated depreciation	10b 136,398	323,658	10c 408,251
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		670,416	16	1,060,228
Liabilities	17 Accounts payable and accrued expenses	28,712	17	36,184
	18 Grants payable		18	
	19 Deferred revenue	13,101	19	71,719
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	35,344	25	56,545
	26 Total liabilities. Add lines 17 through 25	77,157	26	164,448
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	593,259	27	809,554
	28 Temporarily restricted net assets		28	86,226
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	593,259	33	895,780	
34 Total liabilities and net assets/fund balances	670,416	34	1,060,228	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,332,386
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,029,865
3	Revenue less expenses. Subtract line 2 from line 1	3	302,521
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	593,259
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	895,780

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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.

OMB No. 1545-0047

2011

Name of the organization

**MISSISSIPPI HEADWATERS AREA DENTAL
HEALTH CENTER**

Employer identification number

84-1711812

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization 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
1	MINNESOTA DEPT OF HEALTH PO BOX 64975 ST PAUL MN 55164-0975	\$ 100,537	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US DEPT OF HEALTH AND HUMAN SERVICES 200 INDEPDEPENDENCE AVENUE SW WASHINGTON DC 20250-9410	\$ 123,725	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	OTTO BREMER FOUNDATION 445 MINNESOTA STREET, SUITE 2250 ST PAUL MN 55101-2107	\$ 46,425	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	UNITED WAY PO BOX 27 BEMIDJI MN 56619-0027	\$ 15,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	HEALTHIER MN COMMUNITY CLINIC FUND PO BOX 241236 ST PAUL MN 55124-1236	\$ 236,281	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	DELTA DENTAL 3560 DELTA DENTAL DRIVE EAGAN MN 55122	\$ 17,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization 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
7	MARDAG FOUNDATION 55 FIFTH STREET EAST, SUITE 600 ST PAUL MN 55101	\$ 13,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to 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 See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

MISSISSIPPI HEADWATERS AREA DENTAL HEALTH CENTER

Employer identification number

84-1711812

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u; 4 Number of states where property subject to conservation easement is located u; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u; 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not 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, in Part XIV, the text of the footnote to its financial statements that describes these items; b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 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 SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **u** %
- b Permanent endowment **u** %
- c Temporarily restricted endowment **u** %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		102,750	8,832	93,918
d Equipment		441,899	127,566	314,333
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.)	u			408,251

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PAYROLL LIABILITIES	35,603	
(3) ACCRUED PAYROLL	20,942	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u	56,545

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1 2,332,386
2	Total expenses (Form 990, Part IX, column (A), line 25)	2 2,029,865
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3 302,521
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 302,521

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1 2,353,950
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b 16,560
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d 5,004
e	Add lines 2a through 2d	2e 21,564
3	Subtract line 2e from line 1	3 2,332,386
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 2,332,386

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1 2,051,429
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a 16,560
b	Prior year adjustments	2b
c	Other losses	2c 5,004
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e 21,564
3	Subtract line 2e from line 1	3 2,029,865
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 2,029,865

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS EVALUATED FOR UNCERTAIN TAX POSITIONS AND MANAGEMENT HAS EXPRESSED THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2011. TAX RETURNS FOR THE PAST THREE YEARS REMAIN OPEN FOR EXAMINATION BY TAX JURISDICTIONS.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

Part XIV Supplemental Information (continued)

LOSSES REPORTED ON RETURN \$ 5,004

LOSS ON DISPOSAL \$ 5,004

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

LOSS ON DISPOSAL \$ 5,004

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

**MISSISSIPPI HEADWATERS AREA DENTAL
HEALTH CENTER**

Employer identification number

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 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.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 See separate instructions.

Name of the organization

**MISSISSIPPI HEADWATERS AREA DENTAL
HEALTH CENTER**

Employer identification number

84-1711812

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100,000	449,857	124,531	307,879	569,169	1,551,436
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						
4 Total. Add lines 1 through 3	100,000	449,857	124,531	307,879	569,169	1,551,436
5 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						1,551,436

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	100,000	449,857	124,531	307,879	569,169	1,551,436
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		937	759	1,099	1,518	4,313
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 IV.)			8,056	3,429	51,674	63,159
11 Total support. Add lines 7 through 10						1,618,908
12 Gross receipts from related activities, etc. (see instructions)					12	1,766,703

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	95.83 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 63,159

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

u See separate instructions.

u Attach to your tax return.

Name(s) shown on return **MISSISSIPPI HEADWATERS AREA DENTAL
HEALTH CENTER**

Identifying number
84-1711812

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	30,622

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	12,941
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life		146,575	15.0	HY	S/L	13,027
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	56,590
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

MISSISSIPPI HEADWATERS AREA DENTAL
HEALTH CENTER
PO BOX 279
BEMIDJI, MN 56619-0279

**Electing out of the 50% Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service after December 31, 2007.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Class Life ADS Property:											
99	2 PROPHY HYGENE HEADPIECES	1/20/11	1,275				1,275	5	HY S/L	0	127
100	2 CURING LIGHTS	1/31/11	2,398				2,398	5	HY S/L	0	240
101	SENSOR SIZE 1	2/03/11	6,209				6,209	5	HY S/L	0	621
102	2 USB REMOTE HS W/ CABLES	2/03/11	2,571				2,571	5	HY S/L	0	257
103	SENSOR SIZE 0	2/03/11	4,206				4,206	5	HY S/L	0	421
104	WHEELED CABINET	2/10/11	791				791	5	HY S/L	0	79
105	2011 DODGE GRAND CARAVAN	3/28/11	25,492				25,492	5	HY S/L	0	2,549
106	4 DELL OPTIPLEX 380 DESKTOP	4/13/11	3,797				3,797	5	HY S/L	0	380
107	ADEC STOOL 1600 ASST	4/13/11	959				959	5	HY S/L	0	96
108	DELL LATITUDE E5510 NOTEBOOK	4/13/11	1,336				1,336	5	HY S/L	0	134
109	CURING LIGHT, DARK BLUE	5/01/11	856				856	5	HY S/L	0	86
110	CURING LIGHT, SKY BLUE	5/01/11	856				856	5	HY S/L	0	86
111	ASSISTANTS MOBILE CART	5/12/11	2,280				2,280	5	HY S/L	0	228
112	2 ASSISTANTS STOOL	5/12/11	1,018				1,018	5	HY S/L	0	102
113	CENTRAL DIVIDER SINK CABINET	5/12/11	11,021				11,021	15	HY S/L	0	367
114	INTRAORAL XRAY	5/12/11	4,544				4,544	5	HY S/L	0	454
115	2 PATIENT CHAIRS	5/12/11	19,065				19,065	7	HY S/L	0	1,362
116	PORTABLE PATIENT CHAIR	5/12/11	2,994				2,994	5	HY S/L	0	299
117	1310 PROSEAL SEALANT UNIT	5/12/11	5,606				5,606	5	HY S/L	0	561
118	DELL OPTIPLEX 380 DESKTOP	8/01/11	965				965	5	HY S/L	0	97
119	EPSON WORKFORCE PRO SCANNER	8/01/11	515				515	5	HY S/L	0	52
120	VERSATILT-BARIATRIC MODEL	8/08/11	14,055				14,055	5	HY S/L	0	1,406
121	HPC HI-SP TA-97 LED PLUS	10/10/11	8,034				8,034	5	HY S/L	0	803
122	EVAC COMP 30G OTTER TANK	11/21/11	867				867	5	HY S/L	0	87
123	MOBILE CART/CABINET	11/21/11	1,008				1,008	5	HY S/L	0	101
124	PORTABLE CHAIR W/ BAG	11/21/11	3,157				3,157	5	HY S/L	0	316
125	PROSEAL UNIT	11/21/11	5,220				5,220	5	HY S/L	0	522
126	SCALER AMDENT PIEZO	11/21/11	963				963	5	HY S/L	0	96
127	ULTRACLAVE STERILIZER	5/12/11	5,895				5,895	5	HY S/L	0	589
128	TRAILER	12/02/11	1,595				1,595	5	HY S/L	0	160
129	AMALGAMA	6/08/11	781				781	5	HY S/L	0	78
130	ROTOQUICK	6/08/11	938				938	5	HY S/L	0	94
131	OPITORY 10 REMODEL	5/01/11	5,308				5,308	15	HY S/L	0	177
			146,575				146,575			0	13,027

Prior MACRS:

1	DELL MULTIFUNCTION PRINTER	10/16/08	401				401	5	HY S/L	168	80
2	NETWORK HARDWARE	10/07/08	949				949	5	HY S/L	396	190
3	POWEREDGE 2900 III QUAD CORE	10/07/08	7,640				7,640	5	HY S/L	3,191	1,528
4	OPTIPLEX 330 MINITOWER INTEL	10/07/08	876				876	5	HY S/L	366	175
5	7 DELL 19" LCD MONITORS	10/07/08	1,116				1,116	5	HY S/L	466	223
6	7 DELL OPTIPLEX 330 MINITOWER	11/07/08	5,760				5,760	5	HY S/L	2,405	1,152
7	7 EX 110 CORDLESS DESKTOP	11/07/08	285				285	5	HY S/L	119	57
8	2 DELL 19" MONITOR SE 198WFP	11/07/08	319				319	5	HY S/L	133	64
9	DELL COMPUTER GT921	5/13/08	939				939	5	HY S/L	461	188
10	AUTOMATIC WASHER	11/17/08	611				611	10	HY S/L	130	61
11	ELECTRIC DRYER	11/17/08	563				563	10	HY S/L	120	56
12	SANITAIRE 9120	11/17/08	587				587	10	HY S/L	125	59
13	SANITAIRE 9120	11/17/08	587				587	10	HY S/L	125	59
14	DONATED FISH TANK	12/01/08	1,000				1,000	10	HY S/L	213	100
15	DELL OPTIPLEX 360 MINITOWER	2/21/09	946				946	5	HY S/L	458	189
16	DELL OPTIPLEX 360 MINITOWER	2/21/09	946				946	5	HY S/L	458	189
17	DELL OPTIPLEX 360 MINITOWER	4/21/09	908				908	5	HY S/L	392	181
18	DELL OPTIPLEX 360 MINITOWER	2/16/09	1,213				1,213	5	HY S/L	587	243
19	DELL OPTIPLEX 360MT DUAL CORE	7/08/09	905				905	5	HY S/L	343	181
20	DELL 360MT DUAL CORE	7/08/09	905				905	5	HY S/L	343	181
21	DELL OPTIPLEX SYSTEM	12/22/09	1,019				1,019	5	HY S/L	332	204
22	DELL OPTIPLEX SYSTEM 380 MT	12/22/09	1,019				1,019	5	HY S/L	332	204
23	DELL OPTIPLEX 380MT	12/22/09	1,019				1,019	5	HY S/L	332	204
24	DELL OPTIPLEX 380MT	12/22/09	1,019				1,019	5	HY S/L	332	204
25	DELL OPTIPLEX 380MT	12/22/09	1,019				1,019	5	HY S/L	332	204
26	DELL OPTIPLEX 380MT	12/22/09	1,019				1,019	5	HY S/L	332	204
27	DELL 5110CN COLOR LASER	6/11/09	1,443				1,443	5	HY S/L	622	289
62	CAVITRON PLUS 115V	10/16/09	2,611				2,611	5	HY S/L	852	522
63	ROOT ZX II APEX LOCATOR	4/24/09	1,011				1,011	5	HY S/L	436	202
64	HPC HI-SP TA-97 LED	4/10/09	1,198				1,198	5	HY S/L	517	239
65	HPC HI-SP TA-97 LED	4/10/09	1,198				1,198	5	HY S/L	517	239
66	HPC HI-SP TA-97 LED	4/10/09	1,198				1,198	5	HY S/L	517	239

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
67	PORTER FLOWMETER	2/06/09	3,770				3,770	5	HY S/L	1,824	754
74	X-RAY CENTER CABINET	12/30/09	10,260				10,260	7	HY S/L	2,415	1,465
75	X-RAY CENTER CABINET	12/30/09	10,260				10,260	7	HY S/L	2,415	1,465
76	DENTAL ASSISTANT CART	12/30/09	1,008				1,008	7	HY S/L	237	144
77	DENTAL ASSISTANT CART	12/30/09	1,008				1,008	7	HY S/L	237	144
78	DENTAL ASSISTANT CART	12/30/09	1,008				1,008	7	HY S/L	237	144
79	DENTAL ASSISTANT CART	12/30/09	1,008				1,008	7	HY S/L	237	144
90	LEASEHOLD IMPROVEMENTS	11/17/08	22,293				22,293	39	MM S/L	1,215	571
			<u>92,844</u>				<u>92,844</u>			<u>25,269</u>	<u>12,941</u>
Other Depreciation:											
28	OPTIPLEX 330	10/07/08	876				876	9	MO S/L	207	97
29	AUTOCLAVE STATIM 7000	11/12/08	6,885				6,885	9	MO S/L	1,626	255
	Sold/Scrapped: 5/12/11										
30	AUTOCLAVE M-11 ULTRACLAVE	11/12/08	5,235				5,235	9	MO S/L	1,236	582
31	HPC CLNR ASSISTINA	11/12/08	2,045				2,045	9	MO S/L	483	227
32	USB REMOTE	12/09/08	1,306				1,306	9	MO S/L	308	145
33	USB REMOTE	12/09/08	1,306				1,306	9	MO S/L	308	145
34	USB REMOTE	12/09/08	1,306				1,306	9	MO S/L	308	145
35	USB REMOTE	12/09/08	1,306				1,306	9	MO S/L	308	145
36	SENSOR SIZE 2	12/09/08	7,264				7,264	9	MO S/L	1,715	807
37	SENSOR SIZE 1	12/09/08	6,286				6,286	9	MO S/L	1,484	699
38	EAGLES CHART	12/09/08	1,917				1,917	9	MO S/L	453	213
39	DIG PAN XR, CDR PAN X	10/29/08	26,758				26,758	9	MO S/L	6,318	2,973
40	ENGLE 360, BEIGE	10/29/08	9,937				9,937	9	MO S/L	2,346	1,104
41	ENGLE 360, BEIGE	10/29/08	10,051				10,051	9	MO S/L	2,373	1,117
42	ENGLE 360, BEIGE	10/29/08	9,937				9,937	9	MO S/L	2,346	1,104
43	ENGLE 360, BEIGE	10/29/08	10,051				10,051	9	MO S/L	2,373	1,117
44	ENGLE 360, BEIGE	10/29/08	9,925				9,925	9	MO S/L	2,343	1,103
45	PROGNY X-RAY	12/09/08	5,693				5,693	9	MO S/L	1,344	633
46	PROGNY X-RAY	12/09/08	5,693				5,693	9	MO S/L	1,344	633
47	PROGNY X-RAY	12/09/08	4,495				4,495	9	MO S/L	1,061	500
48	WHALED BIOSONIC ULTRA CLEANER	11/12/08	1,895				1,895	9	MO S/L	447	211
49	DENTEZ EVAC PUMP	10/16/08	10,797				10,797	9	MO S/L	2,549	1,200
50	DENTSPLY NOR CAVITRON PLUS	12/05/08	2,489				2,489	9	MO S/L	588	276
51	DEMI LED CURING LIGHT	12/01/08	1,006				1,006	9	MO S/L	238	111
52	DEMI LED CURING LIGHT	12/01/08	1,006				1,006	9	MO S/L	238	111
53	#10 MODEL TRIMMER	12/01/08	550				550	9	MO S/L	130	61
54	AMALGAMATOR	12/01/08	549				549	9	MO S/L	130	61
55	DRILLS HI-SP TA-97 LED	11/12/08	2,172				2,172	9	MO S/L	513	241
56	DRILLS HI-SP TA-97 LED	11/12/08	2,172				2,172	9	MO S/L	513	241
57	DRILLS HI-SP TA-97 LED	11/12/08	2,172				2,172	9	MO S/L	513	241
58	DRILLS HI-SP TA-97 LED	11/12/08	1,574				1,574	9	MO S/L	372	175
59	DRILLS HI-SP TA-97 LED	11/12/08	1,410				1,410	9	MO S/L	333	157
60	USB REMOTE	12/09/08	1,306				1,306	9	MO S/L	308	145
61	DONATED - CAVITRON	7/15/08	1,000				1,000	9	MO S/L	264	111
68	DENTIST CHAIR	12/30/09	12,525				12,525	9	MO S/L	2,305	1,392
69	DENTIST CHAIR	12/30/09	12,525				12,525	9	MO S/L	2,305	1,392
70	DENTIST CHAIR	12/30/09	12,525				12,525	9	MO S/L	2,305	1,392
71	DENTIST CHAIR	12/30/09	11,926				11,926	9	MO S/L	2,195	1,325
72	X-RAY MACHINE	12/30/09	12,454				12,454	9	MO S/L	2,292	1,384
73	X-RAY MACHINE	12/30/09	12,454				12,454	9	MO S/L	2,292	1,384
80	STATIM 5000 STERILIZER	3/16/10	1,931				1,931	7	MO S/L	230	276
81	STATIM 5000 STERILIZER	3/16/10	1,931				1,931	7	MO S/L	230	276
82	SYNEA TA 97LED MINI	1/05/10	1,129				1,129	7	MO S/L	161	162
83	SYNEA TA 97LED MINI	1/05/10	1,129				1,129	7	MO S/L	161	162
84	SYNEA TA 97LED MINI	1/05/10	1,129				1,129	7	MO S/L	161	162
85	PORTER FLOWMETER MXR PACKAGE	3/23/10	4,344				4,344	7	MO S/L	465	621
86	4-ENGLE UNIT COMP	1/12/10	1,052				1,052	7	MO S/L	150	150
87	WALL X-RAY PLATE KIT	1/14/10	239				239	7	MO S/L	34	34
88	9-DELUXE STANDARD AUTOCLAVEAF	2/02/10	454				454	7	MO S/L	59	65
89	NS DEMI CURING LIGHT	2/10/10	1,870				1,870	7	MO S/L	245	267
91	DRYWALL REPAIRS	1/13/09	11,031				11,031	39	MO S/L	566	283
92	PIPING RENOVATION	6/11/09	4,310				4,310	39	MO S/L	175	111
93	CABINETS AND COUNTERTOPS	7/10/09	1,239				1,239	39	MO S/L	48	31
94	CLINIC REMODEL	12/31/09	26,908				26,908	39	MO S/L	690	690
95	CABINETS AND COUNTERTOPS	12/08/09	9,612				9,612	39	MO S/L	267	246
96	4 INSTALLED TOILETS	11/18/09	1,565				1,565	15	MO S/L	174	104
97	CONFERENCE ROOM WINDOW	1/27/10	2,000				2,000	15	MO S/L	122	134
98	CARPETING FOR OFFICES	1/27/10	7,463				7,463	5	MO S/L	1,368	1,493

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Total Other Depreciation		312,115				312,115		56,420	30,622
	Total ACRS and Other Depreciation		312,115				312,115		56,420	30,622
	Grand Totals		551,534				551,534		81,689	56,590
	Less: Dispositions and Transfers		6,885				6,885		1,626	255
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		544,649				544,649		80,063	56,335

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ <u>1,518</u>		14			
TOTAL	\$ <u><u>1,518</u></u>					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OUTREACH	\$ 7,056	\$ 7,056		\$
TRAINING AND EDUCATION	3,400		3,400	
MISCELLANEOUS	1,669		1,669	
DUES AND SUBSCRIPTIONS	1,296		1,296	
LICENSES AND PERMITS	1,026		1,026	
BANK FEES	970	900	70	
DEPRECIATION ADJUSTMENT	382	363	19	
TOTAL	\$ <u>15,799</u>	\$ <u>8,319</u>	\$ <u>7,480</u>	\$ <u>0</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GRANTS	
	\$ 3,751
DONATIONS	
	2,800
MINNESOTA DEPT OF HEALTH	
CASH CONTRIBUTION	100,537
US DEPT OF HEALTH AND HUMAN SERVICES	
CASH CONTRIBUTION	123,725
OTTO BREMER FOUNDATION	
CASH CONTRIBUTION	46,425
UNITED WAY	
CASH CONTRIBUTION	15,100
HEALTHIER MN COMMUNITY CLINIC FUND	
CASH CONTRIBUTION	236,281
DELTA DENTAL	
CASH CONTRIBUTION	17,500
NORTH COUNTRY HEALTH SERVICES	
CASH CONTRIBUTION	10,000
MARDAG FOUNDATION	
CASH CONTRIBUTION	13,050
TOTAL	\$ <u>569,169</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	
	\$ 1,518
TOTAL	\$ <u>1,518</u>

Schedule A, Part II, Line 12

Description	Amount
PATIENT SERVICE FEES	\$ 1,715,029
MISCELLANEOUS	6,069
SALES TAX REFUND	<u>45,605</u>
TOTAL	<u>\$ 1,766,703</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2011, or tax year beginning _____, and ending _____

MISSISSIPPI HEADWATERS AREA DENTAL 84-1711812
HEALTH CENTER

Net Asset / Fund Balance at Beginning of Year 593,259

Revenue

Contributions	<u>569,169</u>	
Program service revenue	<u>1,715,029</u>	
Investment income	<u>1,518</u>	
Capital gain / loss	<u>-5,004</u>	
Special events:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>51,674</u>	
Total revenue		<u>2,332,386</u>

Expenses

Program services	<u>1,758,191</u>	
Management and general	<u>248,198</u>	
Fundraising	<u>23,476</u>	
Total expenses		<u>2,029,865</u>
Excess / (deficit)		<u>302,521</u>

Other changes _____

Net Asset / Fund Balance at End of Year 895,780

Reconciliation of Revenue

Total revenue per financial statements	<u>2,353,950</u>	
Less:		
Unrealized gains	_____	
Donated services	<u>16,560</u>	
Recoveries	_____	
Other	<u>5,004</u>	
Plus:		
Investment expenses	_____	
Other	_____	
Total revenue per return	<u><u>2,332,386</u></u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>2,051,429</u>	
Less:		
Donated services	<u>16,560</u>	
Prior year adjustments	_____	
Losses	<u>5,004</u>	
Other	_____	
Plus:		
Investment expenses	_____	
Other	_____	
Total expenses per return	<u><u>2,029,865</u></u>	

	Beginning	Balance Sheet Ending	Differences
Assets	<u>670,416</u>	<u>1,060,228</u>	
Liabilities	<u>77,157</u>	<u>164,448</u>	
Net assets	<u><u>593,259</u></u>	<u><u>895,780</u></u>	<u><u>302,521</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date 05/15/12
Failure to file penalty _____