

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

For calendar year 2018, or fiscal year beginning, 2018, and ending, 20

**u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.**

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**MISSISSIPPI HEADWATERS AREA DENTAL
HEALTH CENTER**

Employer identification number

84-1711812

Name and title of officer

**JEANNE EDEVOLD LARSON
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	3,969,277
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	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 2018 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 box only

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 2018 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 2018 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.

Officer's signature }

Date } **08/06/19**

Part III 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 2018 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.

ERO's signature }

JENNIFER M. LARSON, CPA

Date } **08/06/19**

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.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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) **1405 ANNE STREET NW** Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code **BEMIDJI MN 56601**

D Employer identification number **84-1711812**

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

F Name and address of principal officer:
TIM FLATHERS
1405 ANNE STREET NW
BEMIDJI MN 56601

G Gross receipts \$ **3,969,403**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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** **H(c)** Group exemption number **u** _____

K Form of organization: Corporation Trust Association Other **u** _____ **L** Year of formation: **2006** **M** State of legal domicile: **MN**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE ACCESS TO A DENTAL HOME THROUGH ORAL HEALTH EDUCATION, EMERGENCY AND COMPREHENSIVE DENTAL CARE, FOR THOSE IN NEED		
	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	18
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	330,695	764,850
	9 Program service revenue (Part VIII, line 2g)	3,025,001	3,193,064
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,527	11,363
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,402,223	3,969,277
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,572,385	1,782,149
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 37,654		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,746,195	2,070,369
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,318,580	3,852,518
19 Revenue less expenses. Subtract line 18 from line 12	83,643	116,759	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,155,980	3,099,381
	21 Total liabilities (Part X, line 26)	428,360	1,255,002
	22 Net assets or fund balances. Subtract line 21 from line 20	1,727,620	1,844,379

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: **JENNIFER M. LARSON, CPA** Preparer's signature: **JENNIFER M. LARSON, CPA** Date: **09/06/19** Check if self-employed PTIN: **P00231036**

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 or note to any line in this Part III []

1 Briefly describe the organization's mission:

TO PROVIDE ACCESS TO A DENTAL HOME THROUGH ORAL HEALTH EDUCATION, EMERGENCY AND COMPREHENSIVE DENTAL CARE, FOR THOSE IN NEED

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 [X] 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 [X] 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 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 \$ 3,527,615 including grants of \$) (Revenue \$ 3,164,419)

PROVIDES DENTAL CARE AND PATIENT SUPPORT SERVICES FOR UNDERPRIVILEGED AND UNDERINSURED PEOPLE

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

N/A

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

N/A

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

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

4e Total program service expenses u 3,527,615

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, 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		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 and XII	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 and XII 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	15
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 37		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive 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?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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 or note to any line 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.		
1b	Enter the number of voting members included in 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?		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
7b	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:		
8a	The governing body?	X	
8b	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
10b	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?	X	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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
16b	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?		

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 (1024 or 1024-A 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 Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records **u**

ADMINISTRATION

1405 ANNE STREET NW

BEMIDJI

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 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.
- 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) JAMES ELIASSEN	35.00									
DIRECTOR	0.00	X					180,600	0	0	
(2) MARSHALL MUIRHEAD	15.00									
PAST PRESIDENT	0.00	X		X			39,500	0	0	
(3) TIM FLATHERS	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(4) MARCIA SYVERSON	1.00									
PRESIDENT-ELECT	0.00	X		X			0	0	0	
(5) SCOTT TURN	1.00									
TREASURER	0.00	X		X			0	0	0	
(6) RITA ALBRECHT	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) ANDREA KINGBIRD	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) NATE DORR	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) MIKE FINNEGAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) MURIEL GILMAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) JOHN PARKIN	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(12) BECKY SECORE	1.00									
SECRETARY	0.00	X		X			0	0	0	
(13) JOAN TRONSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) LINDA YOURCZEK	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) KEVIN WILLIAMSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) JEANNE EDEVOLD LARSON	40.00									
EXECUTIVE DIRECTOR	0.00			X			112,804	0	30,405	
(17) DR. ANDREW WEAVER	40.00									
DENTIST	0.00				X		135,562	0	10,538	
1b Sub-total							468,466		40,943	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							468,466		40,943	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
DR. KATIE PETERSON BEMIDJI MN 56601	1405 ANNE ST NW DENTIST	224,850
DR. JAMES ELIASSEN BEMIDJI MN 56601	1405 ANNE ST NW DENTIST	180,600
DR. ARTHUR SWANSTROM BEMIDJI MN 56601	1405 ANNE ST NW DENTIST	166,300
DR. STEVEN LIEN BEMIDJI MN 56601	1405 ANNE ST NW DENTIST	113,000

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 4**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
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	346,086				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	418,764				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	764,850				
	Program Service Revenue		Busn. Code				
2a PATIENT SERVICE FEES			3,164,419	3,164,419			
b MISCELLANEOUS INCOME			28,645	28,645			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	3,193,064				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,989			1,989	
	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				
			9,500				
	b Less: cost or other basis & sales exps.		126				
	c Gain or (loss)		9,374				
	d Net gain or (loss)	u	9,374	9,374			
	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							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u						
12 Total revenue. See instructions	u		3,969,277	3,202,438	0	1,989	

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).

Check if Schedule O contains a response or note to any line 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 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	112,804		78,963	33,841
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	1,241,278	1,150,378	90,900	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,073	24,798	4,270	1,005
9 Other employee benefits	273,653	237,523	36,130	
10 Payroll taxes	124,341	107,723	13,810	2,808
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,372		8,372	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,002,660	1,002,660		
12 Advertising and promotion				
13 Office expenses	61,454	53,414	8,040	
14 Information technology	48,997	44,245	4,752	
15 Royalties				
16 Occupancy	34,056	30,908	3,148	
17 Travel	78,373	73,317	5,056	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	16,010	13,125	2,885	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,345	109,648	12,697	
23 Insurance	32,619	26,739	5,880	
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 PROGRAM SUPPLIES	522,920	522,785	135	
b PROVIDER TAX	66,758	66,758		
c REPAIRS AND MAINTENANCE	35,529	31,588	3,941	
d MISCELLANEOUS	19,007	12,363	6,644	
e All other expenses	21,269	19,643	1,626	
25 Total functional expenses. Add lines 1 through 24e	3,852,518	3,527,615	287,249	37,654
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

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	83,330	1	113,780
	2	Savings and temporary cash investments	357,033	2	241,635
	3	Pledges and grants receivable, net	50,347	3	28,244
	4	Accounts receivable, net	177,572	4	166,899
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,508	9	6,263
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,159,470		
	b	Less: accumulated depreciation	10b 616,910		
	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)	2,155,980	16	3,099,381	
Liabilities	17	Accounts payable and accrued expenses	115,045	17	168,127
	18	Grants payable		18	
	19	Deferred revenue	3,000	19	13,237
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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	212,569	24	967,163
	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	97,746	25	106,475
	26	Total liabilities. Add lines 17 through 25	428,360	26	1,255,002
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,727,620	27	1,844,379
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	1,727,620	33	1,844,379	
34	Total liabilities and net assets/fund balances	2,155,980	34	3,099,381	

Part 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)	1	3,969,277
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,852,518
3	Revenue less expenses. Subtract line 2 from line 1	3	116,759
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,727,620
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,844,379

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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	
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
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 in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. 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'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

Table with 3 columns: Line number, Description, Percentage. Rows: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2017. 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 VI 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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	480,866	714,003	1,131,384	330,695	764,850	3,421,798
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	2,069,821	2,224,643	2,670,444	3,025,001	3,193,064	13,182,973
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	2,550,687	2,938,646	3,801,828	3,355,696	3,957,914	16,604,771
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.)						16,604,771

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	2,550,687	2,938,646	3,801,828	3,355,696	3,957,914	16,604,771
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	205	1,537	995	322	1,989	5,048
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	205	1,537	995	322	1,989	5,048
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.)	4,674					4,674
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,555,566	2,940,183	3,802,823	3,356,018	3,959,903	16,614,493
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.94 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.94 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," 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).</i>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	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)? <i>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).</i>		

Section 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 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a 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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	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 Part VI):		
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 emergency temporary reduction (see instructions).	6	

- 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 4,674

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

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, 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 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).

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	\$ 136,690	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE SW WASHINGTON DC 20250-9410	\$ 209,396	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPT OF AGRICULTURE 375 JACKSON STREET SUITE 410 ST PAUL MN 55101	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DELTA DENTAL OF MN FOUNDATION 500 WASHINGTON AVE S SUITE 2060 MINNEAPOLIS MN 55415	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BLANDIN FOUNDATION 100 N POKEGAMA AVE GRAND RAPIDS MN 55744	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MEDICA FOUNDATION PO BOX 9310 MINNEAPOLIS MN 55440	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	NW MN FOUNDATION 201 3RD ST NW BEMIDJI MN 56601	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	HEALTH PARTNERS 8170 33RD AVE S BLOOMINGTON MN 55440	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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.

OMB No. 1545-0047

2018

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement and grant fund usage.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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 XIII.

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" on 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 XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 on 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		529,524		529,524
b Buildings		1,478,140	57,248	1,420,892
c Leasehold improvements		116,728	41,443	75,285
d Equipment		1,035,078	518,219	516,859
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **2,542,560**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PAYROLL	54,970	
(3) ACCRUED VACATION	40,695	
(4) ACCRUED PAYROLL LIABILITIES	10,810	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	106,475	

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements		1	3,972,548
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b	3,271	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	3,271
3 Subtract line 2e from line 1		3	3,969,277
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 XIII.)	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	3,969,277

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1	3,855,789
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	3,271	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	3,271
3 Subtract line 2e from line 1		3	3,852,518
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 XIII.)	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	3,852,518

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

**MISSISSIPPI HEADWATERS AREA DENTAL
HEALTH CENTER**

Employer identification number

84-1711812

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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 1a?

3 Indicate which, if any, of the following the filing 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.

- | | |
|---|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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:

- a** The organization? **5a**
- b** Any related organization? **5b**
- 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:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES ELIASEN DIRECTOR	(i)	180,600	0	0	0	0	180,600	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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 for any additional information.

[Dotted lines for supplemental information]

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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization	MISSISSIPPI HEADWATERS AREA DENTAL HEALTH CENTER	Employer identification number	84-1711812
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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.

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

DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
CONTRACTED SERVICES	\$ 956,955	\$ 0	\$ 0
PROFESSIONAL FEES	\$ 45,705	\$ 0	\$ 0
TOTAL	\$ 1,002,660	\$ 0	\$ 0

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

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

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.

Table with 5 main rows for Part I. Line 1: 1,000,000; Line 2: Total cost; Line 3: 2,500,000; Line 4: Reduction in limitation; Line 5: Dollar limitation; Line 6-7: Description and cost of listed property; Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover to 2019.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance; Line 15: Property subject to election; Line 16: Other depreciation (119,160).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions (3,189); Line 18: Grouping election checkbox.

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification, (b) Month/year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i list property types like 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month/year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-d list class lives: 12-year, 30-year, 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property; Line 22: Total (122,349); Line 23: Portion of basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

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
Prior MACRS:											
2	NETWORK HARDWARE	10/07/08	949				949	5	HY S/L	949	0
3	POWEREDGE 2900 III QUAD CORE	10/07/08	7,640				7,640	5	HY S/L	7,640	0
4	OPTIPLEX 330 MINITOWER INTEL	10/07/08	876				876	5	HY S/L	876	0
	Mass Sale: 12/31/18										
5	7 DELL 19" LCD MONITORS	10/07/08	1,116				1,116	5	HY S/L	1,116	0
6	7 DELL OPTIPLEX 330 MINITOWER	11/07/08	5,760				5,760	5	HY S/L	5,760	0
	Mass Sale: 12/31/18										
7	7 EX 110 CORDLESS DESKTOP	11/07/08	285				285	5	HY S/L	285	0
8	2 DELL 19" MONITOR SE 198WFP	11/07/08	319				319	5	HY S/L	319	0
9	DELL COMPUTER GT921	5/13/08	939				939	5	HY S/L	939	0
	Mass Sale: 12/31/18										
10	AUTOMATIC WASHER	11/17/08	611				611	10	HY S/L	558	30
	Mass Sale: 12/31/18										
11	ELECTRIC DRYER	11/17/08	563				563	10	HY S/L	514	28
	Mass Sale: 12/31/18										
12	SANITAIRE 9120	11/17/08	587				587	10	HY S/L	536	29
	Mass Sale: 12/31/18										
13	SANITAIRE 9120	11/17/08	587				587	10	HY S/L	536	29
	Mass Sale: 12/31/18										
14	DONATED FISH TANK	12/01/08	1,000				1,000	10	HY S/L	913	50
	Mass Sale: 12/31/18										
15	DELL OPTIPLEX 360 MINITOWER	2/21/09	946				946	5	HY S/L	946	0
	Mass Sale: 12/31/18										
16	DELL OPTIPLEX 360 MINITOWER	2/21/09	946				946	5	HY S/L	946	0
	Mass Sale: 12/31/18										
17	DELL OPTIPLEX 360 MINITOWER	4/21/09	908				908	5	HY S/L	908	0
	Mass Sale: 12/31/18										
18	DELL OPTIPLEX 360 MINITOWER	2/16/09	1,213				1,213	5	HY S/L	1,213	0
	Mass Sale: 12/31/18										
19	DELL OPTIPLEX 360MT DUAL CORE	7/08/09	905				905	5	HY S/L	905	0
	Mass Sale: 12/31/18										
20	DELL 360MT DUAL CORE	7/08/09	905				905	5	HY S/L	905	0
	Mass Sale: 12/31/18										
21	DELL OPTIPLEX SYSTEM	12/22/09	1,019				1,019	5	HY S/L	1,019	0
	Mass Sale: 12/31/18										
22	DELL OPTIPLEX SYSTEM 380 MT	12/22/09	1,019				1,019	5	HY S/L	1,019	0
	Mass Sale: 12/31/18										
23	DELL OPTIPLEX 380MT	12/22/09	1,019				1,019	5	HY S/L	1,019	0
	Mass Sale: 12/31/18										
24	DELL OPTIPLEX 380MT	12/22/09	1,019				1,019	5	HY S/L	1,019	0
	Mass Sale: 12/31/18										
25	DELL OPTIPLEX 380MT	12/22/09	1,019				1,019	5	HY S/L	1,019	0
26	DELL OPTIPLEX 380MT	12/22/09	1,019				1,019	5	HY S/L	1,019	0
27	DELL 5110CN COLOR LASER	6/11/09	1,443				1,443	5	HY S/L	1,443	0
	Mass Sale: 12/31/18										
63	ROOT ZX II APEX LOCATOR	4/24/09	1,011				1,011	5	HY S/L	1,011	0
64	HPC HI-SP TA-97 LED	4/10/09	1,198				1,198	5	HY S/L	1,198	0
65	HPC HI-SP TA-97 LED	4/10/09	1,198				1,198	5	HY S/L	1,198	0
66	HPC HI-SP TA-97 LED	4/10/09	1,198				1,198	5	HY S/L	1,198	0
67	PORTER FLOWMETER	2/06/09	3,770				3,770	5	HY S/L	3,770	0
74	X-RAY CENTER CABINET	12/30/09	10,260				10,260	7	HY S/L	10,260	0
75	X-RAY CENTER CABINET	12/30/09	10,260				10,260	7	HY S/L	10,260	0
76	DENTAL ASSISTANT CART	12/30/09	1,008				1,008	7	HY S/L	1,008	0
77	DENTAL ASSISTANT CART	12/30/09	1,008				1,008	7	HY S/L	1,008	0
78	DENTAL ASSISTANT CART	12/30/09	1,008				1,008	7	HY S/L	1,008	0
79	DENTAL ASSISTANT CART	12/30/09	1,008				1,008	7	HY S/L	1,008	0
90	LEASEHOLD IMPROVEMENTS	11/17/08	22,293				22,293	39	MMS/L	5,216	572
99	2 PROPHY HYGENE HEADPIECES	1/20/11	1,275				1,275	5	HY S/L	1,275	0
100	2 CURING LIGHTS	1/31/11	2,398				2,398	5	HY S/L	2,398	0
	Mass Sale: 12/31/18										
101	SENSOR SIZE 1	2/03/11	6,209				6,209	5	HY S/L	6,209	0
	Mass Sale: 12/31/18										
103	SENSOR SIZE 0	2/03/11	4,206				4,206	5	HY S/L	4,206	0
	Mass Sale: 12/31/18										
104	WHEELED CABINET	2/10/11	791				791	5	HY S/L	791	0
105	2011 DODGE GRAND CARAVAN	3/28/11	25,492				25,492	5	HY S/L	25,492	0
	Sold/Scrapped: 3/20/18										
106	4 DELL OPTIPLEX 380 DESKTOP	4/13/11	3,797				3,797	5	HY S/L	3,797	0
	Mass Sale: 12/31/18										
107	ADEC STOOL 1600 ASST	4/13/11	959				959	5	HY S/L	959	0

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
108	DELL LATITUDE E5510 NOTEBOOK	4/13/11	1,336			1,336	5 HY S/L	1,336	0
109	CURING LIGHT, DARK BLUE	5/01/11	856			856	5 HY S/L	856	0
	Mass Sale: 12/31/18								
110	CURING LIGHT, SKY BLUE	5/01/11	856			856	5 HY S/L	856	0
111	ASSISTANTS MOBILE CART	5/12/11	2,280			2,280	5 HY S/L	2,280	0
112	2 ASSISTANTS STOOL	5/12/11	1,018			1,018	5 HY S/L	1,018	0
113	CENTRAL DIVIDER SINK CABINET	5/12/11	11,021			11,021	15 HY S/L	4,776	735
114	INTRAORAL XRAY	5/12/11	4,544			4,544	5 HY S/L	4,544	0
115	2 PATIENT CHAIRS	5/12/11	19,065			19,065	7 HY S/L	17,703	1,362
116	PORTABLE PATIENT CHAIR	5/12/11	2,994			2,994	5 HY S/L	2,994	0
	Mass Sale: 12/31/18								
117	1310 PROSEAL SEALANT UNIT	5/12/11	5,606			5,606	5 HY S/L	5,606	0
	Mass Sale: 12/31/18								
118	DELL OPTIPLEX 380 DESKTOP	8/01/11	965			965	5 HY S/L	965	0
	Mass Sale: 12/31/18								
119	EPSON WORKFORCE PRO SCANNER	8/01/11	515			515	5 HY S/L	515	0
	Mass Sale: 12/31/18								
120	VERSATILT-BARIATRIC MODEL	8/08/11	14,055			14,055	5 HY S/L	14,055	0
	Mass Sale: 12/31/18								
121	HPC HI-SP TA-97 LED PLUS	10/10/11	8,034			8,034	5 HY S/L	8,034	0
122	EVAC COMP 30G OTTER TANK	11/21/11	867			867	5 HY S/L	867	0
123	MOBILE CART/CABINET	11/21/11	1,008			1,008	5 HY S/L	1,008	0
	Mass Sale: 12/31/18								
124	PORTABLE CHAIR W/ BAG	11/21/11	3,157			3,157	5 HY S/L	3,157	0
	Mass Sale: 12/31/18								
125	PROSEAL UNIT	11/21/11	5,220			5,220	5 HY S/L	5,220	0
126	SCALER AMDENT PIEZO	11/21/11	963			963	5 HY S/L	963	0
	Mass Sale: 12/31/18								
127	ULTRACLAVE STERILIZER	5/12/11	5,895			5,895	5 HY S/L	5,895	0
128	TRAILER	12/02/11	1,595			1,595	5 HY S/L	1,595	0
	Mass Sale: 12/31/18								
129	AMALGAMA	6/08/11	781			781	5 HY S/L	781	0
130	ROTOQUICK	6/08/11	938			938	5 HY S/L	938	0
131	OPITORY 10 REMODEL	5/01/11	5,308			5,308	15 HY S/L	2,300	354
			<u>233,836</u>			<u>233,836</u>		<u>205,853</u>	<u>3,189</u>

Other Depreciation:

28	OPTIPLEX 330	10/07/08	876			876	9 MO S/L	876	0
	Mass Sale: 12/31/18								
30	AUTOCLAVE M-11 ULTRACLAVE	11/12/08	5,235			5,235	9 MO S/L	5,235	0
38	EAGLES CHART	12/09/08	1,917			1,917	9 MO S/L	1,917	0
40	ENGLE 360, BEIGE	10/29/08	9,937			9,937	9 MO S/L	9,937	0
41	ENGLE 360, BEIGE	10/29/08	10,051			10,051	9 MO S/L	10,051	0
42	ENGLE 360, BEIGE	10/29/08	9,937			9,937	9 MO S/L	9,937	0
43	ENGLE 360, BEIGE	10/29/08	10,051			10,051	9 MO S/L	10,051	0
44	ENGLE 360, BEIGE	10/29/08	9,925			9,925	9 MO S/L	9,925	0
45	PROGNY X-RAY	12/09/08	5,693			5,693	9 MO S/L	5,693	0
46	PROGNY X-RAY	12/09/08	5,693			5,693	9 MO S/L	5,693	0
47	PROGNY X-RAY	12/09/08	4,495			4,495	9 MO S/L	4,495	0
48	WHALED BIOSONIC ULTRA CLEANER	11/12/08	1,895			1,895	9 MO S/L	1,895	0
49	DENTEZ EVAC PUMP	10/16/08	10,797			10,797	9 MO S/L	10,797	0
53	#10 MODEL TRIMMER	12/01/08	550			550	9 MO S/L	550	0
54	AMALGAMATOR	12/01/08	549			549	9 MO S/L	549	0
56	DRILLS HI-SP TA-97 LED	11/12/08	2,172			2,172	9 MO S/L	2,172	0
57	DRILLS HI-SP TA-97 LED	11/12/08	2,172			2,172	9 MO S/L	2,172	0
58	DRILLS HI-SP TA-97 LED	11/12/08	1,574			1,574	9 MO S/L	1,574	0
59	DRILLS HI-SP TA-97 LED	11/12/08	1,410			1,410	9 MO S/L	1,410	0
68	DENTIST CHAIR	12/30/09	12,525			12,525	9 MO S/L	12,047	478
69	DENTIST CHAIR	12/30/09	12,525			12,525	9 MO S/L	12,047	478
70	DENTIST CHAIR	12/30/09	12,525			12,525	9 MO S/L	12,047	478
71	DENTIST CHAIR	12/30/09	11,926			11,926	9 MO S/L	11,470	456
72	X-RAY MACHINE	12/30/09	12,454			12,454	9 MO S/L	11,978	476
73	X-RAY MACHINE	12/30/09	12,454			12,454	9 MO S/L	11,978	476
80	STATIM 5000 STERILIZER	3/16/10	1,931			1,931	7 MO S/L	1,931	0
81	STATIM 5000 STERILIZER	3/16/10	1,931			1,931	7 MO S/L	1,931	0
82	SYNEA TA 97LED MINI	1/05/10	1,129			1,129	7 MO S/L	1,129	0
83	SYNEA TA 97LED MINI	1/05/10	1,129			1,129	7 MO S/L	1,129	0
84	SYNEA TA 97LED MINI	1/05/10	1,129			1,129	7 MO S/L	1,129	0
85	PORTER FLOWMETER MXR PACKAGE	3/23/10	4,344			4,344	7 MO S/L	4,344	0
86	4-ENGLE UNIT COMP	1/12/10	1,052			1,052	7 MO S/L	1,052	0

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
87	WALL X-RAY PLATE KIT	1/14/10	239				239	7	MO S/L	239	0
88	9-DELUXE STANDARD AUTOCLAVEA	2/02/10	454				454	7	MO S/L	454	0
89	NS DEMI CURING LIGHT	2/10/10	1,870				1,870	7	MO S/L	1,870	0
91	DRYWALL REPAIRS	1/13/09	11,031				11,031	39	MO S/L	2,546	282
92	PIPING RENOVATION	6/11/09	4,310				4,310	39	MO S/L	949	110
93	CABINETS AND COUNTERTOPS	7/10/09	1,239				1,239	39	MO S/L	270	32
94	CLINIC REMODEL	12/31/09	26,908				26,908	39	MO S/L	5,520	690
95	CABINETS AND COUNTERTOPS	12/08/09	9,612				9,612	39	MO S/L	1,992	247
96	4 INSTALLED TOILETS	11/18/09	1,565				1,565	15	MO S/L	904	105
97	CONFERENCE ROOM WINDOW	1/27/10	2,000				2,000	15	MO S/L	1,056	133
98	CARPETING FOR OFFICES	1/27/10	7,463				7,463	5	MO S/L	7,463	0
132	3 DELL OPTIPLEX 390 DESKTOP	7/27/12	3,477				3,477	5	MO S/L	3,477	0
	Mass Sale: 12/31/18										
133	WATCHGAURD XTM	5/12/12	1,178				1,178	3	MO S/L	1,178	0
134	LAB COMPUTER	1/19/12	2,067				2,067	5	MO S/L	2,067	0
135	1 DELL OPTIPLEX 390 DESKTOP	7/27/12	1,159				1,159	5	MO S/L	1,159	0
	Mass Sale: 12/31/18										
136	2 AIR COMPRESSOR	10/30/12	12,500				12,500	5	MO S/L	12,500	0
137	2 CAVITRON	11/07/12	5,203				5,203	5	MO S/L	5,203	0
138	ROOM CURTAINS	12/14/12	870				870	5	MO S/L	870	0
139	REMODELING & WOODWORK	1/01/12	709				709	15	MO S/L	283	48
140	WASHER & DRYER IMPROVEMENTS	11/08/12	2,244				2,244	15	MO S/L	773	149
141	LAB REMODEL	11/21/12	2,540				2,540	15	MO S/L	861	169
142	COUNTER & DESK WORK	12/31/12	1,390				1,390	15	MO S/L	463	93
143	SENSOR SIZE 2 ELITE	9/11/12	8,182				8,182	5	MO S/L	8,182	0
144	CURING LIGHTS	12/31/12	2,613				2,613	5	MO S/L	2,613	0
145	PHONE SYSTEM	11/01/12	8,785				8,785	5	MO S/L	8,785	0
146	IPAD AND CASE	2/06/13	648				648	5	MO S/L	637	11
147	IPAD AND CASE	5/02/13	576				576	5	MO S/L	538	38
148	THINKPAD	7/22/13	834				834	5	MO S/L	737	97
149	THINKCENTRE	7/22/13	748				748	5	MO S/L	661	87
150	ASSISTINA	8/12/13	2,338				2,338	5	MO S/L	2,065	273
	Mass Sale: 12/31/18										
151	CURING LIGHTS	8/16/13	5,583				5,583	5	MO S/L	4,838	745
152	HAND PIECES	8/20/13	4,222				4,222	5	MO S/L	3,659	563
153	SERVER UPGRADE & BACKUP	9/08/13	12,181				12,181	5	MO S/L	10,557	1,624
154	SENSOR	12/27/13	40,375				40,375	5	MO S/L	32,300	8,075
155	DOUBLE TIER LOCKERS	12/02/13	2,006				2,006	5	MO S/L	1,638	368
156	STYLEVIEW SIT-STAND COMBO	9/10/13	1,226				1,226	5	MO S/L	1,063	163
157	REMODEL DENTAL ROOM	9/24/13	1,502				1,502	15	MO S/L	418	101
158	NEW OPERATORY REMODEL	2/15/14	5,593				5,593	15	MO S/L	1,460	373
159	OPERATORY EQUIPMENT	2/15/14	26,516				26,516	5	MO S/L	20,771	5,303
160	SERVER	5/06/14	7,794				7,794	5	MO S/L	5,716	1,558
161	CAVITRON PLUS	7/17/15	2,811				2,811	5	MO S/L	1,359	562
162	COMPRESSOR HEAD ASSEMBLY	3/31/15	4,089				4,089	5	MO S/L	2,249	818
163	GENDEX CORPO SENSOR SYSTEM	7/28/15	7,737				7,737	5	MO S/L	3,740	1,547
164	QUATROCARE	12/17/15	2,698				2,698	5	MO S/L	1,079	540
165	THINKPAD	12/01/16	1,455				1,455	3	MO S/L	525	485
166	DEXISINTRAORAL CAMERA	7/12/16	3,995				3,995	5	MO S/L	1,199	799
167	CAVITRON PLUS PACKAGE	7/19/16	3,027				3,027	5	MO S/L	858	605
168	DEXIS PLATINUM SENSOR	9/01/16	2,995				2,995	5	MO S/L	799	599
169	DIGITAL PAN CEPH	9/19/16	22,498				22,498	5	MO S/L	5,624	4,500
170	DIGITAL PAN ORTHO	9/19/16	22,498				22,498	5	MO S/L	5,624	4,500
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	19,691	16,878
174	EXTERIOR LIGHTING	12/16/16	6,774				6,774	10	MO S/L	677	678
175	LED LIGHTING	12/22/16	8,900				8,900	5	MO S/L	1,780	1,780
176	HVAC SYSTEM	12/28/16	15,274				15,274	10	MO S/L	1,527	1,528
177	DEMI ULTRACAP CURING LTE (2)	8/01/17	2,800				2,800	5	MO S/L	233	560
178	DIGITAL XRAY SENSOR (3)	8/08/17	23,985				23,985	5	MO S/L	1,999	4,797
179	EXPERTTORQUE HANDPIECES (6)	8/01/17	6,000				6,000	5	MO S/L	500	1,200
180	KAVO LOW SPEED MOTORS (6)	8/01/17	4,200				4,200	5	MO S/L	350	840
181	AMALGAMATOR UNIT (2)	8/01/17	900				900	5	MO S/L	75	180
182	RESTORATIVE HANDPIECES	8/01/17	2,850				2,850	5	MO S/L	238	570
183	332 RADIUS STYLE	10/07/17	5,664				5,664	5	MO S/L	283	1,133
184	DENTAL CHAIR	10/07/17	8,087				8,087	5	MO S/L	404	1,618
185	545 WORKSURFACE	10/14/17	2,914				2,914	5	MO S/L	146	583
186	REAR-MOUNT ADJUSTABLE ARM	10/07/17	1,467				1,467	5	MO S/L	73	294
187	SALTORO CLIFF	10/14/17	7,330				7,330	5	MO S/L	367	1,466
188	RADIUS STYLE LED LIGHT	10/07/17	2,860				2,860	5	MO S/L	143	572
189	ARTIZAN SIDE STATION SINK	10/07/17	4,568				4,568	5	MO S/L	228	914

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
190	ARTIZAN SLIM PIVOTING WORKSURF	10/07/17	6,046			6,046	5 MO S/L	302	1,210
191	INSTRUMENT DELIVERY SYSTEM	10/07/17	5,750			5,750	5 MO S/L	288	1,150
192	CUSTOM CABINETS	10/07/17	3,805			3,805	5 MO S/L	190	761
193	INTEGRA PIVOT WORKSURFACE	10/07/17	2,391			2,391	5 MO S/L	120	478
194	LED LR LIGHT FOR CHAIR	10/07/17	3,027			3,027	5 MO S/L	151	606
195	MOBILE NITROUS CART	9/22/17	4,134			4,134	5 MO S/L	207	827
196	MOBILE NITROUS CART	11/10/17	4,134			4,134	5 MO S/L	138	827
197	PREVA DC X-RAY 76	10/17/17	4,389			4,389	5 MO S/L	146	878
198	PREVA DC X-RAY 76	10/07/17	4,392			4,392	5 MO S/L	220	878
199	ULTRATRIM LEATHER CHAIR	10/07/17	7,043			7,043	5 MO S/L	352	1,409
200	NEW VACUM SYSTEM	10/09/17	10,398			10,398	5 MO S/L	520	2,080
201	ELECTRICAL WORK	10/07/17	3,803			3,803	10 MO S/L	95	380
202	HVAC SYSTEM	7/13/17	5,463			5,463	10 MO S/L	273	546
203	PLUMBING	10/07/17	3,135			3,135	10 MO S/L	78	314
204	REMODELING	10/07/17	8,422			8,422	10 MO S/L	211	842
206	THINKCENTRE TINY DESKTOP	8/08/17	1,498			1,498	3 MO S/L	208	499
207	THINKCENTRE TINY DESKTOP	4/17/17	799			799	3 MO S/L	178	266
208	THINKCENTRE TINY DESKTOP	6/14/17	769			769	3 MO S/L	150	256
209	WASHER & DRYER	4/30/18	1,582			1,582	5 MO S/L	0	211
210	2017 CHEVY TRAVERSE	3/20/18	28,296			28,296	5 MO S/L	0	4,244
211	M11 ULTRACLAVE	5/11/18	5,892			5,892	5 MO S/L	0	786
212	STATIM G4 5000	12/24/18	6,484			6,484	5 MO S/L	0	0
213	HALSTAD DENTAL OPERATORIES	10/05/18	162,000			162,000	7 MO S/L	0	5,786
214	HALSTAD DENTAL MACHINES	10/05/18	145,860			145,860	5 MO S/L	0	7,293
216	HALSTAD BUILDING	10/05/18	271,885			271,885	40 MO S/L	0	1,699
217	HALSTAD LAND	10/05/18	26,600			26,600	0 -- Land	0	0
218	HALSTAD LOT	10/05/18	3,000			3,000	0 -- Land	0	0
219	HALSTAD OFFICE EQUIPMENT	10/05/18	26,540			26,540	5 MO S/L	0	1,327
220	BEMIDJI RENOVATIONS	9/30/18	496,235			496,235	15 MO S/L	0	8,271
221	ThinkCentre Computers	10/31/18	9,198			9,198	3 MO S/L	0	511
222	SERVERS	12/31/18	17,272			17,272	3 MO S/L	0	0
Total Other Depreciation			<u>3,030,524</u>			<u>3,030,524</u>		<u>393,473</u>	<u>119,160</u>
Total ACRS and Other Depreciation			<u>3,030,524</u>			<u>3,030,524</u>		<u>393,473</u>	<u>119,160</u>
Grand Totals			3,264,360			3,264,360		599,326	122,349
Less: Dispositions and Transfers			104,890			104,890		104,326	439
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,159,470</u>			<u>3,159,470</u>		<u>495,000</u>	<u>121,910</u>

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Exclusion Business Code</u>	<u>Postal Acquired after Code 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 1,989	14		
TOTAL	<u>\$ 1,989</u>			

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONTRACTED SERVICES	\$ 956,955	\$ 956,955	\$	\$
PROFESSIONAL FEES	45,705	45,705		
TOTAL	<u>\$ 1,002,660</u>	<u>\$ 1,002,660</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
BANK FEES	\$ 7,548	\$ 7,548	\$	\$
DUES AND SUBSCRIPTIONS	5,406	4,065	1,341	
TRAINING AND EDUCATION	4,550	4,265	285	
OUTREACH	3,765	3,765		
TOTAL	<u>\$ 21,269</u>	<u>\$ 19,643</u>	<u>\$ 1,626</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
OTHER	\$ 1,764
MINNESOTA DEPT OF HEALTH CASH CONTRIBUTION	136,690
US DEPT OF HEALTH AND HUMAN SERVICES CASH CONTRIBUTION	209,396
US DEPT OF AGRICULTURE CASH CONTRIBUTION	50,000
DELTA DENTAL OF MN FOUNDATION CASH CONTRIBUTION	300,000
BLANDIN FOUNDATION CASH CONTRIBUTION	50,000
MEDICA FOUNDATION CASH CONTRIBUTION	5,000
NW MN FOUNDATION CASH CONTRIBUTION	7,000
HEALTH PARTNERS CASH CONTRIBUTION	5,000
TOTAL	\$ <u>764,850</u>

Schedule A, Part III, Line 2(e)

Description	Amount
PATIENT SERVICE FEES	\$ 3,164,419
MISCELLANEOUS INCOME	28,645
TOTAL	\$ <u>3,193,064</u>

Schedule A, Part III, Line 10a(e)

Description

Amount

INTEREST

\$ 1,989

TOTAL

\$ 1,989