

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

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014**2013**Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Name of exempt organization

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Employer identification number

20-3921574

Name and title of officer

**FERN K. INGBER
PRESIDENT & CEO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,836,998.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **MCGLADREY LLP**

ERO firm name

to enter my PIN 28209Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 10/20/14**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

69398827401

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 10/20/14

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

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending**C** Name of organization
NATIONAL CHILDREN'S ORAL HEALTH FOUNDATIONDoing Business As **AMERICA'S TOOTHPAIRY**Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4108 PARK ROAD 300City or town, state or province, country, and ZIP or foreign postal code
CHARLOTTE, NC 28209**F** Name and address of principal officer: **FERN K. INGBER**
SAME AS C ABOVE**D** Employer identification number**20-3921574****E** Telephone number
704-350-1600**G** Gross receipts \$ **2,836,998.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.NCOHF.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2005** **M** State of legal domicile: **DE****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE STATEMENT O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,594,146.	2,836,998.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,597,706.	2,836,998.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,115,557.	1,729,532.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	834,221.	860,390.
	16a Professional fundraising fees (Part IX, column (A), line 11a)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	140,566.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	909,263.	236,691.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,859,041.	2,826,613.
	19 Revenue less expenses. Subtract line 18 from line 12	-261,335.	10,385.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,836,469.	1,864,035.
	22 Net assets or fund balances. Subtract line 21 from line 20	41,096.	58,277.
		1,795,373.	1,805,758.

Part II Signature Block

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

Sign Here	Signature of officer	Date	10/20/14
	FERN K. INGBER, PRESIDENT & CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name TAMELA L. GAINERY	Preparer's signature <i>Tamela L. Gainery</i>	Date 10/20/14
	Firm's name MCGLADREY LLP	Firm's EIN 42-0714325	PTIN P00437957
	Firm's address 230 N ELM ST STE 1100 GREENSBORO, NC 27401	Phone no. (336) 272-4551	

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

☒ Yes ☐ No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION

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Part III Statement of Program Service Accomplishments

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

☒ X

- 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ 2,439,171. including grants of \$ 1,729,532.) (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 **2,439,171.**

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FOUNDATION**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
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 and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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FOUNDATION**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or 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>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JILL MALMGREN - 704-350-1600**
4108 PARK ROAD, SUITE 300, CHARLOTTE, NC 28209

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Form 990 (2013)

20-3921574 Page **7**

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

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

☒ **X**

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS M. PRESCOTT CHAIRMAN	1.00	X		X				0.	0.	0.
(2) HENK VAN DUINHoven FIRST VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) ALLISON FAREY SECOND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) PAUL A GUGGENHEIM TREASURER	1.00	X		X				0.	0.	0.
(5) ROBERT SIZE SECRETARY	1.00	X		X				0.	0.	0.
(6) GORDON CHRISTENSEN, DDS MSD, PH DIRECTOR	1.00	X						0.	0.	0.
(7) THOMAS ENGELS DIRECTOR	1.00	X						0.	0.	0.
(8) ROBERT HAYMAN DIRECTOR	1.00	X						0.	0.	0.
(9) P. CHRISTOPHER HOLDEN DIRECTOR	1.00	X						0.	0.	0.
(10) AVI REICHENTHAL DIRECTOR	1.00	X						0.	0.	0.
(11) LEO E. ROUSE, DDS, FACD DIRECTOR	1.00	X						0.	0.	0.
(12) CHERILYN G. SHEETS, DDS DIRECTOR	1.00	X						0.	0.	0.
(13) REBECCA SLAYTON, DDS, PHD DIRECTOR	1.00	X						0.	0.	0.
(14) MELISSA SUMMERFIELD DIRECTOR	1.00	X						0.	0.	0.
(15) FERN K. INGBER PRESIDENT & CEO	55.00			X				255,141.	0.	23,002.
(16) CHRISTIAN J. DRAKE COO	55.00			X				90,983.	0.	4,117.
(17) JILL MALMGREN COO	55.00			X				81,225.	0.	9,684.

**NATIONAL CHILDREN'S ORAL HEALTH
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								427,349.	0.	36,803.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								427,349.	0.	36,803.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,836,998.				
	g Noncash contributions included in lines 1a-1f: \$	1,207,393.				
	h Total. Add lines 1a-1f		2,836,998.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		2,836,998.	0.	0.	0.	

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,729,532.	1,729,532.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	446,954.	305,490.	96,026.	45,438.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	277,041.	189,356.	59,521.	28,164.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	18,128.	12,390.	3,895.	1,843.
10 Payroll taxes	118,267.	80,835.	25,409.	12,023.
11 Fees for services (non-employees):				
a Management				
b Legal	38,839.		15,108.	23,731.
c Accounting	24,727.		9,619.	15,108.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2,797.	2,377.		420.
13 Office expenses	37,120.	25,716.	7,822.	3,582.
14 Information technology	3,615.	2,503.	762.	350.
15 Royalties				
16 Occupancy	32,308.	22,381.	6,809.	3,118.
17 Travel	22,097.	15,308.	4,657.	2,132.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,340.	29,331.	8,923.	4,086.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,296.	2,976.	905.	415.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EDUCATIONAL MATERIALS	19,858.	19,858.		
b FEES	7,080.		7,080.	
c PERSONNEL DEVELOPMENT	1,614.	1,118.	340.	156.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,826,613.	2,439,171.	246,876.	140,566.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	753,468.	1	1,320,076.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,081,358.	3	514,967.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	27,349.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,643.	15	1,643.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,836,469.	16	1,864,035.	
Liabilities	17 Accounts payable and accrued expenses	41,096.	17	58,277.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	41,096.	26	58,277.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		399,259.	27	777,616.
28 Temporarily restricted net assets		1,396,114.	28	1,028,142.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		1,795,373.	33	1,805,758.
34 Total liabilities and net assets/fund balances		1,836,469.	34	1,864,035.

Form 990 (2013)

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Form 990 (2013)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,836,998.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,826,613.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,385.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,795,373.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,805,758.

Part XII Financial Statements and Reporting

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

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

Form **990** (2013)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number	20-3921574
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Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2013

NATIONAL CHILDREN'S ORAL HEALTH

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION

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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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4163046.	3437284.	3343401.	3594146.	2836998.	17374875.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4163046.	3437284.	3343401.	3594146.	2836998.	17374875.
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)						4852140.
6 Public support. Subtract line 5 from line 4.						12522735.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4163046.	3437284.	3343401.	3594146.	2836998.	17374875.
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.)	10,500.	7,487.	12,000.	3,560.		33,547.
11 Total support. Add lines 7 through 10						17408422.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	71.93 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	67.41 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 ☐

Also complete this part for any additional information. (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, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, 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) (2013)

Name of organization NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	Employer identification number 20-3921574
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	3D SYSTEMS CORPORATION 333 THREE D SYSTEMS CIRCLE ROCK HILL, SC 29730	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	3M ESPE DENTAL PRODUCTS DIVISION 3M CENTER BUILDING 275-2E-03 ST. PAUL, MN 55144-1000	\$ 291,751.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	GOOGLE ADWORDS 2560 ORCHARD PARKWAY SAN JOSE, CA 95131	\$ 315,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	COSMEDENT, INC. 401 N. MICHIGAN AVENUE SUITE 2500 CHICAGO, IL 60611	\$ 72,967.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	DENTSPLY INTERNATIONAL 221 W. PHILADELPHIA STREET SUITE 60 YORK, PA 17405	\$ 155,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	DELTA DENTAL OF MINNESOTA FOUNDATION 500 WASHINGTON AVENUE SOUTH SUITE 2060 MINNEAPOLIS, MN 55415	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	Employer identification number 20-3921574
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DENTAQUEST FOUNDATION 465 MEDFORD STREET BOSTON, MA 02129-1454	\$ 483,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PATTERSON DENTAL SUPPLY INC. 1031 MENDOTA HEIGHTS ROAD SAINT PAUL, MN 55120	\$ 91,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	KAVO KERR GROUP 2200 PENNSYLVANIA AVENUE NW SUITE 800W WASHINGTON, DC 20037-1701	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	KAVO KERR GROUP/SYBRON DENTAL SPECIALTIES 1717 WEST COLLINS AVENUE ORANGE, CA 92867	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SEPTODONT, INC. 205 GRANITE RUN DRIVE LANCASTER, PA 17601	\$ 274,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE PROCTER & GAMBLE COMPANY 8700 MASON MONTGOMERY ROAD MASON, OH 45040	\$ 486,053.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	Employer identification number 20-3921574
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WALMART STORES, INC. 702 SOUTHWEST 8TH STREET BENTONVILLE, AR 72716-0310	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	WELLS FARGO PRACTICE FINANCE 2000 POWELL STREET 4TH FLOOR EMERYVILLE, CA 94608	\$ 91,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	XLEAR INC. 723 S. AUTO MALL DRIVE PO BOX 1421 AMERICAN FORK, UT 84003	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	Employer identification number 20-3921574
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	DENTAL SUPPLIES/EQUIPMENT AND \$103,500 CASH	\$ 188,251.	05/07/14
3	DENTAL SUPPLIES/EQUIPMENT AND \$304,328 CASH	\$ 10,950.	10/01/13
4	DONATED DENTAL SUPPLIES/EQUIPMENT	\$ 72,967.	01/07/14
5	DENTAL SUPPLIES/EQUIPMENT AND \$100,000 CASH	\$ 55,341.	01/31/14
11	DENTAL SUPPLIES/EQUIPMENT AND \$100,000 CASH	\$ 174,918.	05/15/14
12	DENTAL SUPPLIES/EQUIPMENT	\$ 486,053.	03/20/14

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 that total 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) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(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

(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

(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

(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

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Information about Schedule D (Form 990) and its instructions is at** www.irs.gov/form990

OMB No. 1545-0047

2013**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).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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?

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)?

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Schedule D (Form 990) 2013

20-3921574 Page **2**

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- | | |
|---|---|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> 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 XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	0.			

Schedule D (Form 990) 2013

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Schedule D (Form 990) 2013

20-3921574 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2013

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Schedule D (Form 990) 2013

20-3921574 Page 4

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

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

1 Total revenue, gains, and other support per audited financial statements	1	3,605,018.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	768,020.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	768,020.
3 Subtract line 2e from line 1	3	2,836,998.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,836,998.

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

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

1 Total expenses and losses per audited financial statements	1	3,594,633.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	768,020.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	768,020.
3 Subtract line 2e from line 1	3	2,826,613.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,826,613.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010.

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**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. 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
SASKATOON HEALTH REGION - POPULATION AND PUBLIC HEALTH, 114-3502 TAYLOR STR - 114-3502 TAYLOR STREET EAST SASKATOON -		501(C)(3)	0.	6,977.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF DENTISTRY - 1530 3RD AVENUE SOUTH SDB 304 - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	5,000.	6,881.	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.	4,610.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
ARIZONA PUBLIC HEALTH ASSOCIATION - SOUTHERN REGION - 7942 PASEO DEL NORTE - TUCSON, AZ 85704	51-0198821	501(C)(3)	0.	568.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY DENTAL FOUNDATION 2375 EAST CAMELBACK RD. SUITE 500 PHOENIX, AZ 85016	33-1170437	501(C)(3)	0.	2,434.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
DIGNITY HEALTH - CHANDLER REGIONAL MEDICAL CENTER - 475 SOUTH DOBSON ROAD - CHANDLER, AZ 85224	74-2418514	501(C)(3)	0.	4,796.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

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20-3921574

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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
ESPERANCA 1911 W. EARLL DRIVE PHOENIX, AZ 85015	23-7087997	501(C)(3)	0.	4,889.	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)	10,000.	10,998.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CHABOT COLLEGE 25555 HESPERIAN BLVD. BLDG. 2000 HAYWARD, CA 94545	23-7074515	501(C)(3)	0.	7,629.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CONTRA COSTA COUNTY - CHILDREN'S ORAL HEALTH PROGRAM - 597 CENTER AVENUE STE. 305 - MARTINEZ, CA 94553	20-0555977	501(C)(3)	5,000.	0.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 95065	77-0311752	501(C)(3)	0.	2,423.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
EL PROYECTO DEL BARRIO INC 8902 WOODMAN AVENUE ARLETA, CA 91331	95-2662606	501(C)(3)	0.	2,908.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY - 10602 CHAPMAN AVENUE STE. 200 - GARDEN GROVE, CA 92840	38-3675065	501(C)(3)	0.	23,097.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
HEALTHY SMILES MOBILE DENTAL FOUNDATION - 1275 W. SHAW AVENUE STE. 101 - FRESNO, CA 93711	77-0530538	501(C)(3)	0.	17,890.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
KIDS COMMUNITY DENTAL CLINIC OF BURBANK - 400 ELMWOOD AVENUE - BURBANK, CA 91506	95-4791296	501(C)(3)	12,500.	27,457.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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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
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HEALTH - 14101 EAST NELSON AVENUE - LA PUENTE, CA 91746	95-4590029	501(C)(3)	10,000.	38,743.	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.	16,420.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
SOUTH COUNTY COMMUNITY HEALTH CENTER INC. DBA RAVENSWOOD FAMILY DENTAL - 1798A BAY RD. - PALO ALTO, CA 94303	94-3372130	501(C)(3)	0.	2,723.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
THE CHILDREN'S DENTAL CENTER 300 EAST BUCKTHORN ST. INGLEWOOD, CA 90301	95-4533883	501(C)(3)	0.	132,642.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
THE GARY CENTER 341 S. HILLCREST ST. LA HABRA, CA 90631	95-2752846	501(C)(3)	2,500.	15,450.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF CALIFORNIA BERKELEY SCHOOL OF PUBLIC HEALTH - 50 UNIVERSITY HALL MC #7360 - BERKELEY, CA 94720	94-6002123	501(C)(3)	0.	7,988.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF DENTISTRY - 707 PARNASSUS AVENUE BOX 0753 - SAN FRANCISCO, CA 94143	94-3191433	501(C)(3)	12,500.	32,340.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
VALLEY COMMUNITY CLINIC 6801 COLDWATER CANYON AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)	0.	1,400.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
HOWARD UNIVERSITY COLLEGE OF DENTISTRY - 600 W. ST. NW - WASHINGTON, DC 20059	53-0204707	501(C)(3)	0.	19,999.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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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
GREATER TAMPA BAY ORAL HEALTH COALITION - PO BOX 3357 - PLANT CITY, FL 33563	45-4927872	501(C)(3)	0.	4,934.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
TREASURE COAST COMMUNITY HEALTH 2182 PONCE DE LEON CIRCLE VERO BEACH, FL 32960	59-3219191	501(C)(3)	0.	20,212.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF IOWA DEPARTMENT OF PEDIATRIC DENTISTRY - S201 DENTAL SCIENCE BLDG. - IOWA CITY, IA 52242	42-6004813	501(C)(3)	0.	25,942.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
LEWIS & CLARK COMMUNITY COLLEGE 5800 GODFREY ROAD - RIVERBEND ARENA GODFREY, IL 62035	37-1000402	501(C)(3)	0.	71.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE - 1365 DOUGLAS DRIVE MC 6615 - CARBONDALE, IL 62901	37-6033943	501(C)(3)	0.	15,044.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF DENTISTRY - 801 S. PAULINA ROOM 102GA MC 621 - CHICAGO, IL 60612	37-6000511	501(C)(3)	0.	25,890.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
INDIANA UNIVERSITY SCHOOL OF DENTISTRY - 1121 WEST MICHIGAN ST. DS220H - INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	0.	203,003.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
DOUGLAS COUNTY DENTAL CLINIC 316 MAINE ST. LAWRENCE, KS 66044	48-1216770	501(C)(3)	0.	49,495.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
E.C. TYREE HEALTH & DENTAL CLINIC 1525 N. LORRAINE WICHITA, KS 67214	37-1540007	501(C)(3)	0.	11,392.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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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
PRAIRIESTAR HEALTH CENTER 1600 N. LORRAINE SUITE 110 HUTCHINSON, KS 67501	48-1154210	501(C)(3)	0.	804.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNITED METHODIST MEXICAN-AMERICAN MINISTRIES - 712 ST. JOHN ST. - GARDEN CITY, KS 67846	48-1049519	501(C)(3)	0.	5,719.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF KENTUCKY COLLEGE OF DENTISTRY - 800 ROSE ST. D-087 - LEXINGTON, KY 40511	61-6001218	501(C)(3)	0.	21,740.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY DENTISTRY ON WHEELS INC. - 1400 MERCANTILE LANE SUITE 248 - LARGO, MD 20774	77-0702979	501(C)(3)	0.	525.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CHILDREN'S DENTAL HEALTH SERVICES 903 WEST CENTER ST. SUITE 208 ROCHESTER, MN 55902	20-3677586	501(C)(3)	0.	31,475.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CHILDREN'S DENTAL SERVICES 636 BROADWAY ST. NE MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	10,000.	21,233.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
JUST KIDS DENTAL 2454 HIGHWAY 2 TWO HARBORS, MN 55616	41-0786046	501(C)(3)	25,000.	39,300.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
GATEWAY TO ORAL HEALTH FOUNDATION 9378 OLIVE BLVD. SUITE 1LL OLIVETTE, MO 63132	11-3664960	501(C)(3)	10,000.	41,059.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF MISSOURI - KANSAS CITY SCHOOL OF DENTISTRY - 650 EAST 25TH ST. SUITE 415 - KANSAS CITY, MO 64108	44-0545280	501(C)(3)	0.	15,330.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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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
FIRST HEALTH OF THE CAROLINAS DENTAL CARE CENTERS - 105 PERRY DRIVE - SOUTHERN PINES, NC 28387	56-1936354	501(C)(3)	0.	9,872.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
ORANGE COUNTY ORAL HEALTH ZONE PROGRAM NATIONAL CHILDREN'S ORAL HEALTH FOU - 4108 PARK ROAD SUITE 300 - CHARLOTTE, NC 28209		501(C)(3)	0.	2,509.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
TOMORROW'S SMILES NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION - 4108 PARK ROAD SUITE 300 - CHARLOTTE, NC 28209		501(C)(3)	0.	2,148.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF NORTH CAROLINA SCHOOL OF DENTISTRY - 100 MANNING DRIVE CB #7450 - CHAPEL HILL, NC 27599-7450	56-6001393	501(C)(3)	0.	20,118.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
WILKES PUBLIC HEALTH DENTAL CLINIC 1915 WEST PARK DRIVE NORTH WILKESBORO, NC 28659	91-1943799	501(C)(3)	0.	6,659.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CENTRAL COMMUNITY COLLEGE PO BOX 1024; 550 SOUTH TECHNICAL BL HASTINGS, NE 68902	47-0728813	501(C)(3)	10,000.	12,036.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF NEBRASKA MEDICAL CENTER COLLEGE OF DENTISTRY - 40TH & HOLDREDGE ST BOX 830740 - LINCOLN, NE 68583-0740	05-3682242	501(C)(3)	0.	14,220.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
KINDERSMILE FOUNDATION 298 CLAREMONT AVENUE MONTCLAIR, NJ 07042	56-2635166	501(C)(3)	0.	10,380.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
RUTGERS UNIVERSITY SCHOOL OF DENTAL MEDICINE - 110 BERGEN ST. NEWARK, NJ 07101-1709	23-7328742	501(C)(3)	0.	12,173.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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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
COMMUNITY DENTAL SERVICES 2116 HINKLE SE ALBUQUERQUE, NM 87102	85-0237178	501(C)(3)	0.	8,750.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF NEW MEXICO - DIVISION OF DENTAL HYGIENE - MSC 09 5020 ONE UNIVERSITY OF NM - ALBUQUERQUE, NM 87131-0001	85-6000642	501(C)(3)	0.	1,526.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
ASSISTANCE LEAGUE OF LAS VEGAS 6446 W. CHARLESTON BLVD. LAS VEGAS, NV 89146-1165	88-0137831	501(C)(3)	0.	12,173.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COLUMBIA UNIVERSITY COLLEGE OF DENTAL MEDICINE - 630 WEST 168TH ST. PH17 WEST - ROOM 302 - NEW YORK, NY 10032	13-5598093	501(C)(3)	0.	19,605.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
OWENS COMMUNITY COLLEGE 351 1ST ST.-AMPOINT INDUSTRIAL PARK PERRYSBURG, OH 43551	20-1625785	501(C)(3)	0.	12,872.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
KEMPLE MEMORIAL CHILDREN'S DENTAL CLINIC - 1029 NW 14TH ST. SUITE 101 - BEND, OR 97701	93-1241460	501(C)(3)	10,000.	8,129.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
OREGON HEALTH & SCIENCE UNIVERSITY 611 SOUTHWEST CAMPUS DRIVE PORTLAND, OR 97239	93-1176109	501(C)(3)	0.	10,942.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
FAMILY FIRST HEALTH 116 S. GEORGE ST. YORK, PA 17401	23-7118262	501(C)(3)	0.	9,538.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CARESOUTH CAROLINA DIVISION OF DENTAL MEDICINE - 737 SOUTH MAIN ST. PO BOX 239 - SOCIETY HILL, SC 29593	58-0664826	501(C)(3)	0.	21,683.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

Schedule I (Form 990)

**NATIONAL CHILDREN'S ORAL HEALTH
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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
UNIVERSITY OF SOUTH DAKOTA 120 EAST HALL 414 EAST CLARK ST. VERMILLION, SD 57069		501(C)(3)	0.	12,661.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - 930 MADISON AVENUE SUITE 600 - MEMPHIS, TN 38163	10-0247065	501(C)(3)	0.	1,971.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7500 CAMBRIDGE ST. SUITE 5330 - HOUSTON, TX 77054	74-1761309	501(C)(3)	0.	1,986.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
OLD DOMINION UNIVERSITY 4608 HAMPTON BLVD. NORFOLK, VA 23529		501(C)(3)	0.	22,500.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF PEDIATRIC DENTISTRY - 521 NORTH 11TH ST. WOODS BUILDING 317 - RICHMOND, VA 23298-0566	54-1590300	501(C)(3)	10,000.	7,219.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF WASHINGTON CENTER FOR PEDIATRIC DENTISTRY - 6222 NE 74TH ST. - SEATTLE, WA 98115		501(C)(3)	15,000.	15,202.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
MID-OHIO VALLEY HEALTH DEPARTMENT 211 SIXTH ST. PARKERSBURG, WV 26101	55-0619203	501(C)(3)	5,000.	2,429.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
WEST VIRGINIA ASSOCIATION OF SCHOOL NURSES - 1410 LYNDALE DRIVE - CHARLESTON, WV 25314-2138	33-1136316	501(C)(3)	0.	1,024.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

Schedule I (Form 990)

Part III can be duplicated if additional space is needed.

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Employer identification number

20-3921574

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

4 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:

a Receive a severance payment or change-of-control payment?

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

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

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION

20-3921574

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public
Inspection

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

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

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	14	1,207,393.	ESTIMATED FAIR VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee 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) (2013)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

Open to Public
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDERS. TO DATE, OUR EFFORTS HAVE TOUCHED THE LIVES OF 1,000,000
CHILDREN, AND WE HAVE DISSEMINATED MORE THAN \$10,000,000 IN FINANCIAL
AND PRODUCT SUPPORT.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: FOLLOWING A STAFF REVIEW BY THE PRESIDENT AND CEO AND THE
CHIEF OPERATING OFFICER, THE 990 DRAFTS ARE DISSEMINATED TO THE NATIONAL
CHILDREN'S ORAL HEALTH FOUNDATION AUDIT COMMITTEE FOR THEIR REVIEW AND
APPROVAL BEFORE SUBMITTING TO THE FULL BOARD OF DIRECTORS. STAFF WILL
ENDEAVOR TO ANSWER QUESTIONS AS PRESENTED BY THE BOARD AND IF NECESSARY
WILL INVOLVE THEIR ACCOUNTANTS FOR FURTHER REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION HAS A WRITTEN
CONFLICT OF INTEREST POLICY. ANNUALLY, THE POLICY IS DISTRIBUTED TO THE

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

Employer identification number
20-3921574

ENTIRE BOARD OF DIRECTORS. THE COMPLETED FORMS ARE RETURNED TO FOUNDATION
OFFICES AND MAINTAINED ON FILE.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: 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. THE EXECUTIVE COMMITTEE OF BOARD OF
DIRECTORS ALSO CONDUCTS A SEPARATE ANNUAL REVIEW OF THE FOUNDATION'S
PRESIDENT AND CEO.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE
AVAILABLE FOR VIEWING AT THE PRINCIPAL BUSINESS ADDRESS.

FORM 990, PART VII, SECTION A, COLUMN F

EXPLANATION: THE ORGANIZATION, IN A FULL TRANSPARENCY POSTURE TO
REPORTING, IS REPORTING ALL BENEFITS IN FULL IN COLUMN F, PART VII AND
IS NOT APPLYING THE \$10,000 PER ITEM EXCEPTION FOR CERTAIN BENEFITS.

FORM 990, PART XI, LINE 2C, AUDIT COMMITTEE:

EXPLANATION: THE AUDIT COMMITTEE'S PROCESS OF EVALUATION HAS NOT
CHANGED SINCE PRIOR YEAR.

SCHEDULE D PART XI LINE 2, EXPLANATION FOR DONATED MARKETING:

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

Employer identification number
20-3921574

**EXPLANATION: DONATED MARKETING OF \$640,864 CONSISTS OF VARIOUS MAGAZINE
ADVERTISEMENTS AND AN ADVERTISING KIT INCLUDED IN CHILDRENS EDUCATIONAL
KITS.**

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number
20-3921574

OMB No. 1545-0047
2013
Open to Public
Inspection

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION OF CANADA, 130 ADELAIDE WEST, SUITE 701, TORONTO, ON, CANADA M5H 2K4	PROVIDE CHILDREN ACCESS TO QUALITY COMPREHENSIVE ORAL HEALTH	CANADA	501(c)(3)	9	NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION		X

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Schedule R (Form 990) 2013 **20-3921574** Page **3**

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION (1) OF CANADA	B	8,700.FMV	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Schedule R (Form 990) 2013

Form **5471**(Rev. December 2012)
Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With
Respect To Certain Foreign Corporations**► For more information about Form 5471, see www.irs.gov/form5471.Information furnished for the foreign corporation's annual accounting period (tax year required by
section 898) (see instructions) beginning **JUL 1**, 2013, and ending **JUN 30**, 2014

OMB No. 1545-0704

Attachment
Sequence No. **121**

Name of person filing this return NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	A Identifying number 20-3921574
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 4108 PARK ROAD, NO. 300	B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>
City or town, state, and ZIP code CHARLOTTE, NC 28209	C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period %
Filer's tax year beginning JUL 1 , 2013, and ending JUN 30 , 2014	

D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars
unless otherwise indicated.

1a Name and address of foreign corporation NATIONAL CHILDREN'S ORAL HEALTH FDN OF CANADA 130 ADELAIDE STREET WEST, SUITE 701 TORONTO ON M5H 2K4 CANADA		b(1) Employer identification number, if any 000000000
		b(2) Reference ID number (see instructions) 8068488
		c Country under whose laws incorporated CANADA
d Date of incorporation 02/14/12	e Principal place of business TORONTO CANADA	f Principal business activity code number 813000
		g Principal business activity PROMOTE DENTAL WELL-BEING FOR
		h Functional currency CANADA, DOLLAR

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States NATIONAL CHILDREN'S ORAL HEALTH FDN 4108 PARK ROAD CHARLOTTE NC 28209 20-3921574		b If a U.S. income tax return was filed, enter: <table border="1"><tr><td>(i) Taxable income or (loss)</td><td>(ii) U.S. income tax paid (after all credits)</td></tr><tr><td> </td><td> </td></tr></table>		(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)						
c Name and address of foreign corporation's statutory or resident agent in country of incorporation JULIAN L. DOYLE 130 ADELAIDE STREET WEST, STE 701 TORONTO ON M5H 2K4 CANADA		d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different STMT 3					

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

LHA For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2012)

SEE STATEMENT 1

SEE STATEMENT 2

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars	
Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
	4 Dividends	4		
	5 Interest	5		
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
8 Other income (attach statement)	8			
9 Total income (add lines 3 through 8)	9			
Deductions	10 Compensation not deducted elsewhere	10		
	11a Rents	11a		
	b Royalties and license fees	11b		
	12 Interest	12		
	13 Depreciation not deducted elsewhere	13		
	14 Depletion	14		
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
	16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes)	16	9,276.	8,700.
17 Total deductions (add lines 10 through 16)	17	9,276.	8,700.	
Net Income	18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18	-9,276.	-8,700.
	19 Extraordinary items and prior period adjustments	19		
	20 Provision for income, war profits, and excess profits taxes	20		
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	-9,276.	-8,700.

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	
2a	Trade notes and accounts receivable	2a	
b	Less allowance for bad debts	2b () ()	
3	Inventories	3	
4	Other current assets (attach statement)	4	
5	Loans to shareholders and other related persons	5	
6	Investment in subsidiaries (attach statement)	6	
7	Other investments (attach statement)	7	
8a	Buildings and other depreciable assets	8a	
b	Less accumulated depreciation	8b () ()	
9a	Depletable assets	9a	
b	Less accumulated depletion	9b () ()	
10	Land (net of any amortization)	10	
11	Intangible assets:		
a	Goodwill	11a	
b	Organization costs	11b	
c	Patents, trademarks, and other intangible assets	11c	
d	Less accumulated amortization for lines 11a, b, and c	11d () ()	
12	Other assets (attach statement)	12	
13	Total assets	13	
Liabilities and Shareholders' Equity			
14	Accounts payable	14	
15	Other current liabilities (attach statement)	15	
16	Loans from shareholders and other related persons	16	
17	Other liabilities (attach statement)	17	
18	Capital stock:		
a	Preferred stock	18a	
b	Common stock	18b	
19	Paid-in or capital surplus (attach reconciliation)	19 19,942.	28,642.
20	Retained earnings	20 -19,942.	-28,642.
21	Less cost of treasury stock	21 () ()	
22	Total liabilities and shareholders' equity	22	

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule H Current Earnings and Profits**Important:** Enter the amounts on lines 1 through 5c in functional currency.

1 Current year net income or (loss) per foreign books of account	1	-9,276.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions
a Capital gains or losses		
b Depreciation and amortization		
c Depletion		
d Investment or incentive allowance		
e Charges to statutory reserves		
f Inventory adjustments		
g Taxes		
h Other (attach statement)		
3 Total net additions		
4 Total net subtractions		
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	-9,276.
b DASTM gain or (loss) for foreign corporations that use DASTM	5b	
c Combine lines 5a and 5b	5c	-9,276.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) Enter exchange rate used for line 5d 1.066150	5d	-8,700.

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder	Identifying number
1 Subpart F income (line 38b, Worksheet A in the instructions)	1
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4
5 Factoring income	5
6 Total of lines 1 through 5. Enter here and on your income tax return	6
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7
8 Exchange gain or (loss) on a distribution of previously taxed income	8

	Yes	No
• Was any income of the foreign corporation blocked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Did any such income become unblocked during the tax year (see section 964(b))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

FORM 5471	AMOUNT AND TYPE OF INDEBTEDNESS OF FOREIGN CORPORATION TO THE RELATED PERSONS DESCRIBED IN REGULATIONS SECTION 1.6046-1(B)(11)	STATEMENT 1
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AMOUNT	DESCRIPTION
	N/A

FORM 5471	NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO THE STOCK OF THE FOREIGN CORPORATION	STATEMENT 2
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NAME AND ADDRESS	IDENTIFYING NUMBER	NUMBER OF SHARES
NATIONAL CHILDREN'S ORAL HEALT 4108 PARK ROAD CHARLOTTE NC 28209	20-3921574	

FORM 5471	LOCATION OF BOOKS AND RECORDS, IF DIFFERENT	STATEMENT 3
130 ADELAIDE STREET WEST, STE 701 TORONTO ON M5H 2K4 CANADA		

FORM 5471	OTHER DEDUCTIONS	STATEMENT 4
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DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
OTHER EXPENSES	9,276.		8,700.
TOTAL TO 5471, SCHEDULE C, LINE 16	9,276.		8,700.

**SCHEDULE J
(Form 5471)**(Rev. December 2012)
Department of the Treasury
Internal Revenue Service**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Identifying number

20-3921574

Name of foreign corporation

NATIONAL CHILDREN'S ORAL HEALTH FDN OF CANADA

EIN (if any)

000000000

Reference ID number

8068488

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)		(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	
1 Balance at beginning of year	-20,615.				-20,615.
2a Current year E&P					
b Current year deficit in E&P					
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	9,276.				
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year	-29,891.				
5a Actual distributions or reclassifications of previously taxed E&P					
b Actual distributions of nonpreviously taxed E&P					
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)					
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-29,891.				
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-29,891.				-29,891.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**► Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Identifying number

20-3921574

Name of foreign corporation

EIN (if any)

Reference ID number

NATIONAL CHILDREN'S ORAL HEALTH F 000000000**8068488**

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ► **CANADA, DOLLAR****1.066150**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and dist- ributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or reinsurance					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade					
15 Purchases of property rights (patents, trademarks, etc.)					
16 Platform contribution transaction payments paid					
17 Cost sharing transaction payments paid					
18 Compensation paid for technical, managerial, engineering, construction, or like services					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
26 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

**SCHEDULE O
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Organization or Reorganization of Foreign
Corporation, and Acquisitions and
Dispositions of its Stock**Information about Schedule O (Form 5471) and its instructions is at www.irs.gov/form5471

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

**NATIONAL CHILDREN'S ORAL HEALTH
FOUNDATION**

Identifying number

20-3921574

Name of foreign corporation

EIN (if any)

Reference ID number

NATIONAL CHILDREN'S ORAL HEALTH FD**000000000****8068488****Important:** Complete a separate Schedule O for each foreign corporation for which information must be reported.**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

Part II To Be Completed by U.S. Shareholders**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.**Section A - General Shareholder Information**

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
STMT 5 NATIONAL CHILDREN'S ORAL 4108 PARK ROAD CHARLOTTE, NC 2 20-3921574	990	11/15/14	HOLTSVILLE, NY	

Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director

Section C - Acquisition of Stock

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

Section D - Disposition of Stock

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

Section E - Organization or Reorganization of Foreign Corporation

(a) Name and address of transferor		(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

Section F - Additional Information

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

SCHEDULE O	GENERAL SHAREHOLDER INFORMATION	STATEMENT	5
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(A) NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(B) FOR SHAREHOLDER'S LATEST U.S. INCOME TAX RETURN FILED INDICATE:			(C) DATE SHAREHOLD- ER LAST FILED IN- FORMATION RTN UNDER SEC. 6046
	(1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	
NATIONAL CHILDREN'S ORAL 4108 PARK ROAD CHARLOTTE, NC 2 20-3921574	990	11/15/14	HOLTSVILLE, NY	