See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
Oregon Community Dental Care	45-4129709

990EZ Part I, Line 16

Office Supplies - $217.00

990EZ, Part III, Organizations primary exempt purpose

The purpose of Oregon Community Dental Care is to improve access to and the quality and efficiency of oral health care and to provide dental services to rural areas and medically underserved populations of migrant, rural community or homeless individuals.

Oregon Community Dental Care operates a dental clinic in Winston, Oregon under the assumed business name of Winston Community Dental Care.

Name of the organization	Employer identification number

0425874673
Nov. 29, 2013 LTR 2695C 0 R
45-4129709 201212 67
00026140

OREGON COMMUNITY DENTAL CARE
442 SW UMATILLA AVE STE 200
REDMOND OR 97756

019981

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee — Date: 12.6.13

Pres/CEO
Title