

Form **990**

# 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)

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2010** calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b> Doing Business As <b>AMERICA'S TOOTHPAIRY</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4108 PARK ROAD 300</b> City or town, state or country, and ZIP + 4 <b>CHARLOTTE, NC 28209</b>	<b>D</b> Employer identification number <b>20-3921574</b> <b>E</b> Telephone number <b>704-350-1600</b>
	<b>F</b> Name and address of principal officer: <b>FERN K. INGBER</b> <b>SAME AS C ABOVE</b>	<b>G</b> Gross receipts \$ <b>3,444,771.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.NCOHF.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>2005</b> <b>M</b> State of legal domicile: <b>DE</b>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE STATEMENT O</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>
<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>5</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>4,163,046.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>0.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>10,500.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,173,546.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,322,917.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>521,697.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>757,755.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>769,252.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,613,866.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>559,680.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>1,840,564.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>11,338.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>1,829,226.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>FERN K. INGBER, PRESIDENT &amp; CEO</b> Type or print name and title	Date <b>10/21/11</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TAMELA FREEDMAN</b> Firm's name ▶ <b>RSM MCGLADREY, INC.</b> Firm's address ▶ <b>230 N ELM ST STE 1100 GREENSBORO, NC 27401</b>	Preparer's signature Date <b>10/18/11</b> Check if self-employed <input type="checkbox"/> PTIN Firm's EIN ▶ Phone no. <b>(336) 272-4551</b>

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

NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION

Form 990 (2010)

20-3921574 Page 2

**Part III** Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:  
**TO 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 \$ 2,576,511. including grants of \$ 2,112,569. ) (Revenue \$ )  
**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 TO SUPPORT THE PROGRAMS OF PEDIATRIC ORAL HEALTH CENTERS FOR UNDERSERVED CHILDREN. THE FOUNDATION PROVIDED ORAL HEALTH SERVICES TO HELP PROMISING AT-RISK YOUTH BE BETTER PREPARED FOR HAPPY, HEALTHY, AND PRODUCTIVE FUTURES. ALSO, THE FOUNDATION HAS CREATED POWERFUL PARTNERSHIPS FORGED BY FOUNDATION AFFILIATES AND COMMUNITY STAKEHOLDERS CONCERNED WITH CHILD HEALTH ISSUES. COMMUNITY LEADERS FIGHT DENTAL DISEASE BY INCREASING AWARENESS AND ORAL HEALTH LITERACY AND SUPPORTING PREVENTIVE-ORIENTED SERVICES TO AT-RISK CHILDREN AND THE FAMILIES, CAREGIVERS, AND HEALTH**
- 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** **2,576,511.**

**NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION**

Form 990 (2010)

20-3921574 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		<b>X</b>
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> 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, Parts II and IV</i>		<b>X</b>
<b>16</b> 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, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form **990** (2010)

**NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION**

Form 990 (2010)

20-3921574 Page **4**

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> <input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> <input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	<b>24a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	<input checked="" type="checkbox"/>
<b>26</b> 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> .....	<b>26</b>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> <input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	<input checked="" type="checkbox"/>
<b>32</b> 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> .....	<b>32</b>	<input checked="" type="checkbox"/>
<b>33</b> 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> .....	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> 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> .....	<b>34</b>	<input checked="" type="checkbox"/>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....	<b>35</b>	<input checked="" type="checkbox"/>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	<input checked="" type="checkbox"/>
<b>37</b> 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> .....	<b>37</b>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> <input checked="" type="checkbox"/>	

Form **990** (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 3		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 5		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

**NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION**

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year <span style="float:right">1a 16</span>		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent <span style="float:right">1b 16</span>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b> Does the organization have members or stockholders?	6	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	10a	X
<b>b</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?	10b	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> 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
<b>13</b> Does the organization have a written whistleblower policy?	13	X
<b>14</b> Does the organization have a written document retention and destruction policy?	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</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 **NONE**

**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 300, CHARLOTTE, NC 28209**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
CHRISTOPHER T. CLARK CHAIRMAN	1.00	X		X				0.	0.	0.
THOMAS M. PRESCOTT FIRST VICE PRESIDENT	1.00	X		X				0.	0.	0.
TOM ENGELS SECOND VICE PRESIDENT	1.00	X		X				0.	0.	0.
P. CHRISTOPHER HOLDEN TREASURER	1.00	X		X				0.	0.	0.
JOHN N. WILLIAMS SECRETARY	1.00	X		X				0.	0.	0.
GORDON CHRISTENSEN DIRECTOR	1.00	X						0.	0.	0.
DAN EVEN DIRECTOR	1.00	X						0.	0.	0.
RONALD GOLDSTEIN DIRECTOR	1.00	X						0.	0.	0.
JOSEPH R. GREENBERG DIRECTOR	1.00	X						0.	0.	0.
PAUL A. GUGGENHEIM DIRECTOR	1.00	X						0.	0.	0.
MARTHA ANN KEELS DIRECTOR	1.00	X						0.	0.	0.
LEO ROUSE DIRECTOR	1.00	X						0.	0.	0.
CHERILYN G. SHEETS DIRECTOR	1.00	X						0.	0.	0.
HUW FRANCIS THOMAS DIRECTOR	1.00	X						0.	0.	0.
JAMES VITKUS DIRECTOR	1.00	X						0.	0.	0.
DANNY WEISS DIRECTOR	1.00	X						0.	0.	0.
FERN K. INGBER PRESIDENT & CEO	55.00			X				223,000.	0.	20,170.

**NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION**

20-3921574 Page 8

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
CHRISTIAN J. DRAKE COO	52.00			X				94,500.	0.	4,068.
<b>1b Sub-total</b>								317,500.	0.	24,238.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								317,500.	0.	24,238.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <span style="float:right">0</span>		



**NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION**

Form 990 (2010)

20-3921574 Page **9**

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,437,284.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		2,330,808.				
	<b>h Total.</b> Add lines 1a-1f .....		3,437,284.				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> <b>REFUND OF EXPENSES</b> .....		900099	6,987.	6,987.			
<b>b</b> <b>MISCELLANEOUS</b> .....		900099	500.	500.			
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			7,487.				
<b>12 Total revenue.</b> See instructions. ....			3,444,771.	7,487.	0.	0.	

**NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION**

Form 990 (2010)

20-3921574 Page **10**

**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
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	2,112,569.	2,112,569.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	346,056.	197,203.	88,416.	60,437.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	174,902.	70,842.	46,716.	57,344.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
<b>9</b> Other employee benefits .....	16,856.	5,164.	4,700.	6,992.
<b>10</b> Payroll taxes .....	60,285.	30,625.	15,674.	13,986.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	8,348.	250.	3,840.	4,258.
<b>c</b> Accounting .....	18,272.	548.	8,405.	9,319.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....				
<b>g</b> Other .....	10,845.	325.	4,989.	5,531.
<b>12</b> Advertising and promotion .....	51,131.	36,602.	7,733.	6,796.
<b>13</b> Office expenses .....	51,195.	26,007.	13,310.	11,878.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	18,890.	9,597.	4,911.	4,382.
<b>17</b> Travel .....	30,946.	15,721.	8,046.	7,179.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
<b>19</b> Conferences, conventions, and meetings .....	26,233.	13,326.	6,821.	6,086.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	4,439.	2,255.	1,154.	1,030.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b> <u>DONATED MARKETING</u> .....	560,989.			560,989.
<b>b</b> <u>BAD DEBT EXPENSE</u> .....	80,000.		80,000.	
<b>c</b> <u>EDUCATIONAL MATERIALS</u> .....	47,140.	47,140.		
<b>d</b> <u>MISCELLANEOUS</u> .....	11,646.	8,337.	1,761.	1,548.
<b>e</b> .....				
<b>f</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f .....	3,630,742.	2,576,511.	296,476.	757,755.
<b>26</b> <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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**

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	480,683.	1	719,545.
	<b>2</b> Savings and temporary cash investments .....		2	
	<b>3</b> Pledges and grants receivable, net .....	1,358,238.	3	923,178.
	<b>4</b> Accounts receivable, net .....		4	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	<b>7</b> Notes and loans receivable, net .....		7	
	<b>8</b> Inventories for sale or use .....		8	
	<b>9</b> Prepaid expenses and deferred charges .....		9	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		11	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13	
	<b>14</b> Intangible assets .....		14	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,643.	15	7,623.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,840,564.	16	1,650,346.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,824.	17	7,091.
	<b>18</b> Grants payable .....		18	
	<b>19</b> Deferred revenue .....		19	
	<b>20</b> Tax-exempt bond liabilities .....		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	2,514.	25	0.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	11,338.	26	7,091.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	292,923.	27	305,995.
	<b>28</b> Temporarily restricted net assets .....	1,536,303.	28	1,337,260.
	<b>29</b> Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32	
	<b>33</b> <b>Total net assets or fund balances</b> .....	1,829,226.	33	1,643,255.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	1,840,564.	34	1,650,346.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,444,771.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,630,742.
3	Revenue less expenses. Subtract line 2 from line 1	3	-185,971.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,829,226.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,643,255.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

# 2010

**Open to Public Inspection**

Employer identification number  
20-3921574

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

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2010

# NATIONAL CHILDREN'S ORAL HEALTH

Schedule A (Form 990 or 990-EZ) 2010 **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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	951,010.	2806294.	2466581.	4163046.	3437284.	13824215.
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 <b>Total.</b> Add lines 1 through 3	951,010.	2806294.	2466581.	4163046.	3437284.	13824215.
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)						5295467.
6 <b>Public support.</b> Subtract line 5 from line 4.						8528748.

### Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	951,010.	2806294.	2466581.	4163046.	3437284.	13824215.
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.	10,500.	7,487.	119,135.
11 <b>Total support.</b> Add lines 7 through 10						13943350.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

### Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	61.17	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15		%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First five years.</b> 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 <b>stop here</b> .....						

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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, or 990-PF.

OMB No. 1545-0047

# 2010

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

## Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)



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
<u>1</u>		\$ <u>139,752.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>213,846.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>161,294.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>250,603.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>78,659.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  
**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		\$ 79,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 126,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 106,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 111,204.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 201,474.	Person <input checked="" 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		\$ 725,990.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 156,178.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 198,966.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 108,735.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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
19		\$ 123,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 69,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
1	DENTAL SUPPLIES/EQUIPMENT & \$50,000 CASH	\$ 89,752.	05/17/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	ADVERTISING SPACE	\$ 213,846.	06/30/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	DENTAL SUPPLIES/EQUIPMENT & \$152,000 CASH	\$ 9,294.	06/30/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	DENTAL SUPPLIES & EQUIPMENT	\$ 250,603.	01/11/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	ADVERTISING SPACE	\$ 78,659.	07/01/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	DENTAL SUPPLIES/EQUIPMENT (\$30,335), ADVERTISING SPACE (\$21,450), AND \$55,000 CASH	\$ 51,785.	11/23/10

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
11	ADVERTISING SPACE	\$ 111,204.	07/01/10
12	DENTAL SUPPLIES/EQUIPMENT AND \$25,000 CASH	\$ 176,474.	03/09/11
13	DENTAL SUPPLIES & EQUIPMENT	\$ 725,990.	09/30/10
14	DENTAL SUPPLIES/EQUIPMENT & \$100,000 CASH	\$ 56,178.	03/21/11
15	DENTAL SUPPLIES & EQUIPMENT	\$ 198,966.	06/30/11
17	DENTAL SUPPLIES & EQUIPMENT	\$ 108,735.	11/15/10

Name of organization

NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION

Employer identification number

**Part II    Noncash Property** (see instructions)[illegible]

Name of organization

Employer identification number

NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION

20-3921574

**Part III**

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax 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, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax  
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, handling of  
violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), not to report in its revenue statement and balance sheet works of art,  
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV,  
the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical  
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts  
relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide  
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

<b>Part III</b>	<b>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets</b> <i>(continued)</i>
-----------------	---

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

**b** ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? .....

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	

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

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

<b>Part V</b>	<b>Endowment Funds.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 10.
---------------	--

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

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

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

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

**Part VI 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) Accumulated depreciation	(d) Book value
<b>1a</b>	Land .....				
<b>b</b>	Buildings .....				
<b>c</b>	Leasehold improvements .....				
<b>d</b>	Equipment .....				
<b>e</b>	Other .....				

<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	<b>0.</b>
--	-----------

**NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION**

Schedule D (Form 990) 2010

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
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col (b) must 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
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must 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
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

## Schedule D (Form 990) 2010

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,444,771.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,630,742.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-185,971.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-185,971.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	<b>3,532,839.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	<b>88,068.</b>
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	<b>88,068.</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>3,444,771.</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	<b>0.</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	<b>3,444,771.</b>

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	<b>3,718,810.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	<b>88,068.</b>
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	<b>88,068.</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>3,630,742.</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	<b>0.</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	<b>3,630,742.</b>

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name 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? ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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. Part II can be duplicated 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)	0.	28,068.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CATHOLIC HEALTHCARE WEST 1733 MELROSE STREET MADISON, WI 53704	74-2418514	501(C)(3)	10,000.	10,255.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY ORAL HEALTH SERVICES 128 E. ALISAL STREET SALINAS, CA 93901	77-0518614	501(C)(3)	15,000.	0.			PROGRAM SUPPLIES
INDIANA UNIVERSITY SCHOOL OF DENTISTRY - 1121 WEST MICHIGAN STREET - INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	10,401.	78,249.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
MEDICAL COLLEGE OF GEORGIA SCHOOL OF DENTISTRY - 1459 LANEY-WALKER BOULEVARD - AUGUSTA, GA 30912	58-6002053	501(C)(3)	0.	2,410.	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)	0.	3,622.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

**2** Enter total number of section 501(c)(3) and government organizations **60.**

**3** Enter total number of other organizations **0.**

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

**Schedule I (Form 990) (2010)**

# NATIONAL CHILDREN'S ORAL HEALTH

20-3921574 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

Part II	(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
	UNC CHAPEL HILL SCHOOL OF DENTISTRY - 100 MANNING DRIVE CB #7450 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	10,000.	3,734.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
	WASHINGTON STATE SMILE PARTNERS 13914 TOAD HOLLER PLACE BAINBRIDGE ISLAND, WA 98110	20-0381039	501(C)(3)	0.	2,728.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)	15,000.	18,371.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
	KINDERSMILE FOUNDATION 298 CLAREMONT AVENUE MONTCLAIR, NJ 07042	56-2635166	501(C)(3)	15,000.	16,073.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
	CENTRAL COMMUNITY COLLEGE P.O. BOX 1024; 550 SOUTH TECHNICAL HASTINGS, NE 68902	47-0728813	501(C)(3)	15,000.	4,194.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.	3,150.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
	COLLIER COUNTY HEALTH DEPARTMENT 3301 TAMiami TRAIL E BUILDING H NAPLES, FL 34112	59-3502843	501(C)(3)	0.	1,367.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
	COMMUNITY DENTAL FOUNDATION 2375 EAST CAMELBACK ROAD, STE. 500 PHOENIX, AZ 85016	33-1170437	501(C)(3)	15,000.	62,678.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
	COMMUNITY DENTISTRY ON WHEELS, INC. - 1450 MERCANTILE LANE, STE. 207A - LARGO, MD 20774	77-0702979	501(C)(3)	0.	7,500.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES

Schedule I (Form 990)

**NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION**

Schedule I (Form 990) **20-3921574** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
DORCHESTER HOUSE 1353 DORCHESTER AVENUE DORCHESER, MA 02122	23-7125970	501(C)(3)	0.	1,300.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
FAMILY FIRST HEALTH 116 S. GEORGE STREET YORK, PA 17401	23-7118262	501(C)(3)	0.	145,045.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
FIRST HEALTH DENTAL CARE CENTERS 105 PERRY DRIVE SOUTHERN PINES, NC 28387	56-1936354	501(C)(3)	10,000.	11,835.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
GATEWAY TO ORAL HEALTH FOUNDATION 9378 OLIVE BLVD STE 1LL OLIVETTE, MO 63132	11-3664960	501(C)(3)	0.	2,500.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
HOWARD UNIVERSITY 600 W. STREET, N.W., ROOM 401 WASHINGTON, DC 20059	53-0204707	501(C)(3)	0.	17,628.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
JUST KIDS DENTAL HEALTH 2454 HIGHWAY 2 TWO HARBORS, MN 55616	41-0786046	501(C)(3)	15,000.	7,182.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
LA AMISTAD DE JOSE DENTAL CLINIC 353 SOUTH MAIN STREET ORANGE, CA 92868	95-1643359	501(C)(3)	0.	400.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
LEWIS & CLARK COMMUNITY COLLEGE 5800 GODFREY RD-RIVERBEND ARENA 239 GODFREY, IL 62035	37-1000402	501(C)(3)	0.	1,098.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
MID-OHIO VALLEY HEALTH DEPARTMENT 211 SIXTH STREET PARKERSBURG, WV 26101	55-0619203	501(C)(3)	0.	848.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES

LHA

Schedule I (Form 990)

# NATIONAL CHILDREN'S ORAL HEALTH

## FOUNDATION

20-3921574

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(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	
OWENS COMMUNITY COLLEGE 351 1ST STREET AMPOINT INDUSTRIAL P PERRYSBURG, OH 43551	20-1625785	501(C)(3)	0.	62,585.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES	
PRAIRIESTAR HEALTH CENTER 1600 N. LORRAINE, SUITE 110 HUTCHINSON, KS 67501	48-1154210	501(C)(3)	0.	5,195.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES	
PUENTE A LA SALUD 363 S. MAIN ST. SUITE 204 ORANGE, CA 92868	95-1643359	501(C)(3)	0.	405.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES	
SARRELL REGIONAL DENTAL CENTER 230 EAST 10TH STREET ANNISTON, AL 36207	20-0232609	501(C)(3)	0.	556,675.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)	0.	95,435.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES	
TEMPLE UNIVERSITY 3223 N. BROAD ST. PHILADELPHIA, PA 19140	23-1365871	501(C)(3)	0.	12,471.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES	
UNITED METHODIST MEXICAN-AMERICAN MINISTRIES - 712 ST. JOHN STREET - GARDEN CITY, KS 67846	48-1049519	501(C)(3)	15,000.	650.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES	
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 707 PARNASSUS AVENUE, BOX 0753 - SAN FRANCISCO, CA 94143	94-3191433	501(C)(3)	0.	28,915.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES	
UNIVERSITY OF FLORIDA 1600 SW ARCHER ROAD, ROOM D3-D42 GAINESVILLE, FL 32610	59-0974739	501(C)(3)	0.	59,393.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES	

Schedule I (Form 990)



# NATIONAL CHILDREN'S ORAL HEALTH

## FOUNDATION

20-3921574

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF ILLINOIS AT CHICAGO 801 S. PAULINA, ROOM 102GA, MC 621 CHICAGO, IL 60612	37-6000511	501(C)(3)	0.	22,592.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF MINNESOTA MOOS HEALTH SCIENCES TOWER 515 DELAWARE STREET SE - MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	0.	1,950.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.	9,865.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
VALLEY COMMUNITY CLINIC 6801 COLDWATER CANYON AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)	15,000.	24,210.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
WILKES PUBLIC HEALTH DENTAL CLINIC 1915 WEST PARK DRIVE NORTH WILKESBORO, NC 28659	91-1943799	501(C)(3)	0.	17,051.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
A FLOURIDE CONNECTION NON PROFIT CORPORATION - 1733 MELROSE STREET - MADISON, WI 53704	20-8952739	501(C)(3)	10,000.	29,925.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
ARIZONA PUBLIC HEALTH ASSOCIATION 7942 PASEO DEL NORTE TUCSON, AZ 85704	51-0198821	501(C)(3)	0.	19,245.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
CHICAGO COMMUNITY ORAL HEALTH FORUM - 801 S. PAULINA ST. - CHICAGO, IL 60612	36-3775696	501(C)(3)	0.	1,756.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
FRIENDS OF FAMILY 501 S. IDAHO ST., STE 300 LA HABRA, CA 90631	33-0483197	501(C)(3)	0.	13,399.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES

Schedule I (Form 990)

**NATIONAL CHILDREN'S ORAL HEALTH**

**20-3921574**

Page 1

Schedule I (Form 990)

**FOUNDATION**

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(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
MAINE DENTAL HEALTH OUTREACH, INC. 676 OLD LEWISTON ROAD WINTHROP, ME 04364	20-3074754	501(C)(3)	0.	2,748.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
SPECIAL OLYMPICS 1133 19TH STREET NW WASHINGTON, DC 200363604	52-0889518	501(C)(3)	0.	8,178.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
ST. FRANCIS HOUSE NWA, INC. DBA COMMUNITY CLINIC - 610 E. EMMA AVENUE - SPRINGDALE, AR 72764	31-1553455	501(C)(3)	0.	10,123.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF ALABAMA 1530 3RD AVE. S.M SDB 304 BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	15,000.	16,766.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF ARIZONA, A.T. STILL SCHOOL OF DENTISTRY - 5850 EAST STILL CIRCLE - MESA, AZ 85306	43-0356350	501(C)(3)	15,000.	200,163.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF NEW MEXICO - DIVISION OF DENTAL HYGIENE - MSC 09 5020, ONE UNIVERSITY OF NEW MEXICO - ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	522.	4,837.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - 930 MADISON AVENUE, #600 - MEMPHIS, TN 38163	10-0247065	501(C)(3)	0.	8,863.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
WORD-OF-MOUTH: ORAL HEALTH EDUCATION CONNECTION, INC. - 312 LAFAYETTE AVE. - COUNCIL BLUFFS, IA 51503	52-2375641	501(C)(3)	0.	848.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
ARKANSAS DEPARTMENT OF HEALTH 4815 W. MARKHAM ST., SLOT 41 LITTLE ROCK, AR 72205	71-6007358	501(C)(3)	0.	31,185.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
LHA							
Schedule I (Form 990)							Schedule I (Form 990)

**Schedule I (Form 990)**

# NATIONAL CHILDREN'S ORAL HEALTH

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(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
CARESOUTH CAROLINA, DIVISION OF DENTAL MEDICINE - 268 SOUTH MAIN STREET - SOCIETY HILL, SC 29593	57-0664826	501(C)(3)	10,000.	31,068.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY HEALTH CENTERS OF ARKANSAS - 420 W. 4TH STREET, STE A - N. LITTLE ROCK, AR 72114	71-0610075	501(C)(3)	15,000.	7,132.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
DOUGLAS COUNTY DENTAL CLINIC 316 MAINE STREET LAWRENCE, KS 66044	48-1216770	501(C)(3)	0.	6,300.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
FORSYTH COUNTY HEALTH DEPARTMENT 799 NORTH HIGHLAND AVENUE WINSTON-SALEM, NC 27102	56-6000450	501(C)(3)	0.	34,880.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
STUDENTS UNITED FOR AMERICA'S TOOTHPAIRY - 707 PARNASSUS AVENUE, BOX 0753 - SAN FRANCISCO, CA 94143	94-3191433	501(C)(3)	1,000.	0.			PROGRAM SUPPLIES
UNIVERSITY OF IOWA, DEPT OF PEDIATRIC DENTISTRY - S201 DENTAL SCIENCE BLDG. - IOWA CITY, IA 52242	42-6004813	501(C)(3)	17,000.	5,200.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF NEBRASKA MEDICAL COLLEGE OF DENTISTRY - 40TH & HOLDRGE ST., BOX 830740, RM 115 - LINCOLN, NE 68583	47-0789985	501(C)(3)	0.	5,200.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF SOUTHERN CALIFORNIA 925 WEST 34TH STREET, DEN 202 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	0.	31,185.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF DENTISTRY - 521 NORTH 11TH STREET, WOODS BLDG 317 - RICHMOND, VA 23298	54-1590300	501(C)(3)	15,000.	14,750.FMV		DENTAL SUPPLIES	PROGRAM SUPPLIES
LHA							Schedule I (Form 990)

NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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.

SCHEDULE I, PART I, LINE 2: AS PART OF THE AFFILIATE AGREEMENT AND

MEMORANDUM OF UNDERSTANDING THAT EVERY NCOHF AFFILIATE SIGNS UP FRONT, IT

IS A REQUIREMENT THAT THEY PROVIDE AN ANNUAL REPORT HIGHLIGHTING THEIR

ACTIVITIES DURING THE CALENDAR YEAR. ADDITIONALLY, WHEN A FINANCIAL GRANT

IS AWARDED, THE AFFILIATE IS REQUIRED TO SUBMIT AN ADDITIONAL REPORT

HIGHLIGHTING THE SPECIFIC ACTIVITIES DEFINED IN THE GRANT APPLICATION.

THIS IS CUSTOMARILY SUBMITTED AT THE END OF THE FUNDING PERIOD UNLESS OTHER

TERMS ARE STATED AT THE TIME OF THE AWARD.

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

**NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION**

Employer identification number

**20-3921574****Part I Questions Regarding Compensation**

	Yes	No								
<b>1a</b> 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. <table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td></tr></table>	<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)		
<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>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>									
<b>2</b> 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? .....	<b>2</b>									
<b>3</b> 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. <table border="0"><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input checked="" type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input 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				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input 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									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....	<b>4a</b>	<b>X</b>								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>								
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>								
If "Yes" to line 5a or 5b, describe in Part III.										
<b>6</b> 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:										
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>								
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> 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 .....	<b>7</b>	<b>X</b>								
<b>8</b> 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2010

**NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION**

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

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

**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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FERN K. INGBER	(i) 223,000.	0.	0.	10,800.	9,370.	243,170.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No. 1545-0047

**2010**

**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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	17	1,769,710.	ESTIMATED FAIR VALUE
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( AD SPACE ) .....	X	15	560,989.	ESTIMATED FAIR VALUE
26 Other ► ( LAPTOPS ) .....	X	1	109.	ESTIMATED FAIR VALUE
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 Acknowledgement .....

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? .....

	Yes	No
30a		X
31		X
32a		X
33		

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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2010)

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

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.

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

TREATMENT SERVICES.

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

THE ESTHER WILKINS INTERNATIONAL EDUCATION PROGRAM PROVIDES DENTAL  
HYGIENISTS, THE PREVENTION SPECIALISTS, WITH SMILE-SAVING EDUCATIONAL  
TOOLS FOR OUTREACH ACTIVITIES AND SUPPORTS THEIR ROLE AS ORAL HEALTH  
CHAMPIONS, LEADERS, AND EDUCATORS WITHIN THEIR COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDERS. TO DATE, OUR EFFORTS HAVE TOUCHED THE LIVES OF 1,000,000  
CHILDREN, AND WE HAVE DISSEMINATED MORE THAN \$9,000,000 IN FINANCIAL  
AND PRODUCT SUPPORT.

FORM 990, PART VI, SECTION B, LINE 11: AFTER A STAFF REVIEW BY THE  
PRESIDENT/CEO AND THE CHIEF OPERATING OFFICER, THE 990 DRAFTS ARE REVIEWED  
BY THE AUDIT COMMITTEE AND ULTIMATELY DISSEMINATED TO THE BOARD OF  
DIRECTORS FOR THEIR REVIEW AND APPROVAL. STAFF WILL ENDEAVOR TO ANSWER  
QUESTIONS AS PRESENTED BY THE BOARD AND, IF NECESSARY, WILL INVOLVE THEIR



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

Employer identification number  
**20-3921574**

ACCOUNTANTS FOR FURTHER REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. ANNUALLY, THE POLICY IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS. THE COMPLETED FORMS ARE RETURNED TO FOUNDATION OFFICES AND MAINTAINED ON FILE.

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. ANNUALLY, IN CONJUNCTION WITH THE REVIEW PROCESS FOR THE ANNUAL BUDGET, SALARIES OF MANAGEMENT AND KEY EMPLOYEES ARE PRESENTED TO THE BOARD OF DIRECTORS FOR DISCUSSION.

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

FORM 990 PART IX LINE 24A, EXPLANATION FOR DONATED MARKETING:  
DONATED MARKETING OF \$560,989 CONSISTS OF MAGAZINE ADVERTISEMENTS AND ARE RECOGNIZED AT THEIR ESTIMATED FAIR VALUE IN THE STATEMENT OF FUNCTIONAL EXPENSES, COLUMN D, FUNDRAISING EXPENSES.