

TAX RETURN FILING INSTRUCTIONS

****FORM 990 PUBLIC DISCLOSURE COPY****

FOR THE YEAR ENDING

June 30, 2009

Prepared for	National Children's Oral Health Foundation 4108 Park Road No. 406 Charlotte, NC 28209
Prepared by	RSM McGladrey, Inc. 4725 Piedmont Row Dr., Suite 300 Charlotte, NC 28210-4280
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2008

Open to Public Inspection

A For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4108 PARK ROAD 406 City or town, state or country, and ZIP + 4 CHARLOTTE, NC 28209	D Employer identification number 20-3921574 E Telephone number 704-350-1600 G Gross receipts \$ 2,712,425. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: FERN K. INGBER 4108 PARK ROAD, STE 406, CHARLOTTE, NC 28209		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.NCOHF.ORG K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 2005 M State of legal domicile: DE	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE STATEMENT O		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of employees (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	2,806,294.	2,665,166.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,651.	47,259.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,859,945.	2,712,425.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	617,150.	1,866,840.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	500,858.	514,327.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 664,541.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	814,448.	1,050,176.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,932,456.	3,431,343.
19	Revenue less expenses. Subtract line 18 from line 12	927,489.	<718,918.>
20	Total assets (Part X, line 16)	Beginning of Year	End of Year
21	Total liabilities (Part X, line 26)	2,002,451.	1,272,692.
22	Net assets or fund balances. Subtract line 21 from line 20	13,987.	3,146.
		1,988,464.	1,269,546.

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	11/16/09 Date		
	FERN K. INGBER, PRESIDENT & CEO Type or print name and title			
Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. 4725 PIEDMONT ROW DR., SUITE 300 CHARLOTTE, NC 28210-4280	Date 11/16/09	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00843307 EIN ▶ Phone no. ▶ 704-367-6251

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
TO ELIMINATE PEDIATRIC ORAL DISEASE AND PROMOTE OVERALL HEALTH AND
WELL BEING FOR MILLIONS OF CHILDREN FROM VULNERABLE POPULATIONS. WE
DO THIS BY BEING A COMPREHENSIVE RESOURCE PROVIDER FOR NON-PROFIT
COMMUNITY PROGRAMS DELIVERING CRITICAL PREVENTIVE, EDUCATIONAL AND
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,372,559. including grants of \$ 1,866,840.) (Revenue \$ 2,766,524.)
THE FOUNDATION PROMOTED OVERALL HEALTH AND WELL-BEING FOR THE GROWING
NUMBERS OF DENTALLY UNDERSERVED CHILDREN BY ASSURING ACCESS TO THE BEST
COMPREHENSIVE PREVENTATIVE, EDUCATIONAL, AND TREATMENT SERVICES. THE
FOUNDATION IS ALSO A COMPREHENSIVE RESOURCE PROVIDER FOR THE
ESTABLISHMENT AND OPERATION OF PEDIATRIC ORAL HEALTH CENTERS FOR
UNDERSERVED 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 ► \$ 2,372,559. (Must equal Part IX, Line 25, column (B).)

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	3	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body	17	
b	Enter the number of voting members that are independent	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or 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	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CHRISTIAN DRAKE - 704-350-1600**
4108 PARK ROAD, SUITE 406, CHARLOTTE, NC 28209

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. JOSEPH GREENBERG DIRECTOR	1.00	X						0.	0.	0.
DR. GORDON CHRISTENSEN DIRECTOR	1.00	X						0.	0.	0.
MS. KAREN GLEDHILL DIRECTOR	1.00	X						0.	0.	0.
DR. RONALD GOLDSTEIN DIRECTOR	1.00	X						0.	0.	0.
MR. KEVIN MOSHER DIRECTOR	1.00	X						0.	0.	0.
DR. STEPHEN J. MOSS DIRECTOR	1.00	X						0.	0.	0.
MS. JILL RETHMAN DIRECTOR	1.00	X						0.	0.	0.
MR. NICHOLAS L. TETI, JR DIRECTOR	1.00	X						0.	0.	0.
DR. JOHN WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
MR. RICHARD FISCHER DIRECTOR	1.00	X						0.	0.	0.
MR. DAVID PORRITT DIRECTOR	1.00	X						0.	0.	0.
FERN K. INGBER PRESIDENT & CEO	55.00			X				220,000.	0.	20,484.
CHRISTIAN J. DRAKE COO	50.00			X				82,333.	0.	3,840.
DR. CHERILYN SHEETS CHAIRMAN EMERITUS	1.00			X				0.	0.	0.
MR. SCOTT ANDERSON FIRST VICE PRESIDENT	1.00			X				0.	0.	0.
MR. CHRISTOPHER CLARK TREASURER	1.00			X				0.	0.	0.
MR. TOM ENGELS SECOND VICE PRESIDENT	1.00			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MR. DAN EVEN CHAIRMAN	1.00			X				0.	0.	0.
MR. CHRISTOPHER HOLDEN SECRETARY	1.00			X				0.	0.	0.
1b Total								302,333.	0.	24,324.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Form 990 (2008)

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2665166.			
	g Noncash contributions included in lines 1a-1f: \$	1421707.			
	h Total. Add lines 1a-1f	2,665,166.			
Program Service Revenue	2 a _____	Business Code			
	b _____				
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross Rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a 415.			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities		415.	415.	
	10 a Gross sales of inventory, less returns and allowances	a			
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a OTHER INCOME	900099	25,844.	25,844.		
b REFUND OF EXPENSES	900099	21,000.	21,000.		
c _____					
d All other revenue					
e Total. Add lines 11a-11d		46,844.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,712,425.	47,259.	0.	0.

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,866,840.	1,866,840.		
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	302,333.	173,167.	74,166.	55,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	211,994.	128,438.	43,100.	40,456.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	331.	116.	162.	53.
c Accounting	21,034.	7,362.	10,307.	3,365.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	30,002.	10,500.	14,701.	4,801.
12 Advertising and promotion				
13 Office expenses	43,164.	25,311.	9,841.	8,012.
14 Information technology				
15 Royalties				
16 Occupancy	18,571.	10,890.	4,234.	3,447.
17 Travel	28,690.	16,824.	6,541.	5,325.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,041.	11,166.	4,341.	3,534.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	31,560.	18,507.	7,196.	5,857.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>DONATED MARKETING</u>	527,441.			527,441.
b <u>BAD DEBT EXPENSE</u>	215,522.		215,522.	
c <u>EDUCATIONAL MATERIALS</u>	62,387.	62,387.		
d <u>MISCELLANEOUS</u>	52,433.	41,051.	4,132.	7,250.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,431,343.	2,372,559.	394,243.	664,541.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	231,192.	1	485,831.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,752,935.	3	780,845.
	4 Accounts receivable, net		4	264.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 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		9	4,109.
	10a Land, buildings, and equipment: cost basis	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	10c	
	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	18,324.	15	1,643.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,002,451.	16	1,272,692.	
Liabilities	17 Accounts payable and accrued expenses	13,987.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	0.	25	3,146.
	26 Total liabilities. Add lines 17 through 25	13,987.	26	3,146.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	235,529.	27	294,847.
	28 Temporarily restricted net assets	1,752,935.	28	974,699.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,988,464.	33	1,269,546.
	34 Total liabilities and net assets/fund balances	2,002,451.	34	1,272,692.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Employer identification number
20-3921574

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (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? _____
- h Provide the following information about the organizations the organization supports.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

NATIONAL CHILDREN'S ORAL HEALTH

Schedule A (Form 990 or 990-EZ) 2008 FOUNDATION

20-3921574 Page 2

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		674,084.	951,010.	2806294.	2466581.	6897969.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3		674,084.	951,010.	2806294.	2466581.	6897969.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3165369.
6 Public Support. Subtract line 5 from line 4.						3732600.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4		674,084.	951,010.	2806294.	2466581.	6897969.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			238.	53,651.	47,259.	101,148.
11 Total support. Add lines 7 through 10						6999117.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	53.33	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	39.11	%
16a 33 1/3% support test - 2008. 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 <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. 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 <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. 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 <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. 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 <input type="checkbox"/>			
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 <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ☐

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION

Employer identification number

20-3921574

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization
**NATIONAL CHILDREN'S ORAL HEALTH
 FOUNDATION**

Employer identification number

20-3921574

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 297,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 307,775.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 86,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 163,009.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
**NATIONAL CHILDREN'S ORAL HEALTH
 FOUNDATION**

Employer identification number

20-3921574

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 91,766.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 135,801.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 68,559.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 79,635.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
**NATIONAL CHILDREN'S ORAL HEALTH
 FOUNDATION**

Employer identification number

20-3921574

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 186,930.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION

Employer identification number

20-3921574

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	ADVERTISING SPACE	\$ 307,775.	06/30/09
4	DENTAL SUPPLIES CASH \$11,000	\$ 75,000.	03/31/09
6	DENTAL SUPPLIES	\$ 163,009.	04/30/09
8	ADVERTISING SPACE	\$ 91,766.	06/30/09
9	DENTAL SUPPLIES	\$ 135,801.	08/31/08
10	DENTAL SUPPLIES CASH \$40,966	\$ 27,593.	02/28/09

Name of organization NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	Employer identification number 20-3921574
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	DENTAL SUPPLIES CASH \$20,000	\$ 125,000.	06/30/09
12	DENTAL SUPPLIES	\$ 79,635.	08/30/08
14	DENTAL SUPPLIES	\$ 186,930.	04/30/09
		\$	
		\$	
		\$	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Employer identification number
20-3921574

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.

	(a) Donor advised funds	(b) Funds and other accounts
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

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

Part V Endowment Funds. Complete if 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 Investment earnings or 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 year end balance held as:

- a Board designated or quasi-endowment ☐ _____ %
b Permanent endowment ☐ _____ %
c Term endowment ☐ _____ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ☐ 0.

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Schedule D (Form 990) 2008

20-3921574 Page **3**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED RENT	3,146.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	3,146.

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

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Schedule D (Form 990) 2008

20-3921574 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,712,425.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,431,343.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<718,918.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<718,918.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,766,524.
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	54,099.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	54,099.
3	Subtract line 2e from line 1	3	2,712,425.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,712,425.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,485,442.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	54,099.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	54,099.
3	Subtract line 2e from line 1	3	3,431,343.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,431,343.

Part XIV Supplemental Information

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

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

Open to Public
InspectionName of the organization **NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**Employer identification number
20-3921574**Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.☐ Yes ☒ No**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S DENTAL CENTER 300 EAST BUCKTHORN STREET INGLEWOOD, CA 90301	95-4533883	501(C)(3)	15,000.	79,332.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
CATHOLIC HEALTHCARE WEST 1727 WEST FRYE ROAD CHANDLER, AZ 85224	74-2418514	501(C)(3)	10,000.	6,226.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY CARE HEALTH CENTERS 8041 NEWMAN AVENUE HUNTINGTON BEACH, CA 92647	95-2810095	501(C)(3)	0.	8,372.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY ORAL HEALTH SERVICES 128 EAST ALISAL STREET SALINAS, CA 93901	77-0518614	501(C)(3)	10,000.	28,525.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
THE GARY CENTER 341 HILLCREST STREET LA HABRA, CA 90631	95-2752846	501(C)(3)	10,000.	21,837.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
INDIANA UNIVERSITY SCHOOL OF DENTISTRY - 1121 WEST MICHIGAN STREET - INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	15,000.	123,304.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES

2 Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.				

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
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**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**▲ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008**Open to Public
Inspection**Name of the organization **NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION****Employer identification number
20-3921574**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II).									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MEDICAL COLLEGE OF GEORGIA SCHOOL OF DENTISTRY - 1459 LANEY-WALKER BOULEVARD - AUGUSTA, GA 30912	58-6002053	501(C)(3)	0.	11,953.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HEALTH - 14101 EAST NELSON STREET - LA PUENTE, CA 91746	95-4590029	501(C)(3)	10,000.	8,311.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
UNC CHAPEL HILL SCHOOL OF DENTISTRY - 100 MANNING DRIVE CB #7450 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	15,000.	33,782.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
WASHINGTON STATE SMILE PARTNERS 13914 TOAD HOLLER PLACE BAINBRIDGE ISLAND, WA 98110	20-0381039	501(C)(3)	12,000.	42,708.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY - 10602 CHAPMAN AVENUE, SUITE 200 - GARDEN GROVE, CA 92840	38-3675065	501(C)(3)	13,559.	11,679.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
KINDERSMILE FOUNDATION 298 CLAREMONT AVENUE MONTCLAIR, NJ 07042	56-2635166	501(C)(3)	10,000.	9,064.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
CENTRAL COMMUNITY COLLEGE P.O. BOX 1024; 550 SOUTH TECHNICAL HASTINGS, NE 68902	47-0728813	501(C)(3)	7,500.	83,536.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
CHILDREN'S DENTAL HEALTH SERVICES 903 WEST CENTER STREET, STE. 208 ROCHESTER, MN 55902	20-3677586	501(C)(3)	0.	36,068.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		

2 Enter total number of Section 501(c)(3) and government organizations**3** Enter total number of other organizations

832241 12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)****▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB NO. 1545-0047

2008**Open to Public
Inspection**Name of the organization **NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**Employer identification number
20-3921574**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY HEALTH DEPARTMENT 3301 TAMiami TRAIL E BUILDING H NAPLES, FL 34112	59-3502843	501(C)(3)	0.	11,187.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY DENTAL FOUNDATION 2375 EAST CAMELBACK ROAD, STE. 500 PHOENIX, AZ 85016	33-1170437	501(C)(3)	10,000.	28,704.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY DENTISTRY ON WHEELS, INC. - 1450 MERCANTILE LANE, STE. 207A - LARGO, MD 20774	77-0702979	501(C)(3)	0.	12,800.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
DORCHESTER HOUSE 1353 DORCHESTER AVENUE DORCHESTER, MA 02122	23-7125970	501(C)(3)	15,000.	12,447.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
EL PROYECTO DEL BARRIO, INC. 8902 WOODMAN AVENUE ARLETA, CA 91331	95-2662606	501(C)(3)	0.	14,492.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
FAMILY FIRST HEALTH 116 S. GEORGE STREET YORK, PA 17401	23-7118262	501(C)(3)	37,500.	31,055.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
FIRST HEALTH DENTAL CARE CENTERS 105 PERRY DRIVE SOUTHERN PINES, NC 28387	56-1936354	501(C)(3)	4,800.	1,440.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
GATEWAY TO ORAL HEALTH FOUNDATION 9378 OLIVE BLVD STE 1LL OLIVETTE, MO 63132	11-3664960	501(C)(3)	15,000.	17,287.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES

2 Enter total number of Section 501(c)(3) and government organizations**3** Enter total number of other organizations

832241 12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

**Open to Public
Inspection**Name of the organization **NATIONAL CHILDREN'S ORAL HEALTH****FOUNDATION****Employer identification number****20-3921574**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOWARD UNIVERSITY 600 W. STREET, N.W., ROOM 401 WASHINGTON, DC 20059	53-0204707	501(C)(3)	25,000.	95,693.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
JUST KIDS DENTAL HEALTH 2454 HIGHWAY 2 TWO HARBORS, MN 55616	41-0786046	501(C)(3)	7,000.	17,479.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
LA AMISTAD DE JOSE DENTAL CLINIC 353 SOUTH MAIN STREET ORANGE, CA 92868	95-1643359	501(C)(3)	0.	7,727.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
LEWIS & CLARK COMMUNITY COLLEGE 5800 GODFREY RD-RIVERBEND ARENA 239 GODFREY, IL 62035	37-1000402	501(C)(3)	0.	33,476.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
MID-OHIO VALLEY HEALTH DEPARTMENT 211 EAST SIXTH STREET PARKERSBURG, WV 26101	55-0619203	501(C)(3)	0.	37,083.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF DENTAL MEDICINE - 3200 S. UNIVERSITY DRIVE - FORT LAUDERDALE, FL 33328	59-1083502	501(C)(3)	0.	19,530.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
OWENS COMMUNITY COLLEGE 351 1ST STREET-AMPOINT INDUSTRIAL P PERRYSBURG, OH 43551	20-1625785	501(C)(3)	0.	16,666.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
PRAIRIESTAR HEALTH CENTER 1600 N. LORRAINE, SUITE 110 HUTCHINSON, KS 67501	48-1154210	501(C)(3)	10,000.	2,480.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		

2 Enter total number of Section 501(c)(3) and government organizations**3** Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)****▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008**Open to Public
Inspection**Name of the organization **NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION****Employer identification number**
20-3921574**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUENTE A LA SALUD 363 S. MAIN ST. SUITE 204 ORANGE, CA 92868	95-1643359	501(C)(3)	15,000.	20,571.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
SARRELL REGIONAL DENTAL CENTER 230 EAST 10TH STREET ANNISTON, AL 36207	20-0232609	501(C)(3)	15,000.	69,561.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
SONRISAS COMMUNITY DENTAL CENTER 210 SAN MATEO RD., SUITE 104 HALF MOON BAY, CA 94019	94-3390196	501(C)(3)	12,000.	17,410.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
TEMPLE UNIVERSITY 3223 N. BROAD ST. PHILADELPHIA, PA 19140	23-1365871	501(C)(3)	10,000.	41,704.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
UNITED METHODIST MEXICAN-AMERICAN MINISTRIES - 712 ST. JOHN STREET - GARDEN CITY, KS 67846	48-1049519	501(C)(3)	10,000.	33,375.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 707 PARNASSUS AVENUE, BOX 0753 - SAN FRANCISCO, CA 94143	94-3191433	501(C)(3)	40,000.	42,719.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF FLORIDA 1600 SW ARCHER ROAD, ROOM D3-D42 GAINESVILLE, FL 32610	59-0974739	501(C)(3)	0.	53,910.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF ILLINOIS AT CHICAGO 801 S. PAULINA, ROOM 102GA, MC 621 CHICAGO, IL 60612	37-6000511	501(C)(3)	25,000.	0.		PROGRAM SUPPORT	

2 Enter total number of Section 501(c)(3) and government organizations**3** Enter total number of other organizations

832241 12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB NO. 1545-0047

2008

Open to Public Inspection

Name of the organization **NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION**

Employer identification number

20-3921574

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF MINNESOTA MOOS HEALTH SCIENCES TOWER 515 DELAWARE STREET SE - MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	136,952.	6,496. FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
UNIVERSITY OF MISSOURI KANSAS CITY SCHOOL OF DENTISTRY - 650 E. 25TH STREET, SUITE 415 - KANSAS CITY, MO 64108	43-6003859	501(C)(3)	0.	9,429. FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
UNIVERSITY OF PUERTO RICO SCHOOL OF DENTAL MEDICINE - OFFICE B- 102 FIRST FLOOR; SCHOOL - SAN JUAN, PR 00935	66-0433762	501(C)(3)	15,000.	35,110. FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
VALLEY COMMUNITY CLINIC 6801 COLDWATER CANYON AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)	20,000.	19,449. FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		
WILKES PUBLIC HEALTH DENTAL CLINIC 1915 WEST PARK DRIVE NORTH WILKESBORO, NC 28659	91-1943799	501(C)(3)	0.	88,821. FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.**

Name of the organization **NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Employer identification number
20-3921574

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

--	--	--

1b

2

--	--	--

4a

4b

4c

--	--	--

5a

5b

--	--	--

6a

6b

--	--	--

7

8

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II	Officers, Directors, Trustees, Key Employees, and Hig
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Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

2008

Open to Public
Inspection

Name of the organization **NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Employer identification number
20-3921574

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	15	894,266	ESTIMATED FAIR VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (ADVERTISING S)	X	10	527,441	ESTIMATED FAIR VALUE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION

Employer identification number
20-3921574

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ELIMINATE PEDIATRIC ORAL DISEASE AND PROMOTE OVERALL HEALTH AND WELL
BEING FOR MILLIONS OF CHILDREN FROM VULNERABLE POPULATIONS. WE DO THIS
BY BEING A COMPREHENSIVE RESOURCE PROVIDER FOR NON-PROFIT COMMUNITY
PROGRAMS DELIVERING CRITICAL PREVENTIVE, EDUCATIONAL AND TREATMENT
SERVICES. WE SEEK PARTNERS WHO SHARE OUR PASSION TO IMPROVE THE LIVES
OF CHILDREN NOW!

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TREATMENT SERVICES. WE SEEK PARTNERS WHO SHARE OUR PASSION TO IMPROVE
THE LIVES OF CHILDREN NOW!

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

-TOMORROW'S SMILES IS AN NCOHF TEEN PROGRAM DESIGNED TO PROVIDE ORAL
HEALTH SERVICES TO HELP PROMISING AT-RISK YOUTH BE BETTER PREPARED FOR
HAPPY, HEALTHY AND PRODUCTIVE FUTURES.

-THE AMERICA'S TOOTHFAIRY ORAL HEALTH ZONE (OHZ) PROGRAM CREATES
POWERFUL PARTNERSHIPS FORGED BY NCOHF AFFILIATES AND COMMUNITY
STAKEHOLDERS CONCERNED WITH CHILD HEALTH ISSUES. OHZ COMMUNITY LEADERS
FIGHT DENTAL DISEASE BY INCREASING AWARENESS AND ORAL HEALTH LITERACY
AND SUPPORTING PREVENTIVE-ORIENTED SERVICES TO AT-RISK CHILDREN AND
THEIR FAMILIES, CAREGIVERS, AND HEALTHCARE PROVIDERS.

-THESE NEW PROGRAMS MENTIONED ABOVE ARE BEING IMPLEMENTED AND HAVE NOT
YET GENERATED EXPENSES.

FORM 990, PART VI, SECTION A, LINE 10: AFTER A STAFF REVIEW BY THE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION

Employer identification number
20-3921574

PRESIDENT/CEO AND CHIEF OPERATING OFFICER, THE 990 DRAFT WAS DISSEMINATED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL. THE RETURN WAS DISCUSSED AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THE NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. ANNUALLY, WE DISTRIBUTE THE POLICY TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO THE AUGUST MEETING WHERE IT IS TAKEN AS AN ACTION ITEM.

FORM 990, PART VI, SECTION B, LINE 15: INITIALLY, COMPARATIVE DATA FROM SIMILAR ORGANIZATIONS IN SIZE AND STRUCTURE WAS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL AND GUIDANCE. ANY SUBSTANTIAL CHANGES TO COMPENSATION HAS TO BE APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE AVAILABLE FOR VIEWING AT THE PRICIPAL BUSINESS ADDRESS.

FORM 990 PART IX LINE 24A: EXPLANATION FOR DONATED MARKETING DONATED MARKETING OF \$527,441 CONSISTS OF MAGAZINE ADVERTISEMENTS AND ARE RECOGNIZED AT THEIR ESTIMATED FAIR VALUE IN THE STATEMENT OF FUCTIONAL EXPENSES, COLUMN D, FUNDRAISING EXPENSES.

FORM 990 SCHEDULE A PART II LINE 1: EXPLANATION FOR CONTRIBUTION WRITE-OFFS

THE CONTRIBUTION AMOUNTS ON THESE LINES WERE REDUCED FOR CONTRIBUTIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

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Name of the organization

NATIONAL CHILDREN'S ORAL HEALTH
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Employer identification number
20-3921574

PLEDGED IN PRIOR YEARS AND WRITTEN-OFF.