

## Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**MISSISSIPPI HEADWATERS AREA DENTAL      84-1711812**  
**HEALTH CENTER**

**Net Asset / Fund Balance at Beginning of Year** 895,780

**Revenue**

|                         |                  |                         |
|-------------------------|------------------|-------------------------|
| Contributions           | <u>487,434</u>   |                         |
| Program service revenue | <u>1,700,958</u> |                         |
| Investment income       | <u>1,016</u>     |                         |
| Capital gain / loss     | <u>-2,580</u>    |                         |
| Special events:         |                  |                         |
| Gross revenue           |                  |                         |
| Direct expenses         |                  |                         |
| Net income              |                  |                         |
| Other income            | <u>600</u>       |                         |
| <b>Total revenue</b>    |                  | <u><u>2,187,428</u></u> |

**Expenses**

|                           |                  |                         |
|---------------------------|------------------|-------------------------|
| Program services          | <u>1,923,469</u> |                         |
| Management and general    | <u>300,175</u>   |                         |
| Fundraising               | <u>24,541</u>    |                         |
| <b>Total expenses</b>     |                  | <u><u>2,248,185</u></u> |
| <b>Excess / (deficit)</b> |                  | <u><u>-60,757</u></u>   |

Other changes                     

**Net Asset / Fund Balance at End of Year** 835,023

**Reconciliation of Revenue**

|  |                         |
|--|-------------------------|
| Total revenue per financial statements | <u>2,193,884</u>        |
| Less:                                  |                         |
| Unrealized gains                       |                         |
| Donated services                       | <u>3,876</u>            |
| Recoveries                             |                         |
| Other                                  | <u>2,580</u>            |
| Plus:                                  |                         |
| Investment expenses                    |                         |
| Other                                  |                         |
| <b>Total revenue per return</b>        | <u><u>2,187,428</u></u> |

**Reconciliation of Expenses**

|   |                         |
|---|-------------------------|
| Total expenses per financial statements | <u>2,254,641</u>        |
| Less:                                   |                         |
| Donated services                        | <u>3,876</u>            |
| Prior year adjustments                  |                         |
| Losses                                  | <u>2,580</u>            |
| Other                                   |                         |
| Plus:                                   |                         |
| Investment expenses                     |                         |
| Other                                   |                         |
| <b>Total expenses per return</b>        | <u><u>2,248,185</u></u> |

**Balance Sheet**

|             | Beginning             | Ending                | Differences           |
|-------------|-----------------------|-----------------------|-----------------------|
| Assets      | <u>1,060,228</u>      | <u>944,647</u>        |                       |
| Liabilities | <u>164,448</u>        | <u>109,624</u>        |                       |
| Net assets  | <u><u>895,780</u></u> | <u><u>835,023</u></u> | <u><u>-60,757</u></u> |

**Miscellaneous Information**

Amended return \_\_\_\_\_  
Return / extended due date 05/15/13  
Failure to file penalty \_\_\_\_\_

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

For calendar year 2012, or fiscal year beginning ..... 2012, and ending ..... 20 .....

**2012**

Department of the Treasury  
Internal Revenue Service

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

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 1 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 | <b>2,187,428</b> |
| 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, Part I, line 3c or Part II, line 8c)     | 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 2012 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 2012 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 2012 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 }

**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 2012 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 } **TRUDY D. PETERSON, CPA** Date }

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

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

**A For the 2012 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

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

**D** Employer identification number: **84-1711812**

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

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

**G** Gross receipts \$: **2,190,008**

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

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

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

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

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

| Part I Summary   |   | Prior Year | Current Year |
|--|---|------------|--------------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities:<br><b>TO BE A NOT-FOR-PROFIT, NON-COMPETITIVE DENTAL SERVICE FOR THE UNDERPRIVILEGED AND UNDERINSURED, PROVIDING ACCESS AND EDUCATION FOR EMERGENCY AND PREVENTATIVE CARE, PAYING PARTICULAR ATTENTION TO CHILDREN.</b> |            |              |
|  | 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          | 11           |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | 4          | 11           |
|  | 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)  | 5          | 32           |
|  | 6 Total number of volunteers (estimate if necessary)  | 6          | 9            |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12   | 7a         | 0            |
| 7b Net unrelated business taxable income from Form 990-T, line 34            | 7b  | 0          |              |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)   | 569,169    | 487,434      |
|  | 9 Program service revenue (Part VIII, line 2g)  | 1,715,029  | 1,700,958    |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | -3,486     | -1,564       |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 51,674     | 600          |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 2,332,386  | 2,187,428    |
| Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 0          | 0            |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)  | 0          | 0            |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 1,094,909  | 1,351,984    |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)   | 0          | 0            |
|  | b Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>24,541</b>  |            |              |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)              | 934,956   | 896,201    |              |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,029,865   | 2,248,185  |              |
| 19 Revenue less expenses. Subtract line 18 from line 12                      | 302,521   | -60,757    |              |
| Net Assets or Fund Balances  | 20 Total assets (Part X, line 16)   | 1,060,228  | 944,647      |
|  | 21 Total liabilities (Part X, line 26)  | 164,448    | 109,624      |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | 895,780    | 835,023      |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

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

**Paid Preparer Use Only**

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

Firm's name: **KBA Peterson Associates, Inc.** Firm's EIN: \_\_\_\_\_  
 Firm's address: **2901 Bemidji Avenue North Bemidji, MN 56601** Phone no.: **218-444-2727**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code: ) (Expenses \$ 1,923,469 including grants of \$ ) (Revenue \$ )

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

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

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

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses u 1,923,469

**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   | <b>Section 501(c)(3) organizations.</b> 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 assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV   |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV   |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |

**Part IV Checklist of Required Schedules** (continued)

|     |   | Yes | No |
|-----|---|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   |     | X  |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25                             |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       |     | X  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1   |     | 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)? If "Yes," complete Schedule R, Part V, line 2   |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
| <b>2a</b>  | 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  |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country: <b>u</b><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>5c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| <b>6a</b>  | 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>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>7a</b>  | 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>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     |    |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |    |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>11a</b> | Gross income from members or shareholders  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>13b</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  |     |    |
| <b>13c</b> | Enter the amount of reserves on hand   |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 to any question in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes      | No       |
|-----------|--|----------|----------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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. |          |          |
|           | <b>11</b>  |          |          |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |          |          |
|           | <b>11</b>  |          |          |
| <b>2</b>  | 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?  |          | <b>X</b> |
| <b>3</b>  | 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?   |          | <b>X</b> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |          | <b>X</b> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |          | <b>X</b> |
| <b>6</b>  | Did the organization have members or stockholders?   |          | <b>X</b> |
| <b>7a</b> | 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?   |          | <b>X</b> |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |          | <b>X</b> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |          |          |
| <b>a</b>  | The governing body?  | <b>X</b> |          |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | <b>X</b> |          |
| <b>9</b>  | 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   |          | <b>X</b> |

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

|            |  | Yes      | No       |
|------------|--|----------|----------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |          | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |          |          |
| <b>10b</b> |  |          |          |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <b>X</b> |          |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |          |          |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | <b>X</b> |          |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>X</b> |          |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | <b>X</b> |          |
| <b>12c</b> |  |          |          |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | <b>X</b> |          |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | <b>X</b> |          |
| <b>15</b>  | 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?   |          |          |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | <b>X</b> |          |
| <b>b</b>   | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |          | <b>X</b> |
| <b>15b</b> |  |          |          |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |          | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |          |          |
| <b>16b</b> |  |          |          |

**Section C. Disclosure**

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



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                         |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) JOHN LUETH          | 2.00   |   |                       |         |              |                              |        |  |   |   |
| PRESIDENT               | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (2) WARREN LARSON       | 1.50   |   |                       |         |              |                              |        |  |   |   |
| VICE PRESIDENT          | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (3) SCOTT TURN          | 1.00   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER            | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (4) CATHY GUNVALSON     | 0.50   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER            | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) JOHN PARKIN         | 0.50   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER            | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) BECKY SECORE        | 0.50   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER            | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (7) JOAN TRONSON        | 0.50   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER            | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (8) LINDA YOURCZEK      | 0.50   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER            | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) ROBERT ENGER        | 0.50   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER            | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) KEVIN WILLIAMSON   | 0.50   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER            | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (11) VICKI ROSS-RHOADES | 0.50   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER            | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |          |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) <b>JEANNE EDEVOLD LARSON</b>                              | 40.00  |   |                       |          |              |                              |        |  |   |   |
| <b>EXECUTIVE DIRECTOR</b>                                      | 0.00   |   |                       | <b>X</b> |              |                              |        | <b>63,170</b>  | <b>0</b>  | <b>11,708</b>   |
| (13)   |  |   |                       |          |              |                              |        |  |   |   |
| (14)   |  |   |                       |          |              |                              |        |  |   |   |
| (15)   |  |   |                       |          |              |                              |        |  |   |   |
| (16)   |  |   |                       |          |              |                              |        |  |   |   |
| (17)   |  |   |                       |          |              |                              |        |  |   |   |
| (18)   |  |   |                       |          |              |                              |        |  |   |   |
| (19)   |  |   |                       |          |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |   |                       |          |              |                              |        | <b>63,170</b>  |   | <b>11,708</b>   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |          |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |          |              |                              |        | <b>63,170</b>  |   | <b>11,708</b>   |

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

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

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|  |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|--|--|---|----------------------|--|---|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>    | <b>1a</b> Federated campaigns  | <b>1a</b>   |                      |  |   |   |  |
|  | <b>b</b> Membership dues   | <b>1b</b>   |                      |  |   |   |  |
|  | <b>c</b> Fundraising events  | <b>1c</b>   |                      |  |   |   |  |
|  | <b>d</b> Related organizations   | <b>1d</b>   |                      |  |   |   |  |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b>   | 208,554              |  |   |   |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above                                      | <b>1f</b>   | 278,880              |  |   |   |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |   |                      |  |   |   |  |
|  | <b>h Total.</b> Add lines 1a-1f  | <b>u</b>  | 487,434              |  |   |   |  |
| <b>Program Service Revenue</b>                                   | <b>2a</b> PATIENT SERVICE FEES   | Busn. Code  | 1,700,958            | 1,700,958  |   |   |  |
|  | <b>b</b>   |   |                      |  |   |   |  |
|  | <b>c</b>   |   |                      |  |   |   |  |
|  | <b>d</b>   |   |                      |  |   |   |  |
|  | <b>e</b>   |   |                      |  |   |   |  |
|  | <b>f</b> All other program service revenue   |   |                      |  |   |   |  |
|  | <b>g Total.</b> Add lines 2a-2f  | <b>u</b>  | 1,700,958            |  |   |   |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  | <b>u</b>  | 1,016                |  |   | 1,016   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds  | <b>u</b>  |                      |  |   |   |  |
|  | <b>5</b> Royalties   | <b>u</b>  |                      |  |   |   |  |
|  | <b>6a</b> Gross rents  | (i) Real  | (ii) Personal        |  |   |   |  |
|  |  | <b>b</b> Less: rental exps.                           |                      |  |   |   |  |
|  |  | <b>c</b> Rental inc. or (loss)                        |                      |  |   |   |  |
|  | <b>d</b> Net rental income or (loss)   | <b>u</b>  |                      |  |   |   |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |  |   |   |  |
|  |  | <b>b</b> Less: cost or other basis & sales exps.      |                      | 2,580  |   |   |  |
|  |  | <b>c</b> Gain or (loss)                               |                      | -2,580   |   |   |  |
|  |  | <b>d</b> Net gain or (loss)                           | <b>u</b>             | -2,580   | -2,580                                  |   |  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                      |  |   |   |  |
|  |  | <b>b</b> Less: direct expenses                        | <b>b</b>             |  |   |   |  |
|  |  | <b>c</b> Net income or (loss) from fundraising events | <b>u</b>             |  |   |   |  |
|  | <b>9a</b> Gross income from gaming activities. See Part IV, line 19  | <b>a</b>  |                      |  |   |   |  |
| <b>b</b> Less: direct expenses                                   |  | <b>b</b>  |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from gaming activities             |  | <b>u</b>  |                      |  |   |   |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances | <b>a</b>   |   |                      |  |   |   |  |
|  | <b>b</b> Less: cost of goods sold  | <b>b</b>  |                      |  |   |   |  |
|  | <b>c</b> Net income or (loss) from sales of inventory  | <b>u</b>  |                      |  |   |   |  |
| Miscellaneous Revenue  |  | Busn. Code  |                      |  |   |   |  |
| <b>11a</b> MISCELLANEOUS   |  |   | 600                  | 600  |   |   |  |
| <b>b</b>   |  |   |                      |  |   |   |  |
| <b>c</b>   |  |   |                      |  |   |   |  |
| <b>d</b> All other revenue                                       |  |   |                      |  |   |   |  |
| <b>e Total.</b> Add lines 11a-11d                                | <b>u</b>   |   | 600                  |  |   |   |  |
| <b>12 Total revenue.</b> See instructions                        | <b>u</b>   |   | 2,187,428            | 1,698,978  | 0                                       | 1,016   |  |

**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 to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 74,878                |                                 | 50,337                                 | 24,541                      |
| 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  | 1,027,228             | 915,396                         | 111,832                                |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 31,526                | 27,612                          | 3,914                                  |                             |
| 9 Other employee benefits   | 99,521                | 88,436                          | 11,085                                 |                             |
| 10 Payroll taxes  | 118,831               | 100,053                         | 18,778                                 |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 2,593                 | 2,504                           | 89                                     |                             |
| c Accounting  | 12,675                |                                 | 12,675                                 |                             |
| 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.)  |                       |                                 |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  | 20,526                | 10,972                          | 9,554                                  |                             |
| 14 Information technology   | 28,427                | 7,706                           | 20,721                                 |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 117,543               | 111,666                         | 5,877                                  |                             |
| 17 Travel   | 26,431                | 22,168                          | 4,263                                  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 5,600                 | 2,732                           | 2,868                                  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 71,649                | 57,878                          | 13,771                                 |                             |
| 23 Insurance  | 15,213                | 3,175                           | 12,038                                 |                             |
| 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 <b>PROGRAM SUPPLIES</b>   | 299,292               | 299,292                         |  |                             |
| b <b>CONTRACTED SERVICES</b>  | 224,944               | 224,944                         |  |                             |
| c <b>PROVIDER TAX</b>   | 34,298                | 34,298                          |  |                             |
| d <b>REPAIRS AND MAINTENANCE</b>  | 30,298                | 11,576                          | 18,722                                 |                             |
| e All other expenses  | 6,712                 | 3,061                           | 3,651                                  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 2,248,185             | 1,923,469                       | 300,175                                | 24,541                      |
| 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 to any question in this Part X

|                                    |  | (A)<br>Beginning of year  |         | (B)<br>End of year |         |
|------------------------------------|--|---|---------|--------------------|---------|
| <b>Assets</b>                      | 1  | Cash—non-interest bearing   | 116,612 | 1                  | 11,773  |
|                                    | 2  | Savings and temporary cash investments  | 418,241 | 2                  | 297,552 |
|                                    | 3  | Pledges and grants receivable, net  | 17,925  | 3                  | 100,121 |
|                                    | 4  | Accounts receivable, net  | 87,880  | 4                  | 122,626 |
|                                    | 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   | 11,319  | 9                  | 25,636  |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 591,943 |                    |         |
|                                    | b  | Less: accumulated depreciation  | 205,004 | 10c                | 386,939 |
|                                    | 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                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 1,060,228   | 16      | 944,647            |         |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 36,184  | 17                 | 45,136  |
|                                    | 18   | Grants payable  |         | 18                 |         |
|                                    | 19   | Deferred revenue  | 71,719  | 19                 |         |
|                                    | 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  |         | 24                 |         |
|                                    | 25   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 56,545  | 25                 | 64,488  |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 164,448 | 26                 | 109,624 |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |         |                    |         |
|                                    | 27   | Unrestricted net assets   | 809,554 | 27                 | 785,299 |
|                                    | 28   | Temporarily restricted net assets   | 86,226  | 28                 | 49,724  |
|                                    | 29   | Permanently restricted net assets   |         | 29                 |         |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |         |                    |         |
|                                    | 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                                 | <b>Total net assets or fund balances</b>   | 895,780   | 33      | 835,023            |         |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>  | 1,060,228   | 34      | 944,647            |         |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |                  |
|-----------|--|-----------|------------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>2,187,428</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>2,248,185</b> |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>-60,757</b>   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | <b>895,780</b>   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |                  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                  |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                  |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                  |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  |                  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | <b>835,023</b>   |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes      | No       |
|-----------|---|----------|----------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |          |          |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <b>X</b> |          |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | <b>X</b> |          |
| <b>3a</b> | 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?  |          | <b>X</b> |
| <b>3b</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

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

|   |   |
|---|---|
| Name of the organization<br><b>MISSISSIPPI HEADWATERS AREA DENTAL HEALTH CENTER</b> | Employer identification number<br><b>84-1711812</b> |
|---|---|

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

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

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) <b>u</b>   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 449,857  | 124,531  | 307,879  | 569,169  | 487,434  | 1,938,870 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  | 449,857  | 124,531  | 307,879  | 569,169  | 487,434  | 1,938,870 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| <b>6</b> Public support. Subtract line 5 from line 4.  |          |          |          |          |          | 1,938,870 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) <b>u</b>  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4  | 449,857  | 124,531  | 307,879  | 569,169  | 487,434  | 1,938,870 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 937      | 759      | 1,099    | 1,518    | 1,016    | 5,329     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                               |          | 8,056    | 3,429    | 51,674   |          | 63,159    |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 2,007,358 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       | 1,701,558 |

**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**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 96.59 % |
| <b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14                       | <b>15</b> | 95.83 % |

**16a 33 1/3% support test—2012.** 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—2011.** 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—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) <b>u</b>  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) <b>u</b>  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**Part II, Line 10 - Other Income Detail**

\$ 63,159

Schedule of Contributors

2012

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

MISSISSIPPI HEADWATERS AREA DENTAL  
HEALTH CENTER

Employer identification number

84-1711812

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ► \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |   |
|---|---|
| Name of organization<br><b>MISSISSIPPI HEADWATERS AREA DENTAL</b> | Employer identification number<br><b>84-1711812</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | MINNESOTA DEPT OF HEALTH<br>PO BOX 64975<br>ST PAUL MN 55164-0975                               | \$ 33,933                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | US DEPT OF HEALTH AND HUMAN SERVICES<br>200 INDEPENDEENCE AVENUE SW<br>WASHINGTON DC 20250-9410 | \$ 174,621                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | HEALTHIER MN COMMUNITY CLINIC FUND<br>PO BOX 241236<br>ST PAUL MN 55124-1236                    | \$ 211,230                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | DELTA DENTAL<br>3560 DELTA DENTAL DRIVE<br>EAGAN MN 55122                                       | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | NORTH COUNTRY HEALTH SERVICES<br>1300 ANNE STREET NW<br>BEMIDJI MN 56601                        | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | MEDICA FOUNDATION<br>PO BOX 9310<br>MINNEAPOLIS MN 55440-9310                                   | \$ 29,150                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

MISSISSIPPI HEADWATERS AREA DENTAL HEALTH CENTER

Employer identification number

84-1711812

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

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

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

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items; b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Yes  No

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

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

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

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

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

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

- (i) unrelated organizations  Yes  No
- (ii) related organizations  Yes  No

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 109,633                         | 13,670                       | 95,963         |
| d Equipment  |                                      | 482,310                         | 191,334                      | 290,976        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 | <b>u</b>                     | <b>386,939</b> |

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

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

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

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

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

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

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

| 1. (a) Description of liability   | (b) Book value         |  |
|---|------------------------|--|
| (1) Federal income taxes  |                        |  |
| (2) <b>ACCRUED VACATION</b>   | <b>38,141</b>          |  |
| (3) <b>ACCRUED PAYROLL</b>  | <b>20,933</b>          |  |
| (4) <b>ACCRUED PAYROLL LIABILITIES</b>                                    | <b>5,414</b>           |  |
| (5)   |                        |  |
| (6)   |                        |  |
| (7)   |                        |  |
| (8)   |                        |  |
| (9)   |                        |  |
| (10)  |                        |  |
| (11)  |                        |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>u</b> <b>64,488</b> |  |

2. FIN 48 (ASC 740) Footnote. 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

| <b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |   |             |
|---|---|-------------|
| 1   | Total revenue, gains, and other support per audited financial statements        | 1 2,193,884 |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |             |
| a   | Net unrealized gains on investments   | 2a          |
| b   | Donated services and use of facilities  | 2b 3,876    |
| c   | Recoveries of prior year grants   | 2c          |
| d   | Other (Describe in Part XIII.)  | 2d 2,580    |
| e   | Add lines 2a through 2d   | 2e 6,456    |
| 3   | Subtract line 2e from line 1  | 3 2,187,428 |
| 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 2,187,428 |

| <b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |  |             |
|--|--|-------------|
| 1  | Total expenses and losses per audited financial statements                       | 1 2,254,641 |
| 2  | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |             |
| a  | Donated services and use of facilities   | 2a 3,876    |
| b  | Prior year adjustments   | 2b          |
| c  | Other losses   | 2c 2,580    |
| d  | Other (Describe in Part XIII.)   | 2d          |
| e  | Add lines 2a through 2d  | 2e 6,456    |
| 3  | Subtract line 2e from line 1   | 3 2,248,185 |
| 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 2,248,185 |

**Part XIII Supplemental Information**

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

**Part X - FIN 48 Footnote**

The organization has evaluated for uncertain tax positions and management has expressed there are no uncertain tax positions as of December 31, 2012. Tax returns for the past three years remain open for examination by tax jurisdictions.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

LOSS ON DISPOSAL \$ 2,580





SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public  
Inspection

Name of the organization

MISSISSIPPI HEADWATERS AREA DENTAL  
HEALTH CENTER

Employer identification number

84-1711812

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990 BEFORE SIGNING AND FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

MONITORS ANNUALLY AND AT BOARD MEETINGS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

REVIEW OF EXECUTIVE DIRECTOR INCLUDES REVIEW AND APPROVAL BY GOVERNING  
BOARD, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE  
DELIBERATION AND DECISION.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS  
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Losses Reported on Return \$ 2,580

LOSS ON DISPOSAL \$ 2,580

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

u See separate instructions.

u Attach to your tax return.

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

Identifying number  
**84-1711812**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 500,000          |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | 2,000,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2011 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)                      | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12   | 13                           |                  |

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

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

|    |   |    |        |
|----|---|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |        |
| 15 | Property subject to section 168(f)(1) election  | 15 |        |
| 16 | Other depreciation (including ACRS)   | 16 | 32,918 |

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

**Section A**

|    |  |    |        |
|----|--|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2012   | 17 | 38,731 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | 18 |        |

**Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |   |    |        |
|----|---|----|--------|
| 21 | Listed property. Enter amount from line 28  | 21 |        |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 71,649 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |        |

For Paperwork Reduction Act Notice, see separate instructions.

# Federal Asset Report

## Form 990, Page 1

| Asset               | Description                   | Date<br>In Service | Cost   | Bus<br>% | Sec<br>179 | Bonus | Basis<br>for Depr | PerConv | Meth   | Prior | Current |
|---------------------|-------------------------------|--------------------|--------|----------|------------|-------|-------------------|---------|--------|-------|---------|
| <b>Prior MACRS:</b> |                               |                    |        |          |            |       |                   |         |        |       |         |
| 1                   | DELL MULTIFUNCTION PRINTER    | 10/16/08           | 401    |          |            |       | 401               | 5       | HY S/L | 248   | 80      |
| 2                   | NETWORK HARDWARE              | 10/07/08           | 949    |          |            |       | 949               | 5       | HY S/L | 586   | 190     |
| 3                   | POWEREDGE 2900 III QUAD CORE  | 10/07/08           | 7,640  |          |            |       | 7,640             | 5       | HY S/L | 4,719 | 1,528   |
| 4                   | OPTIPLEX 330 MINITOWER INTEL  | 10/07/08           | 876    |          |            |       | 876               | 5       | HY S/L | 541   | 176     |
| 5                   | 7 DELL 19" LCD MONITORS       | 10/07/08           | 1,116  |          |            |       | 1,116             | 5       | HY S/L | 689   | 223     |
| 6                   | 7 DELL OPTIPLEX 330 MINITOWER | 11/07/08           | 5,760  |          |            |       | 5,760             | 5       | HY S/L | 3,557 | 1,152   |
| 7                   | 7 EX 110 CORDLESS DESKTOP     | 11/07/08           | 285    |          |            |       | 285               | 5       | HY S/L | 176   | 57      |
| 8                   | 2 DELL 19" MONITOR SE 198WFP  | 11/07/08           | 319    |          |            |       | 319               | 5       | HY S/L | 197   | 64      |
| 9                   | DELL COMPUTER GT921           | 5/13/08            | 939    |          |            |       | 939               | 5       | HY S/L | 649   | 188     |
| 10                  | AUTOMATIC WASHER              | 11/17/08           | 611    |          |            |       | 611               | 10      | HY S/L | 191   | 61      |
| 11                  | ELECTRIC DRYER                | 11/17/08           | 563    |          |            |       | 563               | 10      | HY S/L | 176   | 56      |
| 12                  | SANITAIRE 9120                | 11/17/08           | 587    |          |            |       | 587               | 10      | HY S/L | 184   | 58      |
| 13                  | SANITAIRE 9120                | 11/17/08           | 587    |          |            |       | 587               | 10      | HY S/L | 184   | 58      |
| 14                  | DONATED FISH TANK             | 12/01/08           | 1,000  |          |            |       | 1,000             | 10      | HY S/L | 313   | 100     |
| 15                  | DELL OPTIPLEX 360 MINITOWER   | 2/21/09            | 946    |          |            |       | 946               | 5       | HY S/L | 647   | 189     |
| 16                  | DELL OPTIPLEX 360 MINITOWER   | 2/21/09            | 946    |          |            |       | 946               | 5       | HY S/L | 647   | 189     |
| 17                  | DELL OPTIPLEX 360 MINITOWER   | 4/21/09            | 908    |          |            |       | 908               | 5       | HY S/L | 573   | 182     |
| 18                  | DELL OPTIPLEX 360 MINITOWER   | 2/16/09            | 1,213  |          |            |       | 1,213             | 5       | HY S/L | 830   | 242     |
| 19                  | DELL OPTIPLEX 360MT DUAL CORE | 7/08/09            | 905    |          |            |       | 905               | 5       | HY S/L | 524   | 181     |
| 20                  | DELL 360MT DUAL CORE          | 7/08/09            | 905    |          |            |       | 905               | 5       | HY S/L | 524   | 181     |
| 21                  | DELL OPTIPLEX SYSTEM          | 12/22/09           | 1,019  |          |            |       | 1,019             | 5       | HY S/L | 536   | 204     |
| 22                  | DELL OPTIPLEX SYSTEM 380 MT   | 12/22/09           | 1,019  |          |            |       | 1,019             | 5       | HY S/L | 536   | 204     |
| 23                  | DELL OPTIPLEX 380MT           | 12/22/09           | 1,019  |          |            |       | 1,019             | 5       | HY S/L | 536   | 204     |
| 24                  | DELL OPTIPLEX 380MT           | 12/22/09           | 1,019  |          |            |       | 1,019             | 5       | HY S/L | 536   | 204     |
| 25                  | DELL OPTIPLEX 380MT           | 12/22/09           | 1,019  |          |            |       | 1,019             | 5       | HY S/L | 536   | 204     |
| 26                  | DELL OPTIPLEX 380MT           | 12/22/09           | 1,019  |          |            |       | 1,019             | 5       | HY S/L | 536   | 204     |
| 27                  | DELL 5110CN COLOR LASER       | 6/11/09            | 1,443  |          |            |       | 1,443             | 5       | HY S/L | 911   | 289     |
| 62                  | CAVITRON PLUS 115V            | 10/16/09           | 2,611  |          |            |       | 2,611             | 5       | HY S/L | 1,374 | 261     |
|                     | Sold/Scrapped: 12/31/12       |                    |        |          |            |       |                   |         |        |       |         |
| 63                  | ROOT ZX II APEX LOCATOR       | 4/24/09            | 1,011  |          |            |       | 1,011             | 5       | HY S/L | 638   | 202     |
| 64                  | HPC HI-SP TA-97 LED           | 4/10/09            | 1,198  |          |            |       | 1,198             | 5       | HY S/L | 756   | 240     |
| 65                  | HPC HI-SP TA-97 LED           | 4/10/09            | 1,198  |          |            |       | 1,198             | 5       | HY S/L | 756   | 240     |
| 66                  | HPC HI-SP TA-97 LED           | 4/10/09            | 1,198  |          |            |       | 1,198             | 5       | HY S/L | 756   | 240     |
| 67                  | PORTER FLOWMETER              | 2/06/09            | 3,770  |          |            |       | 3,770             | 5       | HY S/L | 2,578 | 754     |
| 74                  | X-RAY CENTER CABINET          | 12/30/09           | 10,260 |          |            |       | 10,260            | 7       | HY S/L | 3,880 | 1,466   |
| 75                  | X-RAY CENTER CABINET          | 12/30/09           | 10,260 |          |            |       | 10,260            | 7       | HY S/L | 3,880 | 1,466   |
| 76                  | DENTAL ASSISTANT CART         | 12/30/09           | 1,008  |          |            |       | 1,008             | 7       | HY S/L | 381   | 144     |
| 77                  | DENTAL ASSISTANT CART         | 12/30/09           | 1,008  |          |            |       | 1,008             | 7       | HY S/L | 381   | 144     |
| 78                  | DENTAL ASSISTANT CART         | 12/30/09           | 1,008  |          |            |       | 1,008             | 7       | HY S/L | 381   | 144     |
| 79                  | DENTAL ASSISTANT CART         | 12/30/09           | 1,008  |          |            |       | 1,008             | 7       | HY S/L | 381   | 144     |
| 90                  | LEASEHOLD IMPROVEMENTS        | 11/17/08           | 22,293 |          |            |       | 22,293            | 39      | MM S/L | 1,786 | 572     |
| 99                  | 2 PROPHY HYGENE HEADPIECES    | 1/20/11            | 1,275  |          |            |       | 1,275             | 5       | HY S/L | 127   | 255     |
| 100                 | 2 CURING LIGHTS               | 1/31/11            | 2,398  |          |            |       | 2,398             | 5       | HY S/L | 240   | 479     |
| 101                 | SENSOR SIZE 1                 | 2/03/11            | 6,209  |          |            |       | 6,209             | 5       | HY S/L | 621   | 1,242   |
| 102                 | 2 USB REMOTE HS W/ CABLES     | 2/03/11            | 2,571  |          |            |       | 2,571             | 5       | HY S/L | 257   | 514     |
| 103                 | SENSOR SIZE 0                 | 2/03/11            | 4,206  |          |            |       | 4,206             | 5       | HY S/L | 421   | 841     |
| 104                 | WHEELED CABINET               | 2/10/11            | 791    |          |            |       | 791               | 5       | HY S/L | 79    | 158     |
| 105                 | 2011 DODGE GRAND CARAVAN      | 3/28/11            | 25,492 |          |            |       | 25,492            | 5       | HY S/L | 2,549 | 5,099   |
| 106                 | 4 DELL OPTIPLEX 380 DESKTOP   | 4/13/11            | 3,797  |          |            |       | 3,797             | 5       | HY S/L | 380   | 759     |
| 107                 | ADEC STOOL 1600 ASST          | 4/13/11            | 959    |          |            |       | 959               | 5       | HY S/L | 96    | 192     |
| 108                 | DELL LATITUDE E5510 NOTEBOOK  | 4/13/11            | 1,336  |          |            |       | 1,336             | 5       | HY S/L | 134   | 267     |
| 109                 | CURING LIGHT, DARK BLUE       | 5/01/11            | 856    |          |            |       | 856               | 5       | HY S/L | 86    | 171     |
| 110                 | CURING LIGHT, SKY BLUE        | 5/01/11            | 856    |          |            |       | 856               | 5       | HY S/L | 86    | 171     |
| 111                 | ASSISTANTS MOBILE CART        | 5/12/11            | 2,280  |          |            |       | 2,280             | 5       | HY S/L | 228   | 456     |
| 112                 | 2 ASSISTANTS STOOL            | 5/12/11            | 1,018  |          |            |       | 1,018             | 5       | HY S/L | 102   | 203     |
| 113                 | CENTRAL DIVIDER SINK CABINET  | 5/12/11            | 11,021 |          |            |       | 11,021            | 15      | HY S/L | 367   | 735     |
| 114                 | INTRAORAL XRAY                | 5/12/11            | 4,544  |          |            |       | 4,544             | 5       | HY S/L | 454   | 909     |
| 115                 | 2 PATIENT CHAIRS              | 5/12/11            | 19,065 |          |            |       | 19,065            | 7       | HY S/L | 1,362 | 2,723   |
| 116                 | PORTABLE PATIENT CHAIR        | 5/12/11            | 2,994  |          |            |       | 2,994             | 5       | HY S/L | 299   | 599     |
| 117                 | 1310 PROSEAL SEALANT UNIT     | 5/12/11            | 5,606  |          |            |       | 5,606             | 5       | HY S/L | 561   | 1,121   |
| 118                 | DELL OPTIPLEX 380 DESKTOP     | 8/01/11            | 965    |          |            |       | 965               | 5       | HY S/L | 97    | 193     |
| 119                 | EPSON WORKFORCE PRO SCANNER   | 8/01/11            | 515    |          |            |       | 515               | 5       | HY S/L | 52    | 103     |
| 120                 | VERSATILT-BARIATRIC MODEL     | 8/08/11            | 14,055 |          |            |       | 14,055            | 5       | HY S/L | 1,406 | 2,811   |
| 121                 | HPC HI-SP TA-97 LED PLUS      | 10/10/11           | 8,034  |          |            |       | 8,034             | 5       | HY S/L | 803   | 1,607   |
| 122                 | EVAC COMP 30G OTTER TANK      | 11/21/11           | 867    |          |            |       | 867               | 5       | HY S/L | 87    | 173     |
| 123                 | MOBILE CART/CABINET           | 11/21/11           | 1,008  |          |            |       | 1,008             | 5       | HY S/L | 101   | 201     |
| 124                 | PORTABLE CHAIR W/ BAG         | 11/21/11           | 3,157  |          |            |       | 3,157             | 5       | HY S/L | 316   | 631     |
| 125                 | PROSEAL UNIT                  | 11/21/11           | 5,220  |          |            |       | 5,220             | 5       | HY S/L | 522   | 1,044   |
| 126                 | SCALER AMDENT PIEZO           | 11/21/11           | 963    |          |            |       | 963               | 5       | HY S/L | 96    | 193     |
| 127                 | ULTRACLAVE STERILIZER         | 5/12/11            | 5,895  |          |            |       | 5,895             | 5       | HY S/L | 589   | 1,179   |

# Federal Asset Report

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| Asset                      | Description                   | Date<br>In Service | Cost           | Bus<br>% | Sec<br>179 Bonus | Basis<br>for Depr | PerConv Meth | Prior         | Current       |
|----------------------------|-------------------------------|--------------------|----------------|----------|------------------|-------------------|--------------|---------------|---------------|
| 128                        | TRAILER                       | 12/02/11           | 1,595          |          |                  | 1,595             | 5 HY S/L     | 160           | 319           |
| 129                        | AMALGAMA                      | 6/08/11            | 781            |          |                  | 781               | 5 HY S/L     | 78            | 156           |
| 130                        | ROTOQUICK                     | 6/08/11            | 938            |          |                  | 938               | 5 HY S/L     | 94            | 188           |
| 131                        | OPITORY 10 REMODEL            | 5/01/11            | 5,308          |          |                  | 5,308             | 15 HY S/L    | 177           | 354           |
|                            |                               |                    | <u>239,419</u> |          |                  | <u>239,419</u>    |              | <u>51,237</u> | <u>38,731</u> |
| <b>Other Depreciation:</b> |                               |                    |                |          |                  |                   |              |               |               |
| 28                         | OPTIPLEX 330                  | 10/07/08           | 876            |          |                  | 876               | 9 MO S/L     | 304           | 98            |
| 30                         | AUTOCLAVE M-11 ULTRACLAVE     | 11/12/08           | 5,235          |          |                  | 5,235             | 9 MO S/L     | 1,818         | 582           |
| 31                         | HPC CLNR ASSISTINA            | 11/12/08           | 2,045          |          |                  | 2,045             | 9 MO S/L     | 710           | 227           |
| 32                         | USB REMOTE                    | 12/09/08           | 1,306          |          |                  | 1,306             | 9 MO S/L     | 453           | 145           |
| 33                         | USB REMOTE                    | 12/09/08           | 1,306          |          |                  | 1,306             | 9 MO S/L     | 453           | 145           |
| 34                         | USB REMOTE                    | 12/09/08           | 1,306          |          |                  | 1,306             | 9 MO S/L     | 453           | 145           |
| 35                         | USB REMOTE                    | 12/09/08           | 1,306          |          |                  | 1,306             | 9 MO S/L     | 453           | 145           |
| 36                         | SENSOR SIZE 2                 | 12/09/08           | 7,264          |          |                  | 7,264             | 9 MO S/L     | 2,522         | 807           |
| 37                         | SENSOR SIZE 1                 | 12/09/08           | 6,286          |          |                  | 6,286             | 9 MO S/L     | 2,183         | 698           |
| 38                         | EAGLES CHART                  | 12/09/08           | 1,917          |          |                  | 1,917             | 9 MO S/L     | 666           | 213           |
| 39                         | DIG PAN XR, CDR PAN X         | 10/29/08           | 26,758         |          |                  | 26,758            | 9 MO S/L     | 9,291         | 2,973         |
| 40                         | ENGL 360, BEIGE               | 10/29/08           | 9,937          |          |                  | 9,937             | 9 MO S/L     | 3,450         | 1,105         |
| 41                         | ENGL 360, BEIGE               | 10/29/08           | 10,051         |          |                  | 10,051            | 9 MO S/L     | 3,490         | 1,117         |
| 42                         | ENGL 360, BEIGE               | 10/29/08           | 9,937          |          |                  | 9,937             | 9 MO S/L     | 3,450         | 1,105         |
| 43                         | ENGL 360, BEIGE               | 10/29/08           | 10,051         |          |                  | 10,051            | 9 MO S/L     | 3,490         | 1,117         |
| 44                         | ENGL 360, BEIGE               | 10/29/08           | 9,925          |          |                  | 9,925             | 9 MO S/L     | 3,446         | 1,103         |
| 45                         | PROGNY X-RAY                  | 12/09/08           | 5,693          |          |                  | 5,693             | 9 MO S/L     | 1,977         | 632           |
| 46                         | PROGNY X-RAY                  | 12/09/08           | 5,693          |          |                  | 5,693             | 9 MO S/L     | 1,977         | 632           |
| 47                         | PROGNY X-RAY                  | 12/09/08           | 4,495          |          |                  | 4,495             | 9 MO S/L     | 1,561         | 499           |
| 48                         | WHALED BIOSONIC ULTRA CLEANER | 11/12/08           | 1,895          |          |                  | 1,895             | 9 MO S/L     | 658           | 210           |
| 49                         | DENTEZ EVAC PUMP              | 10/16/08           | 10,797         |          |                  | 10,797            | 9 MO S/L     | 3,749         | 1,199         |
| 50                         | DENTSPLY NOR CAVITRON PLUS    | 12/05/08           | 2,489          |          |                  | 2,489             | 9 MO S/L     | 864           | 277           |
| 51                         | DEMI LED CURING LIGHT         | 12/01/08           | 1,006          |          |                  | 1,006             | 9 MO S/L     | 349           | 112           |
|                            | Sold/Scrapped: 12/31/12       |                    |                |          |                  |                   |              |               |               |
| 52                         | DEMI LED CURING LIGHT         | 12/01/08           | 1,006          |          |                  | 1,006             | 9 MO S/L     | 349           | 112           |
|                            | Sold/Scrapped: 12/31/12       |                    |                |          |                  |                   |              |               |               |
| 53                         | #10 MODEL TRIMMER             | 12/01/08           | 550            |          |                  | 550               | 9 MO S/L     | 191           | 61            |
| 54                         | AMALGAMATOR                   | 12/01/08           | 549            |          |                  | 549               | 9 MO S/L     | 191           | 61            |
| 55                         | DRILLS HI-SP TA-97 LED        | 11/12/08           | 2,172          |          |                  | 2,172             | 9 MO S/L     | 754           | 242           |
| 56                         | DRILLS HI-SP TA-97 LED        | 11/12/08           | 2,172          |          |                  | 2,172             | 9 MO S/L     | 754           | 242           |
| 57                         | DRILLS HI-SP TA-97 LED        | 11/12/08           | 2,172          |          |                  | 2,172             | 9 MO S/L     | 754           | 242           |
| 58                         | DRILLS HI-SP TA-97 LED        | 11/12/08           | 1,574          |          |                  | 1,574             | 9 MO S/L     | 547           | 175           |
| 59                         | DRILLS HI-SP TA-97 LED        | 11/12/08           | 1,410          |          |                  | 1,410             | 9 MO S/L     | 490           | 156           |
| 60                         | USB REMOTE                    | 12/09/08           | 1,306          |          |                  | 1,306             | 9 MO S/L     | 453           | 145           |
| 61                         | DONATED - CAVITRON            | 7/15/08            | 1,000          |          |                  | 1,000             | 9 MO S/L     | 375           | 111           |
|                            | Sold/Scrapped: 12/31/12       |                    |                |          |                  |                   |              |               |               |
| 68                         | DENTIST CHAIR                 | 12/30/09           | 12,525         |          |                  | 12,525            | 9 MO S/L     | 3,697         | 1,391         |
| 69                         | DENTIST CHAIR                 | 12/30/09           | 12,525         |          |                  | 12,525            | 9 MO S/L     | 3,697         | 1,391         |
| 70                         | DENTIST CHAIR                 | 12/30/09           | 12,525         |          |                  | 12,525            | 9 MO S/L     | 3,697         | 1,391         |
| 71                         | DENTIST CHAIR                 | 12/30/09           | 11,926         |          |                  | 11,926            | 9 MO S/L     | 3,520         | 1,325         |
| 72                         | X-RAY MACHINE                 | 12/30/09           | 12,454         |          |                  | 12,454            | 9 MO S/L     | 3,676         | 1,383         |
| 73                         | X-RAY MACHINE                 | 12/30/09           | 12,454         |          |                  | 12,454            | 9 MO S/L     | 3,676         | 1,383         |
| 80                         | STATIM 5000 STERILIZER        | 3/16/10            | 1,931          |          |                  | 1,931             | 7 MO S/L     | 506           | 276           |
| 81                         | STATIM 5000 STERILIZER        | 3/16/10            | 1,931          |          |                  | 1,931             | 7 MO S/L     | 506           | 276           |
| 82                         | SYNEA TA 97LED MINI           | 1/05/10            | 1,129          |          |                  | 1,129             | 7 MO S/L     | 323           | 161           |
| 83                         | SYNEA TA 97LED MINI           | 1/05/10            | 1,129          |          |                  | 1,129             | 7 MO S/L     | 323           | 161           |
| 84                         | SYNEA TA 97LED MINI           | 1/05/10            | 1,129          |          |                  | 1,129             | 7 MO S/L     | 323           | 161           |
| 85                         | PORTER FLOWMETER MXR PACKAGE  | 3/23/10            | 4,344          |          |                  | 4,344             | 7 MO S/L     | 1,086         | 620           |
| 86                         | 4-ENGL UNIT COMP              | 1/12/10            | 1,052          |          |                  | 1,052             | 7 MO S/L     | 300           | 151           |
| 87                         | WALL X-RAY PLATE KIT          | 1/14/10            | 239            |          |                  | 239               | 7 MO S/L     | 68            | 35            |
| 88                         | 9-DELUXE STANDARD AUTOCLAVEAI | 2/02/10            | 454            |          |                  | 454               | 7 MO S/L     | 124           | 65            |
| 89                         | NS DEMI CURING LIGHT          | 2/10/10            | 1,870          |          |                  | 1,870             | 7 MO S/L     | 512           | 267           |
| 91                         | DRYWALL REPAIRS               | 1/13/09            | 11,031         |          |                  | 11,031            | 39 MO S/L    | 849           | 282           |
| 92                         | PIPING RENOVATION             | 6/11/09            | 4,310          |          |                  | 4,310             | 39 MO S/L    | 286           | 110           |
| 93                         | CABINETS AND COUNTERTOPS      | 7/10/09            | 1,239          |          |                  | 1,239             | 39 MO S/L    | 79            | 32            |
| 94                         | CLINIC REMODEL                | 12/31/09           | 26,908         |          |                  | 26,908            | 39 MO S/L    | 1,380         | 690           |
| 95                         | CABINETS AND COUNTERTOPS      | 12/08/09           | 9,612          |          |                  | 9,612             | 39 MO S/L    | 513           | 247           |
| 96                         | 4 INSTALLED TOILETS           | 11/18/09           | 1,565          |          |                  | 1,565             | 15 MO S/L    | 278           | 105           |
| 97                         | CONFERENCE ROOM WINDOW        | 1/27/10            | 2,000          |          |                  | 2,000             | 15 MO S/L    | 256           | 133           |
| 98                         | CARPETING FOR OFFICES         | 1/27/10            | 7,463          |          |                  | 7,463             | 5 MO S/L     | 2,861         | 1,492         |
| 132                        | 3 DELL OPTIPLEX 390 DESKTOP   | 7/27/12            | 3,477          |          |                  | 3,477             | 5 MO S/L     | 0             | 290           |
| 133                        | WATCHGAURD XTM                | 5/12/12            | 1,178          |          |                  | 1,178             | 3 MO S/L     | 0             | 262           |
| 134                        | LAB COMPUTER                  | 1/19/12            | 2,067          |          |                  | 2,067             | 5 MO S/L     | 0             | 379           |
| 135                        | 1 DELL OPTIPLEX 390 DESKTOP   | 7/27/12            | 1,159          |          |                  | 1,159             | 5 MO S/L     | 0             | 97            |

# Federal Asset Report

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| Asset                                    | Description                 | Date<br>In Service | Cost           | Bus<br>% | Sec<br>179 Bonus | Basis<br>for Depr | PerConv Meth | Prior          | Current       |
|--|-----------------------------|--------------------|----------------|----------|------------------|-------------------|--------------|----------------|---------------|
| 136                                      | 2 AIR COMPRESSOR            | 10/30/12           | 12,500         |          |                  | 12,500            | 5 MO S/L     | 0              | 417           |
| 137                                      | 2 CAVITRON                  | 11/07/12           | 5,203          |          |                  | 5,203             | 5 MO S/L     | 0              | 173           |
| 138                                      | ROOM CURTAINS               | 12/14/12           | 870            |          |                  | 870               | 5 MO S/L     | 0              | 15            |
| 139                                      | REMODELING & WOODWORK       | 1/01/12            | 709            |          |                  | 709               | 15 MO S/L    | 0              | 47            |
| 140                                      | WASHER & DRYER IMPROVEMENTS | 11/08/12           | 2,244          |          |                  | 2,244             | 15 MO S/L    | 0              | 25            |
| 141                                      | LAB REMODEL                 | 11/21/12           | 2,540          |          |                  | 2,540             | 15 MO S/L    | 0              | 14            |
| 142                                      | COUNTER & DESK WORK         | 12/31/12           | 1,390          |          |                  | 1,390             | 15 MO S/L    | 0              | 0             |
| 143                                      | SENSOR SIZE 2 ELITE         | 9/11/12            | 8,182          |          |                  | 8,182             | 5 MO S/L     | 0              | 545           |
| 144                                      | CURING LIGHTS               | 12/31/12           | 2,613          |          |                  | 2,613             | 5 MO S/L     | 0              | 0             |
| 145                                      | PHONE SYSTEM                | 11/01/12           | 8,785          |          |                  | 8,785             | 5 MO S/L     | 0              | 293           |
| <b>Total Other Depreciation</b>          |                             |                    | <u>358,147</u> |          |                  | <u>358,147</u>    |              | <u>85,161</u>  | <u>32,918</u> |
| <b>Total ACRS and Other Depreciation</b> |                             |                    | <u>358,147</u> |          |                  | <u>358,147</u>    |              | <u>85,161</u>  | <u>32,918</u> |
| <b>Grand Totals</b>                      |                             |                    | 597,566        |          |                  | 597,566           |              | 136,398        | 71,649        |
| <b>Less: Dispositions and Transfers</b>  |                             |                    | 5,623          |          |                  | 5,623             |              | 2,447          | 596           |
| <b>Less: Start-up/Org Expense</b>        |                             |                    | <u>0</u>       |          |                  | <u>0</u>          |              | <u>0</u>       | <u>0</u>      |
| <b>Net Grand Totals</b>                  |                             |                    | <u>591,943</u> |          |                  | <u>591,943</u>    |              | <u>133,951</u> | <u>71,053</u> |

# Depreciation Adjustment Report

## All Business Activities

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Form Unit Asset

Description

Tax

AMT

AMT  
Adjustments/  
Preferences

**There are no assets that meet the criteria of this report**

# Future Depreciation Report    FYE: 12/31/13

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| Asset               | Description                   | Date In Service | Cost   | Tax   | AMT |
|---------------------|-------------------------------|-----------------|--------|-------|-----|
| <b>Prior MACRS:</b> |                               |                 |        |       |     |
| 1                   | DELL MULTIFUNCTION PRINTER    | 10/16/08        | 401    | 73    | 0   |
| 2                   | NETWORK HARDWARE              | 10/07/08        | 949    | 173   | 0   |
| 3                   | POWEREDGE 2900 III QUAD CORE  | 10/07/08        | 7,640  | 1,393 | 0   |
| 4                   | OPTIPLEX 330 MINITOWER INTEL  | 10/07/08        | 876    | 159   | 0   |
| 5                   | 7 DELL 19" LCD MONITORS       | 10/07/08        | 1,116  | 204   | 0   |
| 6                   | 7 DELL OPTIPLEX 330 MINITOWER | 11/07/08        | 5,760  | 1,051 | 0   |
| 7                   | 7 EX 110 CORDLESS DESKTOP     | 11/07/08        | 285    | 52    | 0   |
| 8                   | 2 DELL 19" MONITOR SE 198WFP  | 11/07/08        | 319    | 58    | 0   |
| 9                   | DELL COMPUTER GT921           | 5/13/08         | 939    | 102   | 0   |
| 10                  | AUTOMATIC WASHER              | 11/17/08        | 611    | 61    | 0   |
| 11                  | ELECTRIC DRYER                | 11/17/08        | 563    | 57    | 0   |
| 12                  | SANITAIRE 9120                | 11/17/08        | 587    | 59    | 0   |
| 13                  | SANITAIRE 9120                | 11/17/08        | 587    | 59    | 0   |
| 14                  | DONATED FISH TANK             | 12/01/08        | 1,000  | 100   | 0   |
| 15                  | DELL OPTIPLEX 360 MINITOWER   | 2/21/09         | 946    | 110   | 0   |
| 16                  | DELL OPTIPLEX 360 MINITOWER   | 2/21/09         | 946    | 110   | 0   |
| 17                  | DELL OPTIPLEX 360 MINITOWER   | 4/21/09         | 908    | 153   | 0   |
| 18                  | DELL OPTIPLEX 360 MINITOWER   | 2/16/09         | 1,213  | 141   | 0   |
| 19                  | DELL OPTIPLEX 360MT DUAL CORE | 7/08/09         | 905    | 181   | 0   |
| 20                  | DELL 360MT DUAL CORE          | 7/08/09         | 905    | 181   | 0   |
| 21                  | DELL OPTIPLEX SYSTEM          | 12/22/09        | 1,019  | 204   | 0   |
| 22                  | DELL OPTIPLEX SYSTEM 380 MT   | 12/22/09        | 1,019  | 204   | 0   |
| 23                  | DELL OPTIPLEX 380MT           | 12/22/09        | 1,019  | 204   | 0   |
| 24                  | DELL OPTIPLEX 380MT           | 12/22/09        | 1,019  | 204   | 0   |
| 25                  | DELL OPTIPLEX 380MT           | 12/22/09        | 1,019  | 204   | 0   |
| 26                  | DELL OPTIPLEX 380MT           | 12/22/09        | 1,019  | 204   | 0   |
| 27                  | DELL 5110CN COLOR LASER       | 6/11/09         | 1,443  | 243   | 0   |
| 63                  | ROOT ZX II APEX LOCATOR       | 4/24/09         | 1,011  | 171   | 0   |
| 64                  | HPC HI-SP TA-97 LED           | 4/10/09         | 1,198  | 202   | 0   |
| 65                  | HPC HI-SP TA-97 LED           | 4/10/09         | 1,198  | 202   | 0   |
| 66                  | HPC HI-SP TA-97 LED           | 4/10/09         | 1,198  | 202   | 0   |
| 67                  | PORTER FLOWMETER              | 2/06/09         | 3,770  | 438   | 0   |
| 74                  | X-RAY CENTER CABINET          | 12/30/09        | 10,260 | 1,466 | 0   |
| 75                  | X-RAY CENTER CABINET          | 12/30/09        | 10,260 | 1,466 | 0   |
| 76                  | DENTAL ASSISTANT CART         | 12/30/09        | 1,008  | 144   | 0   |
| 77                  | DENTAL ASSISTANT CART         | 12/30/09        | 1,008  | 144   | 0   |
| 78                  | DENTAL ASSISTANT CART         | 12/30/09        | 1,008  | 144   | 0   |
| 79                  | DENTAL ASSISTANT CART         | 12/30/09        | 1,008  | 144   | 0   |
| 90                  | LEASEHOLD IMPROVEMENTS        | 11/17/08        | 22,293 | 572   | 0   |
| 99                  | 2 PROPHY HYGENE HEADPIECES    | 1/20/11         | 1,275  | 255   | 0   |
| 100                 | 2 CURING LIGHTS               | 1/31/11         | 2,398  | 480   | 0   |
| 101                 | SENSOR SIZE 1                 | 2/03/11         | 6,209  | 1,242 | 0   |
| 102                 | 2 USB REMOTE HS W/ CABLES     | 2/03/11         | 2,571  | 514   | 0   |
| 103                 | SENSOR SIZE 0                 | 2/03/11         | 4,206  | 841   | 0   |
| 104                 | WHEELED CABINET               | 2/10/11         | 791    | 159   | 0   |
| 105                 | 2011 DODGE GRAND CARAVAN      | 3/28/11         | 25,492 | 5,098 | 0   |
| 106                 | 4 DELL OPTIPLEX 380 DESKTOP   | 4/13/11         | 3,797  | 759   | 0   |
| 107                 | ADEC STOOL 1600 ASST          | 4/13/11         | 959    | 191   | 0   |
| 108                 | DELL LATITUDE E5510 NOTEBOOK  | 4/13/11         | 1,336  | 267   | 0   |
| 109                 | CURING LIGHT, DARK BLUE       | 5/01/11         | 856    | 171   | 0   |
| 110                 | CURING LIGHT, SKY BLUE        | 5/01/11         | 856    | 171   | 0   |
| 111                 | ASSISTANTS MOBILE CART        | 5/12/11         | 2,280  | 456   | 0   |
| 112                 | 2 ASSISTANTS STOOL            | 5/12/11         | 1,018  | 204   | 0   |
| 113                 | CENTRAL DIVIDER SINK CABINET  | 5/12/11         | 11,021 | 735   | 0   |
| 114                 | INTRAORAL XRAY                | 5/12/11         | 4,544  | 909   | 0   |
| 115                 | 2 PATIENT CHAIRS              | 5/12/11         | 19,065 | 2,724 | 0   |
| 116                 | PORTABLE PATIENT CHAIR        | 5/12/11         | 2,994  | 599   | 0   |
| 117                 | 1310 PROSEAL SEALANT UNIT     | 5/12/11         | 5,606  | 1,121 | 0   |
| 118                 | DELL OPTIPLEX 380 DESKTOP     | 8/01/11         | 965    | 193   | 0   |
| 119                 | EPSON WORKFORCE PRO SCANNER   | 8/01/11         | 515    | 103   | 0   |
| 120                 | VERSATILT-BARIATRIC MODEL     | 8/08/11         | 14,055 | 2,811 | 0   |
| 121                 | HPC HI-SP TA-97 LED PLUS      | 10/10/11        | 8,034  | 1,607 | 0   |
| 122                 | EVAC COMP 30G OTTER TANK      | 11/21/11        | 867    | 174   | 0   |
| 123                 | MOBILE CART/CABINET           | 11/21/11        | 1,008  | 202   | 0   |
| 124                 | PORTABLE CHAIR W/ BAG         | 11/21/11        | 3,157  | 632   | 0   |
| 125                 | PROSEAL UNIT                  | 11/21/11        | 5,220  | 1,044 | 0   |
| 126                 | SCALER AMDENT PIEZO           | 11/21/11        | 963    | 193   | 0   |
| 127                 | ULTRACLAVE STERILIZER         | 5/12/11         | 5,895  | 1,179 | 0   |



# Future Depreciation Report    FYE: 12/31/13

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| Asset | Description        | Date In Service | Cost    | Tax    | AMT |
|-------|--------------------|-----------------|---------|--------|-----|
| 128   | TRAILER            | 12/02/11        | 1,595   | 319    | 0   |
| 129   | AMALGAMA           | 6/08/11         | 781     | 157    | 0   |
| 130   | ROTOQUICK          | 6/08/11         | 938     | 187    | 0   |
| 131   | OPITORY 10 REMODEL | 5/01/11         | 5,308   | 354    | 0   |
|       |                    |                 | 236,808 | 37,290 | 0   |

**Other Depreciation:**

|     |                                 |          |        |       |   |
|-----|---------------------------------|----------|--------|-------|---|
| 28  | OPTIPLEX 330                    | 10/07/08 | 876    | 97    | 0 |
| 30  | AUTOCLAVE M-11 ULTRACLAVE       | 11/12/08 | 5,235  | 581   | 0 |
| 31  | HPC CLNR ASSISTINA              | 11/12/08 | 2,045  | 227   | 0 |
| 32  | USB REMOTE                      | 12/09/08 | 1,306  | 146   | 0 |
| 33  | USB REMOTE                      | 12/09/08 | 1,306  | 146   | 0 |
| 34  | USB REMOTE                      | 12/09/08 | 1,306  | 146   | 0 |
| 35  | USB REMOTE                      | 12/09/08 | 1,306  | 146   | 0 |
| 36  | SENSOR SIZE 2                   | 12/09/08 | 7,264  | 808   | 0 |
| 37  | SENSOR SIZE 1                   | 12/09/08 | 6,286  | 698   | 0 |
| 38  | EAGLES CHART                    | 12/09/08 | 1,917  | 213   | 0 |
| 39  | DIG PAN XR, CDR PAN X           | 10/29/08 | 26,758 | 2,973 | 0 |
| 40  | ENGLE 360, BEIGE                | 10/29/08 | 9,937  | 1,104 | 0 |
| 41  | ENGLE 360, BEIGE                | 10/29/08 | 10,051 | 1,117 | 0 |
| 42  | ENGLE 360, BEIGE                | 10/29/08 | 9,937  | 1,104 | 0 |
| 43  | ENGLE 360, BEIGE                | 10/29/08 | 10,051 | 1,117 | 0 |
| 44  | ENGLE 360, BEIGE                | 10/29/08 | 9,925  | 1,103 | 0 |
| 45  | PROGNY X-RAY                    | 12/09/08 | 5,693  | 633   | 0 |
| 46  | PROGNY X-RAY                    | 12/09/08 | 5,693  | 633   | 0 |
| 47  | PROGNY X-RAY                    | 12/09/08 | 4,495  | 500   | 0 |
| 48  | WHALED BIOSONIC ULTRA CLEANER   | 11/12/08 | 1,895  | 211   | 0 |
| 49  | DENTEZ EVAC PUMP                | 10/16/08 | 10,797 | 1,200 | 0 |
| 50  | DENTSPLY NOR CAVITRON PLUS      | 12/05/08 | 2,489  | 276   | 0 |
| 53  | #10 MODEL TRIMMER               | 12/01/08 | 550    | 61    | 0 |
| 54  | AMALGAMATOR                     | 12/01/08 | 549    | 61    | 0 |
| 55  | DRILLS HI-SP TA-97 LED          | 11/12/08 | 2,172  | 241   | 0 |
| 56  | DRILLS HI-SP TA-97 LED          | 11/12/08 | 2,172  | 241   | 0 |
| 57  | DRILLS HI-SP TA-97 LED          | 11/12/08 | 2,172  | 241   | 0 |
| 58  | DRILLS HI-SP TA-97 LED          | 11/12/08 | 1,574  | 174   | 0 |
| 59  | DRILLS HI-SP TA-97 LED          | 11/12/08 | 1,410  | 157   | 0 |
| 60  | USB REMOTE                      | 12/09/08 | 1,306  | 146   | 0 |
| 68  | DENTIST CHAIR                   | 12/30/09 | 12,525 | 1,392 | 0 |
| 69  | DENTIST CHAIR                   | 12/30/09 | 12,525 | 1,392 | 0 |
| 70  | DENTIST CHAIR                   | 12/30/09 | 12,525 | 1,392 | 0 |
| 71  | DENTIST CHAIR                   | 12/30/09 | 11,926 | 1,325 | 0 |
| 72  | X-RAY MACHINE                   | 12/30/09 | 12,454 | 1,384 | 0 |
| 73  | X-RAY MACHINE                   | 12/30/09 | 12,454 | 1,384 | 0 |
| 80  | STATIM 5000 STERILIZER          | 3/16/10  | 1,931  | 276   | 0 |
| 81  | STATIM 5000 STERILIZER          | 3/16/10  | 1,931  | 276   | 0 |
| 82  | SYNEA TA 97LED MINI             | 1/05/10  | 1,129  | 161   | 0 |
| 83  | SYNEA TA 97LED MINI             | 1/05/10  | 1,129  | 161   | 0 |
| 84  | SYNEA TA 97LED MINI             | 1/05/10  | 1,129  | 161   | 0 |
| 85  | PORTER FLOWMETER MXR PACKAGE    | 3/23/10  | 4,344  | 621   | 0 |
| 86  | 4-ENGLE UNIT COMP               | 1/12/10  | 1,052  | 150   | 0 |
| 87  | WALL X-RAY PLATE KIT            | 1/14/10  | 239    | 34    | 0 |
| 88  | 9-DELUXE STANDARD AUTOCLAVEABLE | 2/02/10  | 454    | 65    | 0 |
| 89  | NS DEMI CURING LIGHT            | 2/10/10  | 1,870  | 267   | 0 |
| 91  | DRYWALL REPAIRS                 | 1/13/09  | 11,031 | 283   | 0 |
| 92  | PIPING RENOVATION               | 6/11/09  | 4,310  | 111   | 0 |
| 93  | CABINETS AND COUNTERTOPS        | 7/10/09  | 1,239  | 32    | 0 |
| 94  | CLINIC REMODEL                  | 12/31/09 | 26,908 | 690   | 0 |
| 95  | CABINETS AND COUNTERTOPS        | 12/08/09 | 9,612  | 246   | 0 |
| 96  | 4 INSTALLED TOILETS             | 11/18/09 | 1,565  | 104   | 0 |
| 97  | CONFERENCE ROOM WINDOW          | 1/27/10  | 2,000  | 133   | 0 |
| 98  | CARPETING FOR OFFICES           | 1/27/10  | 7,463  | 1,493 | 0 |
| 132 | 3 DELL OPTIPLEX 390 DESKTOP     | 7/27/12  | 3,477  | 695   | 0 |
| 133 | WATCHGAURD XTM                  | 5/12/12  | 1,178  | 392   | 0 |
| 134 | LAB COMPUTER                    | 1/19/12  | 2,067  | 413   | 0 |
| 135 | 1 DELL OPTIPLEX 390 DESKTOP     | 7/27/12  | 1,159  | 231   | 0 |
| 136 | 2 AIR COMPRESSOR                | 10/30/12 | 12,500 | 2,500 | 0 |
| 137 | 2 CAVITRON                      | 11/07/12 | 5,203  | 1,041 | 0 |
| 138 | ROOM CURTAINS                   | 12/14/12 | 870    | 173   | 0 |
| 139 | REMODELING & WOODWORK           | 1/01/12  | 709    | 47    | 0 |

**Future Depreciation Report    FYE: 12/31/13**  
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| <u>Asset</u> | <u>Description</u>                       | <u>Date In Service</u> | <u>Cost</u>    | <u>Tax</u>    | <u>AMT</u> |
|--------------|--|------------------------|----------------|---------------|------------|
| 140          | WASHER & DRYER IMPROVEMENTS              | 11/08/12               | 2,244          | 150           | 0          |
| 141          | LAB REMODEL                              | 11/21/12               | 2,540          | 169           | 0          |
| 142          | COUNTER & DESK WORK                      | 12/31/12               | 1,390          | 93            | 0          |
| 143          | SENSOR SIZE 2 ELITE                      | 9/11/12                | 8,182          | 1,637         | 0          |
| 144          | CURING LIGHTS                            | 12/31/12               | 2,613          | 523           | 0          |
| 145          | PHONE SYSTEM                             | 11/01/12               | 8,785          | 1,757         | 0          |
|              | <b>Total Other Depreciation</b>          |                        | <u>355,135</u> | <u>39,855</u> | <u>0</u>   |
|              | <b>Total ACRS and Other Depreciation</b> |                        | <u>355,135</u> | <u>39,855</u> | <u>0</u>   |
|              | <b>Grand Totals</b>                      |                        | <u>591,943</u> | <u>77,145</u> | <u>0</u>   |

Taxable Interest on Investments

| <u>Description</u> | <u>Amount</u>          | <u>Unrelated<br/>Business Code</u> | <u>Exclusion<br/>Code</u> | <u>Postal<br/>Code</u> | <u>Acquired after<br/>6/30/75</u> | <u>US<br/>Obs (\$ or %)</u> |
|--------------------|------------------------|------------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| INTEREST           | \$ <u>1,016</u>        |                                    |                           | 14                     |                                   |                             |
| Total              | \$ <u><u>1,016</u></u> |                                    |                           |                        |                                   |                             |

## Federal Statements

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

| Description            | Total<br>Expenses | Program<br>Service | Management &<br>General | Fund<br>Raising |
|------------------------|-------------------|--------------------|-------------------------|-----------------|
| DUES AND SUBSCRIPTIONS | \$ 2,000          | \$ 90              | \$ 1,910                | \$              |
| OUTREACH               | 1,974             | 279                | 1,695                   |                 |
| BANK FEES              | 1,397             | 1,351              | 46                      |                 |
| MISCELLANEOUS          | 1,341             | 1,341              |                         |                 |
| Total                  | \$ 6,712          | \$ 3,061           | \$ 3,651                | \$ 0            |

## Federal Statements

Schedule A, Part II, Line 1(e)

| Description                          | <u>Amount</u>     |
|--------------------------------------|-------------------|
| GRANTS                               |                   |
|                                      | \$ 10,200         |
| MINNESOTA DEPT OF HEALTH             |                   |
| Cash Contribution                    | 33,933            |
| US DEPT OF HEALTH AND HUMAN SERVICES |                   |
| Cash Contribution                    | 174,621           |
| UNITED WAY                           |                   |
| Cash Contribution                    | 8,300             |
| HEALTHIER MN COMMUNITY CLINIC FUND   |                   |
| Cash Contribution                    | 211,230           |
| DELTA DENTAL                         |                   |
| Cash Contribution                    | 10,000            |
| NORTH COUNTRY HEALTH SERVICES        |                   |
| Cash Contribution                    | 10,000            |
| MEDICA FOUNDATION                    |                   |
| Cash Contribution                    | 29,150            |
| Total                                | <u>\$ 487,434</u> |

Schedule A, Part II, Line 8(e)

| Description | <u>Amount</u>   |
|-------------|-----------------|
| INTEREST    |                 |
|             | \$ 1,016        |
| Total       | <u>\$ 1,016</u> |

Schedule A, Part II, Line 12

Description

Amount

PATIENT SERVICE FEES

\$ 1,700,958

MISCELLANEOUS

600

Total

\$ 1,701,558