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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION

Doing Business As
AMERICA'S TOOTHFAIRY

Number and street (or P O box if mail is not delivered to street address)
4108 PARK ROAD NO 300

Room/suite

City or town, state or country, and ZIP + 4
CHARLOTTE, NC 28209

F Name and address of principal officer
FERN K INGBER
4108 PARK ROAD NO 300
CHARLOTTE, NC 28209

H(a) Is this a group return for affiliates?☐ Yes ☒ No

H(b) Are all affiliates included?☐ Yes ☐ No
If "No," attach a list (see instructions)

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 OTO 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																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td> 3 Number of voting members of the governing body (Part VI, line 1a) </td><td> 3 </td><td> 16 </td></tr><tr><td> 4 Number of independent voting members of the governing body (Part VI, line 1b) </td><td> 4 </td><td> 16 </td></tr><tr><td> 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) </td><td> 5 </td><td> 5 </td></tr><tr><td> 6 Total number of volunteers (estimate if necessary) </td><td> 6 </td><td> 5 </td></tr><tr><td> 7a Total unrelated business revenue from Part VIII, column (C), line 12 </td><td> 7a </td><td> 0 </td></tr><tr><td> 7b Net unrelated business taxable income from Form 990-T, line 34 </td><td> 7b </td><td> 0 </td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	16	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	5	6 Total number of volunteers (estimate if necessary)	6	5	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0						
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Revenue	<table><tr><td> 8 Contributions and grants (Part VIII, line 1h) </td><td> Prior Year </td><td> Current Year </td></tr><tr><td> 9 Program service revenue (Part VIII, line 2g) </td><td> 4,163,046 </td><td> 3,437,284 </td></tr><tr><td> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) </td><td> 0 </td><td> 0 </td></tr><tr><td> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) </td><td> 10,500 </td><td> 7,487 </td></tr><tr><td> 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) </td><td> 4,173,546 </td><td> 3,444,771 </td></tr></table>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	9 Program service revenue (Part VIII, line 2g)	4,163,046	3,437,284	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)	10,500	7,487	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,173,546	3,444,771									
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Expenses	<table><tr><td> 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) </td><td> 2,322,917 </td><td> 2,112,569 </td></tr><tr><td> 14 Benefits paid to or for members (Part IX, column (A), line 4) </td><td> 0 </td><td> 0 </td></tr><tr><td> 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) </td><td> 521,697 </td><td> 598,099 </td></tr><tr><td> 16a Professional fundraising fees (Part IX, column (A), line 11e) </td><td> 0 </td><td> 0 </td></tr><tr><td> b Total fundraising expenses (Part IX, column (D), line 25) ▶757,755 </td><td></td><td></td></tr><tr><td> 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) </td><td> 769,252 </td><td> 920,074 </td></tr><tr><td> 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) </td><td> 3,613,866 </td><td> 3,630,742 </td></tr><tr><td> 19 Revenue less expenses Subtract line 18 from line 12 </td><td> 559,680 </td><td> -185,971 </td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,322,917	2,112,569	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)	521,697	598,099	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b Total fundraising expenses (Part IX, column (D), line 25) ▶757,755			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	769,252	920,074	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,613,866	3,630,742	19 Revenue less expenses Subtract line 18 from line 12	559,680	-185,971
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Net Assets or Fund Balances	<table><tr><td></td><td> Beginning of Current Year </td><td> End of Year </td></tr><tr><td> 20 Total assets (Part X, line 16) </td><td> 1,840,564 </td><td> 1,650,346 </td></tr><tr><td> 21 Total liabilities (Part X, line 26) </td><td> 11,338 </td><td> 7,091 </td></tr><tr><td> 22 Net assets or fund balances Subtract line 21 from line 20 </td><td> 1,829,226 </td><td> 1,643,255 </td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	1,840,564	1,650,346	21 Total liabilities (Part X, line 26)	11,338	7,091	22 Net assets or fund balances Subtract line 21 from line 20	1,829,226	1,643,255												
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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

FERN K INGBER PRESIDENT & CEO

Type or print name and title

Date

2011-10-18

Paid Preparer Use Only

Print/Type preparer's name
TAMELA FREEDMAN

Preparer's signature
TAMELA FREEDMAN

Date

Check if self-employed ☐

PTIN

Firm's name
▶ RSM MCGLADREY INC

Firm's EIN
▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

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

1	Briefly describe the organization's mission			
TO ELIMINATE PEDIATRIC ORAL DISEASE AND PROMOTE OVERALL HEALTH AND WELL BEING FOR MILLIONS OF CHILDREN FROM VULNERABLE POPULATIONS WE DO THIS BY BEING A COMPREHENSIVE RESOURCE PROVIDER FOR NON-PROFIT COMMUNITY PROGRAMS DELIVERING CRITICAL PREVENTIVE, EDUCATIONAL AND TREATMENT SERVICES				
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No			
If "Yes," describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No			
If "Yes," describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4a	(Code)	(Expenses \$ 2,576,511	including grants of \$ 2,112,569	(Revenue \$)
THE FOUNDATION PROMOTED OVERALL HEALTH AND WELL-BEING FOR THE GROWING NUMBERS OF DENTALLY UNDERSERVED CHILDREN BY ASSURING ACCESS TO THE BEST COMPREHENSIVE PREVENTATIVE, EDUCATIONAL, AND TREATMENT SERVICES. THE FOUNDATION IS ALSO A COMPREHENSIVE RESOURCE PROVIDER TO SUPPORT THE PROGRAMS OF PEDIATRIC ORAL HEALTH CENTERS FOR UNDERSERVED CHILDREN. THE FOUNDATION PROVIDED ORAL HEALTH SERVICES TO HELP PROMISING AT-RISK YOUTH BE BETTER PREPARED FOR HAPPY, HEALTHY, AND PRODUCTIVE FUTURES. ALSO, THE FOUNDATION HAS CREATED POWERFUL PARTNERSHIPS FORGED BY FOUNDATION AFFILIATES AND COMMUNITY STAKEHOLDERS CONCERNED WITH CHILD HEALTH ISSUES. COMMUNITY LEADERS FIGHT DENTAL DISEASE BY INCREASING AWARENESS AND ORAL HEALTH LITERACY AND SUPPORTING PREVENTIVE-ORIENTED SERVICES TO AT-RISK CHILDREN AND THE FAMILIES, CAREGIVERS, AND HEALTH PROVIDERS. TO DATE, OUR EFFORTS HAVE TOUCHED THE LIVES OF 1,000,000 CHILDREN, AND WE HAVE DISSEMINATED MORE THAN \$9,000,000 IN FINANCIAL AND PRODUCT SUPPORT.				
4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
4d	Other program services (Describe in Schedule O)			
(Expenses \$ including grants of \$ (Revenue \$)				
4e	Total program service expenses \$ 2,576,511			

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> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
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>	3	No
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>	4	No
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>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
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> 	7	No
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> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
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> 	11a	No
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> 	11b	No
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> 	11c	No
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> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
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> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
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 (see instructions).</i>	17	No
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>	18	No
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>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
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		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	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> ☐ Yes ☒ No			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b16		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. CHRISTIAN DRAKE 4108 PARK ROAD SUITE 300 CHARLOTTE, NC 28209 (704) 350-1600

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER T CLARK CHAIRMAN	1 00	X		X				0	0	0
(2) THOMAS M PRESCOTT FIRST VICE PRESIDENT	1 00	X		X				0	0	0
(3) TOM ENGELS SECOND VICE PRESIDENT	1 00	X		X				0	0	0
(4) P CHRISTOPHER HOLDEN TREASURER	1 00	X		X				0	0	0
(5) JOHN N WILLIAMS SECRETARY	1 00	X		X				0	0	0
(6) GORDON CHRISTENSEN DIRECTOR	1 00	X						0	0	0
(7) DAN EVEN DIRECTOR	1 00	X						0	0	0
(8) RONALD GOLDSTEIN DIRECTOR	1 00	X						0	0	0
(9) JOSEPH R GREENBERG DIRECTOR	1 00	X						0	0	0
(10) PAUL A GUGGENHEIM DIRECTOR	1 00	X						0	0	0
(11) MARTHA ANN KEELS DIRECTOR	1 00	X						0	0	0
(12) LEO ROUSE DIRECTOR	1 00	X						0	0	0
(13) CHERILYN G SHEETS DIRECTOR	1 00	X						0	0	0
(14) HUW FRANCIS THOMAS DIRECTOR	1 00	X						0	0	0
(15) JAMES VITKUS DIRECTOR	1 00	X						0	0	0
(16) DANNY WEISS DIRECTOR	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) FERN K INGBER PRESIDENT & CEO	55 00			X				223,000	0	20,170
(18) CHRISTIAN J DRAKE COO	52 00			X				94,500	0	4,068
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								317,500	0	24,238

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

		Yes	No
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		No
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	Yes	
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		No

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

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

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

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	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	3,437,284		
	g	Noncash contributions included in lines 1a-1f \$		2,330,808		
	h	Total. Add lines 1a-1f		3,437,284		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		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)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses				
c		Net income or (loss) from fundraising events . . .				
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses				
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances				
b		Less cost of goods sold				
c		Net income or (loss) from sales of inventory . . .				
	Miscellaneous Revenue	Business Code				
11a	REFUND OF EXPENSES	900099	6,987	6,987		
b	MISCELLANEOUS	900099	500	500		
c						
d	All other revenue					
e	Total. Add lines 11a-11d		7,487			
12	Total revenue. See Instructions		3,444,771	7,487	0	0

Part IX

Statement of Functional Expenses

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

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

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

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			480,683	1	719,545
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,358,238	3	923,178
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			10c	
	b	Less: accumulated depreciation	10b				
	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	7,623
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,840,564	16	1,650,346
Liabilities	17	Accounts payable and accrued expenses			8,824	17	7,091
	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	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. Complete Part X of Schedule D			2,514	25	0
	26	Total liabilities. Add lines 17 through 25			11,338	26	7,091
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			292,923	27	305,995
	28	Temporarily restricted net assets			1,536,303	28	1,337,260
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ 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			1,829,226	33	1,643,255
	34	Total liabilities and net assets/fund balances			1,840,564	34	1,650,346

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	Employer identification number 20-3921574
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	951,010	2,806,294	2,466,581	4,163,046	3,437,284	13,824,215
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	951,010	2,806,294	2,466,581	4,163,046	3,437,284	13,824,215
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)						5,295,467
6 Public Support. Subtract line 5 from line 4						8,528,748

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	951,010	2,806,294	2,466,581	4,163,046	3,437,284	13,824,215
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	238	53,651	47,259	10,500	7,487	119,135
11 Total support (Add lines 7 through 10)						13,943,350
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	61 170 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b	33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	☐ Yes ☐ No

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

1

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

2

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

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

3

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

4

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

5

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

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

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

8

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

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii)

Assets included in Form 990, Part X ▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b

Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐

☐

b

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

3b

☐

☐

4

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

Part VI

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

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

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
20-3921574

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

60

3

Enter total number of other organizations

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AS PART OF THE AFFILIATE AGREEMENT AND MEMORANDUM OF UNDERSTANDING THAT EVERY NCOHF AFFILIATE SIGNS UP FRONT, IT IS A REQUIREMENT THAT THEY PROVIDE AN ANNUAL REPORT HIGHLIGHTING THEIR ACTIVITIES DURING THE CALENDAR YEAR ADDITIONALLY, WHEN A FINANCIAL GRANT IS AWARDED, THE AFFILIATE IS REQUIRED TO SUBMIT AN ADDITIONAL REPORT HIGHLIGHTING THE SPECIFIC ACTIVITIES DEFINED IN THE GRANT APPLICATION THIS IS CUSTOMARILY SUBMITTED AT THE END OF THE FUNDING PERIOD UNLESS OTHER TERMS ARE STATED AT THE TIME OF THE AWARD

Software ID:

Software Version:

EIN: 20-3921574

Name: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S DENTAL CENTER300 EAST BUCKTHORN STREET INGLEWOOD,CA 90301	95-4533883	501(C)(3)		28,068	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CATHOLIC HEALTHCARE WEST1733 MELROSE STREET MADISON,WI 53704	74-2418514	501(C)(3)	10,000	10,255	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY ORAL HEALTH SERVICES128 E ALISAL STREET SALINAS,CA 93901	77-0518614	501(C)(3)	15,000				PROGRAM SUPPLIES
INDIANA UNIVERSITY SCHOOL OF DENTISTRY 1121 WEST MICHIGAN STREET INDIANAPOLIS,IN 46202	35-6001673	501(C)(3)	10,401	78,249	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
MEDICAL COLLEGE OF GEORGIA SCHOOL OF DENTISTRY1459 LANEY-WALKER BOULEVARD AUGUSTA,GA 30912	58-6002053	501(C)(3)		2,410	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HEALTH14101 EAST NELSON STREET LA PUENTE,CA 91746	95-4590029	501(C)(3)		3,622	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNC CHAPEL HILL SCHOOL OF DENTISTRY100 MANNING DRIVE CB 7450 CHAPEL HILL,NC 27599	56-6001393	501(C)(3)	10,000	3,734	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
WASHINGTON STATE SMILE PARTNERS13914 TOAD HOLLER PLACE BAINBRIDGE ISLAND,WA 98110	20-0381039	501(C)(3)		2,728	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY 10602 CHAPMAN AVENUE SUITE 200 GARDEN GROVE,CA 92840	38-3675065	501(C)(3)	15,000	18,371	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
KINDERSMILE FOUNDATION298 CLAREMONT AVENUE MONTCLAIR,NJ 07042	56-2635166	501(C)(3)	15,000	16,073	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CENTRAL COMMUNITY COLLEGEPO BOX 1024 550 SOUTH TECHNICAL BLVD HASTINGS,NE 68902	47-0728813	501(C)(3)	15,000	4,194	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CHILDREN'S DENTAL HEALTH SERVICES903 WEST CENTER STREET STE 208 ROCHESTER,MN 55902	20-3677586	501(C)(3)		3,150	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLIER COUNTY HEALTH DEPARTMENT3301 TAMIAMI TRAIL E BUILDING H NAPLES,FL 34112	59-3502843	501(C)(3)		1,367	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY DENTAL FOUNDATION2375 EAST CAMELBACK ROAD STE 500 PHOENIX,AZ 85016	33-1170437	501(C)(3)	15,000	62,678	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY DENTISTRY ON WHEELS INC1450 MERCANTILE LANE STE 207A LARGO,MD 20774	77-0702979	501(C)(3)		7,500	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
DORCHESTER HOUSE1353 DORCHESTER AVENUE DORCHESER,MA 02122	23-7125970	501(C)(3)		1,300	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
FAMILY FIRST HEALTH116 S GEORGE STREET YORK,PA 17401	23-7118262	501(C)(3)		145,045	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
FIRST HEALTH DENTAL CARE CENTERS105 PERRY DRIVE SOUTHERN PINES,NC 28387	56-1936354	501(C)(3)	10,000	11,835	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
GATEWAY TO ORAL HEALTH FOUNDATION 9378 OLIVE BLVD STE 1LL OLIVETTE,MO 63132	11-3664960	501(C)(3)		2,500	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
HOWARD UNIVERSITY600 W STREET NW ROOM 401 WASHINGTON,DC 20059	53-0204707	501(C)(3)		17,628	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
JUST KIDS DENTAL HEALTH2454 HIGHWAY 2 TWO HARBORS,MN 55616	41-0786046	501(C)(3)	15,000	7,182	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
LA AMISTAD DE JOSE DENTAL CLINIC353 SOUTH MAIN STREET ORANGE,CA 92868	95-1643359	501(C)(3)		400	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
LEWIS & CLARK COMMUNITY COLLEGE 5800 GODFREY RD-RIVERBEND ARENA 239 GODFREY,IL 62035	37-1000402	501(C)(3)		1,098	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
MID-OHIO VALLEY HEALTH DEPARTMENT211 SIXTH STREET PARKERSBURG,WV 26101	55-0619203	501(C)(3)		848	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OWENS COMMUNITY COLLEGE351 1ST STREET-AMPOINT INDUSTRIAL PARK PERRYSBURG,OH 43551	20-1625785	501(C)(3)		62,585	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
PRAIRIESTAR HEALTH CENTER1600 N LORRAINE SUITE 110 HUTCHINSON,KS 67501	48-1154210	501(C)(3)		5,195	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
PUENTE A LA SALUD363 S MAIN ST SUITE 204 ORANGE,CA 92868	95-1643359	501(C)(3)		405	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
SARRELL REGIONAL DENTAL CENTER230 EAST 10TH STREET ANNISTON,AL 36207	20-0232609	501(C)(3)		556,675	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
SONRISAS COMMUNITY DENTAL CENTER210 SAN MATEO RD SUITE 104 HALF MOON BAY,CA 94019	94-3390196	501(C)(3)		95,435	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
TEMPLE UNIVERSITY3223 N BROAD ST PHILADELPHIA,PA 19140	23-1365871	501(C)(3)		12,471	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNITED METHODIST MEXICAN-AMERICAN MINISTRIES712 ST JOHN STREET GARDEN CITY,KS 67846	48-1049519	501(C)(3)	15,000	650	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF CALIFORNIA SAN FRANCISCO707 PARNASSUS AVENUE BOX 0753 SAN FRANCISCO,CA 94143	94-3191433	501(C)(3)		28,915	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF FLORIDA 1600 SW ARCHER ROAD ROOM D3-D42 GAINESVILLE,FL 32610	59-0974739	501(C)(3)		59,393	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF ILLINOIS AT CHICAGO801 S PAULINA ROOM 102GA MC 621 CHICAGO,IL 60612	37-6000511	501(C)(3)		22,592	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF MINNESOTAMOOS HEALTH SCIENCES TOWER 515 DELAWARE STREET SE MINNEAPOLIS,MN 55455	41-6007513	501(C)(3)		1,950	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF PUERTO RICO SCHOOL OF DENTAL MEDICINEOFFICE B- 102 FIRST FLOOR SCHOOL SAN JUAN,PR 00935	66-0433762	501(C)(3)	15,000	9,865	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY COMMUNITY CLINIC6801 COLDWATER CANYON AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)	15,000	24,210	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
WILKES PUBLIC HEALTH DENTAL CLINIC1915 WEST PARK DRIVE NORTH WILKESBORO, NC 28659	91-1943799	501(C)(3)		17,051	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
A FLOURIDE CONNECTION NON PROFIT CORPORATION1733 MELROSE STREET MADISON, WI 53704	20-8952739	501(C)(3)	10,000	29,925	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
ARIZONA PUBLIC HEALTH ASSOCIATION7942 PASEO DEL NORTE TUCSON, AZ 85704	51-0198821	501(C)(3)	0	19,245	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CHICAGO COMMUNITY ORAL HEALTH FORUM801 S PAULINA ST CHICAGO, IL 60612	36-3775696	501(C)(3)	0	1,756	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
FRIENDS OF FAMILY501 S IDAHO ST STE 300 LA HABRA, CA 90631	33-0483197	501(C)(3)		13,399	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
MAINE DENTAL HEALTH OUTREACH INC676 OLD LEWISTON ROAD WINTHROP, ME 04364	20-3074754	501(C)(3)		2,748	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
SPECIAL OLYMPICS1133 19TH STREET NW WASHINGTON, DC 200363604	52-0889518	501(C)(3)		8,178	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
ST FRANCIS HOUSE NWA INC DBA COMMUNITY CLINIC610 E EMMA AVENUE SPRINGDALE, AR 72764	31-1553455	501(C)(3)		10,123	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF ALABAMA 1530 3RD AVE SM SDB 304 BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	15,000	16,766	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF ARIZONA AT STILL SCHOOL OF DENTISTRY5850 EAST STILL CIRCLE MESA, AZ 85306	43-0356350	501(C)(3)	15,000	200,163	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF NEW MEXICO - DIVISION OF DENTAL HYGIENEMSC 09 5020 ONE UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	522	4,837	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER930 MADISON AVENUE 600 MEMPHIS,TN 38163	10-0247065	501(C)(3)		8,863	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
WORD-OF-MOUTH ORAL HEALTH EDUCATION CONNECTION INC312 LAFAYETTE AVE COUNCIL BLUFFS,IA 51503	52-2375641	501(C)(3)		848	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
ARKANSAS DEPARTMENT OF HEALTH4815 W MARKHAM ST SLOT 41 LITTLE ROCK,AR 72205	71-6007358	501(C)(3)	0	31,185	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CARE SOUTH CAROLINA DIVISION OF DENTAL MEDICINE268 SOUTH MAIN STREET SOCIETY HILL,SC 29593	57-0664826	501(C)(3)	10,000	31,068	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY HEALTH CENTERS OF ARKANSAS 420 W 4TH STREET STE A N LITTLE ROCK,AR 72114	71-0610075	501(C)(3)	15,000	7,132	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
DOUGLAS COUNTY DENTAL CLINIC316 MAINE STREET LAWRENCE,KS 66044	48-1216770	501(C)(3)		6,300	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
FORSYTH COUNTY HEALTH DEPARTMENT799 NORTH HIGHLAND AVENUE WINSTONSALEM,NC 27102	56-6000450	501(C)(3)		34,880	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
STUDENTS UNITED FOR AMERICA'S TOOTHFAIRY 707 PARNASSUS AVENUE BOX 0753 SAN FRANCISCO,CA 94143	94-3191433	501(C)(3)	1,000				PROGRAM SUPPLIES
UNIVERSITY OF IOWA DEPT OF PEDIATRIC DENTISTRYS201 DENTAL SCIENCE BLDG IOWA CITY,IA 52242	42-6004813	501(C)(3)	17,000	5,200	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF NEBRASKA MEDICAL COLLEGE OF DENTISTRY40TH HOLDREGE ST BOX 830740 RM 115 LINCOLN,NE 68583	47-0789985	501(C)(3)		5,200	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF SOUTHERN CALIFORNIA925 WEST 34TH STREET DEN 202 LOS ANGELES,CA 90089	95-1642394	501(C)(3)		31,185	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF DENTISTRY521 NORTH 11TH STREET WOODS BLDG 317 RICHMOND,VA 23298	54-1590300	501(C)(3)	15,000	14,750	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION

Employer identification number
20-3921574

Part I

Questions Regarding Compensation

		Yes	No
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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ 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:		
4a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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:		
5a	The organization?		No
5b	Any related organization?		No
	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:		
6a	The organization?		No
6b	Any related organization?		No
	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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

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

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION

Employer identification number
20-3921574

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	17	1,769,710	ESTIMATED FAIR VALUE
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (AD SPACE)	X	15	560,989	ESTIMATED FAIR VALUE
26 Other ► (LAPTOPS)	X	1	109	ESTIMATED FAIR VALUE
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
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?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	Employer identification number 20-3921574
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	THE ESTHER WILKINS INTERNATIONAL EDUCATION PROGRAM PROVIDES DENTAL HYGIENISTS, THE PREVENTION SPECIALISTS, WITH SMILE-SAVING EDUCATIONAL TOOLS FOR OUTREACH ACTIVITIES AND SUPPORTS THEIR ROLE AS ORAL HEALTH CHAMPIONS, LEADERS, AND EDUCATORS WITHIN THEIR COMMUNITIES

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	INITIALLY, COMPARATIVE DATA FROM SIMILAR ORGANIZATIONS IN SIZE AND STRUCTURE WAS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL AND GUIDANCE ANNUALLY, IN CONJUNCTION WITH THE REVIEW PROCESS FOR THE ANNUAL BUDGET, SALARIES OF MANAGEMENT AND KEY EMPLOYEES ARE PRESENTED TO THE BOARD OF DIRECTORS FOR DISCUSSION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE AVAILABLE FOR VIEWING AT THE PRINCIPAL BUSINESS ADDRESS

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