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Extended to November 15, 2019

Form 990-PF
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018 or tax year beginning DEC 31, 2017 , and ending DEC 29, 2018

Name of foundation: Oral Reconstruction Foundation

A Employer identification number: 81-1947258

Number and street (or P O box number if mail is not delivered to street address): 2300 Riverchase Center | Room/suite:

B Telephone number: 205-986-7894

City or town, state or province, country, and ZIP or foreign postal code: Birmingham, AL 35244

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 96,408.

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	1,676,828.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	38,939.	0.	38,939.	Statement 1
	12 Total. Add lines 1 through 11	1,715,767.	0.	38,939.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	312,411.	0.	9,136.	316,933.
	14 Other employee salaries and wages	33,048.	0.	913.	31,660.
	15 Pension plans, employee benefits	46,024.	0.	1,289.	44,735.
	16a Legal fees				
	b Accounting fees				
	c Other professional fees Stmt 2	61,260.	0.	1,716.	59,544.
	17 Interest				
	18 Taxes Stmt 3	20,804.	0.	611.	21,201.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	481,120.	0.	13,890.	481,885.
	22 Printing and publications				
	23 Other expenses Stmt 4	391,907.	0.	11,384.	394,921.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,346,574.	0.	38,939.	1,350,879.
	25 Contributions, gifts, grants paid	369,444.			369,444.
	26 Total expenses and disbursements. Add lines 24 and 25	1,716,018.	0.	38,939.	1,720,323.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	<251.>			
	b Net investment income (if negative, enter -0-)		0.		
	c Adjusted net income (if negative, enter -0-)			0.	

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823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-PF (2018)

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	82,868.	24,050.	24,050.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 45,863.			
	Less: allowance for doubtful accounts ▶		45,863.	45,863.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	14,101.	26,495.	26,495.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment, basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	96,969.	96,408.	96,408.
Liabilities	17 Accounts payable and accrued expenses	88,770.	57,922.	
	18 Grants payable			
	19 Deferred revenue		29,624.	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ Statement 5)	7,948.	8,862.	
	23 **Total liabilities** (add lines 17 through 22)	96,718.	96,408.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26, and lines 30 and 31.**			
	24 Unrestricted	251.	0.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances**	251.	0.	
	31 **Total liabilities and net assets/fund balances**	96,969.	96,408.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	251.
2	Enter amount from Part I, line 27a	2	<251.>
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	0.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	0.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				
b				
c				
d				
e				

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7; If (loss), enter -0- in Part I, line 7 } 2

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):
If gain, also enter in Part I, line 8, column (c)
If (loss), enter -0- in Part I, line 8 } 3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	1,953,678.	182,078.	10.729896
2016	0.	0.	.000000
2015			
2014			
2013			

2 **Total** of line 1, column (d)	2	10.729896
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	5.364948
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	40,472.
5 Multiply line 4 by line 3	5	217,130.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	217,130.
8 Enter qualifying distributions from Part XII, line 4	8	1,720,323.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: ______ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ [X] and enter 1% of Part I, line 27b	1	0.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3	Add lines 1 and 2	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments:		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 0.		
b	Exempt foreign organizations - tax withheld at source — 6b: 0.		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0.		
d	Backup withholding erroneously withheld — 6d: 0.		
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	0.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0.
10	**Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2019 estimated tax** ▶ | **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ AL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities *(continued)*

		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ N/A

14 The books are in care of ▶ Greg Bryant Telephone no ▶205-986-7894

Located at ▶2300 Riverchase Center, Birmingham, AL ZIP+4 ▶35244

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

		Yes	No
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☒ Yes ☐ No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
(6) Agree to pay money or property to a government official? (**Exception**. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No			
b If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☒ No			
If "Yes," list the years ▶ ____, ____, ____, ____			
b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ ____, ____, ____, ____			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b If "Yes," did it have excess business holdings in 2018 as a result of (**1**) any purchase by the foundation or disqualified persons after May 26, 1969; (**2**) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (**3**) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

			Yes	No
5a During the year, did the foundation pay or incur any amount to.				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☒ No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check here	▶ ☐			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	☐ Yes ☐ No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	☐ Yes ☒ No			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Greg Bryant 2300 Riverchase Center Birmingham, AL 35244	President 50.00	233,192.	6,702.	0.
Alison Davis 2300 Riverchase Center Birmingham, AL 35244	Vice President 50.00	79,219.	3,961.	0.
Edward P. Allen DDS, PhD 8335 Walnut Hill Ln #210 Dallas, TX 75231	Director 0.10	0.	0.	0.
Myron Nevins DDS 90 Humphrey St Swampscott, MA 01907	Director 0.10	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 See Statement 6	492,009.
2 Central Regional Meetings are regional study clubs sponsored by the Foundation at which participants can receive continuing education credit.	149,515.
3 Northeast Regional Meetings are regional study clubs sponsored by the Foundation at which participants can receive continuing education credit.	111,786.
4 Southeast Regional Meetings are regional study clubs sponsored by the Foundation at which participants can receive continuing education credit.	95,290.

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	0.

Form **990-PF** (2018)

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Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	41,088.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	41,088.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	41,088.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	616.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	40,472.
6	**Minimum investment return.** Enter 5% of line 5	6	2,024.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ [X] and do not complete this part)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5 — 2a		
b	Income tax for 2018. (This does not include the tax from Part VI.) — 2b		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes.		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	1,720,323.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,720,323.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,720,323.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only				
b Total for prior years: ______ , ______ , ______				
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2018 from Part XII, line 4. ▶ $ ______				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2018 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7				
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶ 11/10/16

b Check box to indicate whether the foundation is a private operating foundation described in section [X] 4942(j)(3) or [ ] 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0.	0.	0.	0.	0.
b 85% of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XII, line 4 for each year listed	1,720,323.	1,953,678.	988,435.	0.	4,662,436.
d Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	1,720,323.	1,953,678.	988,435.	0.	4,662,436.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets	96,408.	96,969.	564,089.		757,466.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	96,408.	96,969.	564,089.		757,466.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2).)

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed.

See Statement 7

b The form in which applications should be submitted and information and materials they should include.

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient: Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a Paid during the year				
Affordable New Smile 4003 Charlotte Ave. Nashville, TN 37209	N/A	NC	Sponsorship fee for the "GPR Study Club" program.	2,000.
Al Manesh 26800 Crown Valley Pkwy., #425 Mission Viejo, CA 52691	None	I	Sponsorship fee for the "American Academy of Ceramic Implantology" program.	500.
Alexander Volchonok 274 Madison Ave., #202 New York, NY 10016	None	I	Sponsorship fee for the "AV Periodontics Study Club" program.	2,500.
Alpha Omega Study Club 1046 NE 3rd St. McMinnville, OR 97128	N/A	NC	Sponsorship fee for the "Alpha Omega Study Club" program.	7,500.
American Institute of Implant Dentistry 1426 21st St. NW 2nd Floor Washington, DC 20036	N/A	NC	Sponsorship fee for the "Guided Surgery, Simple Steps for Success" program.	20,000.
Total See continuation sheet(s)			▶ 3a	369,444.
b Approved for future payment None				
Total			▶ 3b	0.

Form **990-PF** (2018)

823611 12-11-18 ** See Purpose of Grant continuations

Part XV **Supplementary Information**

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Amherst Oral Surgery & Implant Center 550 N. Leavitt Rd. Amherst, OH 44001	N/A	NC	Sponsorship fee for the "CLE Oral and Maxillofacial Surgery" program.	2,500.
Are You Numb Yet, LLC 3250 Anderson Hwy. Powhatan, VA 23139	N/A	NC	Sponsorship fee for the "Planmeca Digital Implant Restorative Workflows" program.	2,000.
Athens Oral & Max Surgery 2000 Prince Ave. Athens, GA 30606	N/A	NC	Sponsorship fee for the "Athens Dental Study Club" program.	1,954.
Aziz Bohra DDS PLC 17731 N. Reems Rd., Ste. 620 Surprise, AZ 85374	None	I	Sponsorship fee for the "West Valley Periodontics" program.	7,500.
Bay Periodontics & Implant Dentistry 28119 North Main St., Ste. A Daphne, AL 36526	N/A	NC	Sponsorship fee for the "CE by the Bay" program.	500.
Buffalo Tactics 311 Pete Phillips Dr. Vidalia, GA 30474	N/A	NC	Sponsorship fee for the "Implant Compare" and "Dr. Robert Pauley Event" programs.	4,500.
C. Nick Deture 1500 E. Hillsboro Blvd., #101 Deerfield Beach, FL 33441	None	I	Sponsorship fee for the "How to Increase Case Acceptance" program.	700.
Chicagoland Smile Group 150 Michigan, Ste. 300 Chicago, IL 60601	N/A	NC	Sponsorship fee for the "Chicagoland Smile Group Intro to Implant Dentistry" program.	8,000.
Dental Implant Aesthetic Center 795 Ridge Lake Blvd., Ste. 101 Memphis, TN 38120	N/A	NC	Sponsorship fee for the "The Evolution of Implant Design", "You Have a TeethXpress Patient", and "DIAC	11,200.
Dental Patient Safety Foundation 16011 S. 108th Ave. Orland Park, IL 60467	N/A	NC	Sponsorship fee for the "Dr. Bosack Annual Study Club" program.	2,000.
Total from continuation sheets				336,944.

Part XV | **Supplementary Information**

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Dentistry Specialists Integrated 198 Thomas Johnson Dr., #6 Frederick, MD 20172	N/A	NC	Sponsorship fee for the "Advances in Full Arch Reconstruction" program.	500.
Dr. Cara Overbeck 1040 E. Venice Ave. Venice, FL 34285	None	I	Sponsorship fee for the "Shark Tooth Study Club" program.	1,000.
Dr. Daniel R. Cullum, P.A. 1859 N. Lakewood Dr., Ste. 201 Coeur d'Alene, ID 83814	None	I	Sponsorship fee for the "Dr. Dan Cullum Study Club" program.	5,000.
Dr. Farhad Boltchi 5120 Southbrook Dr. Dallas, TX 75209	None	I	Sponsorship fee for the "DFW Dental Hygiene Study Club" program.	1,500.
Dr. John Taylor 691 Lanier Park Dr. Gainesville, GA 30501	None	I	Sponsorship fee for the "9th Annual Hunt & Learn" program.	4,500.
Dr. Jordan Ledger 1229 W. Washington Blvd., #200 Chicago, IL 60607	None	I	Sponsorship fee for the "Dr. Jordan Ledger Lecture" program.	2,500.
Dr. Richard Martin 591 W. Main St., Ste. 150 Lewisville, TX 75057	None	I	Sponsorship fee for the "TeethXpress - Digital Smile Express" program.	1,500.
Dr. Stephen C. Wallace 2525 Delaney Rd. Wilmington, NC 28403	None	I	Wallace Education Courses	16,000.
Dr. Tom Manos 1960 N. Lincoln Park West Chicago, IL 60614	None	I	Sponsorship fee for the "Digital Implant Dentistry" program.	28,773.
Eighth District Dental Society 2297 Rudolphtown Rd. Clarksville , TN 37043	N/A	NC	Sponsorship fee for the "Elevate Your Case Acceptance" program.	750.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Elevation Implant Services 6845 Elm St., Ste. 225 McLean, VA 22101	N/A	NC	Sponsorship fee for the "Implants - A Review of Principles" program.	4,000.
Fishers of Men International Missions PO Box 387 Selma, AL 36702	N/A	NC	Sponsorship fee for the "Fishers of Men" program.	200.
Garden State Periodontal and Implant Study Group 116 Millburn Ave. Millburn, NJ 07041	N/A	NC	Sponsorship fee for the "Garden State Perio Study Club" program.	750.
Gregory Olsen 2730 E. Bidwell St., #130 Folsom, CA 95630	None	I	Sponsorship fee for the "FOSIC Study Club" program.	250.
Home Start Hope PO Box 25653 Rochester, NY 14625	N/A	NC	Sponsorship fee for the "Home Start Hope" program.	1,500.
Integrity Medical Solutions 6577 Summerfield Loop Trinity, FL 34655	N/A	NC	Sponsorship fee for the "Dr. Mitchell Study Club" program.	8,000.
J. Brett Mangum 1229 Willow Creek Rd. Prescott, AZ 86301	None	I	Sponsorship fee for the "Innovative Dental Study Group of Arizona" program.	1,500.
James G. Woodyard, DMD, MS, PC 4886 Rosebud Ln. Newburgh, IN 47630	None	I	Sponsorship fee for the "Select Study Club" program.	3,000.
Jason C. Stoner 5152 Blazer Pkwy. Dublin, OH 43017	None	I	Sponsorship fee for the "Sfumato Study Club" program.	4,600.
Jason G. Souyias 1175 Thomas Edison Dr. Port Huron, MI 48060	None	I	Sponsorship fee for the "Digital Scanning CE" program.	4,000.
Total from continuation sheets				

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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Kawa Orthodontics 20423 State Rd. , F-18 Boca Raton, FL 33498	N/A	NC	Sponsorship fee for the "CPR Accredidation" program.	1,500.
Landis Lakes Cosmetic & Family Dentistry, PLLC 13819 English Villa Dr. Louisville, KY 40245	N/A	NC	Sponsorship fee for the "Advanced Prosthetics" program.	1,000.
Mark Kolozenski 10083 W. Lincoln Hwy. Frankfort, IL 60423	None	I	Sponsorship fee for the "Screw Retained Implants" program.	1,032.
Monica Lara-Cordoba 490 Post Street, Ste. 426 San Francisco, CA 94102	None	I	Sponsorship fee for the "Cordoba Customer Appreciation" program.	2,500.
Monroe County Dental Society 255 Woodcliff Dr. Fairport, NY 14550	N/A	NC	Sponsorship fee for the "Rochester Dental Study Club" program.	600.
New Horizon Institute, Inc. 705 Columbis St. Rapid City, SD 57701	N/A	NC	Sponsorship fee for the "Implant Pathway Sponsorship Fee" program.	135,000.
Northeast Surgical Specialists 4 Fairfield Dr. Queensberry, NY 12804	N/A	NC	Sponsorship fee for the "Northeast Surgical Specialists" program.	1,200.
Northern Virginia Center for Oral Facial + Implant Surgery 4211 Fairfax Corner East Ave., Ste. 235 Fairfax, VA 22030	N/A	NC	Sponsorship fee for the "Implant Reality" program.	1,200.
Northwest Periodontics & Implants LTD 553 N. North Court, Ste. 200 Palatine, IL 60067	N/A	NC	Sponsorship fee for the "The Connections Between Periodontal " program.	5,000.
Nova Institute for Advanced Dental Education/Seattle Study Club 1430 Spring Hill Rd., #101 McLean, VA 22120	N/A	NC	Sponsorship fee for the "Seattle Study Club" program.	3,000.
Total from continuation sheets				

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient: Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Old Orchard Periodontics & Implant Dentistry 4905 Old Orchard Centre, Ste. 310 Skokie, IL 60077	N/A	NC	Sponsorship fee for the "Elevate 2018" program.	750.
Pasquinelli Institute of Interdisciplinary Dental Education 450 Sutter St., #1314 San Francisco, CA 94108	N/A	NC	Sponsorship fee for the "SF Perio Study Club " program.	5,000.
PHDI Perio Health & Dental Implants 1039 O'Neill Hwy. Dunmore, PA 18512	N/A	NC	Sponsorship fee for the "Emerging Technologies in Periodontics and Implant Surgery" and	3,500.
Piney Point OMFS, PA 2450 Fondren Rd., Ste. 320 Houston, TX 77063	N/A	NC	Sponsorship fee for the "Piney Point Oral and Maxillofacial Surgery " program.	5,000.
Pinhas Adar 2100 Riveredge Pkwy., Ste. 1040 Atlanta, GA 30328	None	I	Sponsorship fee for the "Adar Success Academy" program.	2,500.
Premier Oral Surgery and Implants 10683 S. Saginaw St., Ste. A Gand Blanc, MI 48439	N/A	NC	Sponsorship fee for the "Julianna Hukill CE Conference" program.	300.
Premier Study Club 15515 3rd Ave. SW, Ste. D Burien, WA 98166	N/A	NC	Sponsorship	3,800.
Renaissance Study Group 2311 M St. NW, Ste. 200 Washington, DC 20037	N/A	NC	Sponsorship fee for the "Millenium Study Club" program.	2,500.
Richard Sullivan IV 5524 Cherrywood Dr. Brentwood, TN 37027	None	I	Sponsorship fee for the "Sullivan Cerec Course" program.	1,000.
Santa Monica Center for Oral Surgery & Dental Implants 2020 Santa Monica Blvd., Ste. 530 Santa Monica, CA 90404	N/A	NC	Sponsorship fee for the "Oktoberfest" program.	9,738.
Total from continuation sheets				

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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Southwest Center for Oral Surgery, PLLC 6677 W. Thunderbird Rd., Ste. H-120 Glendale, AZ 85306	N/A	NC	Sponsorship fee for the "Southwest Oral Surgery Hygiene Study Club" program.	5,147.
The Bye Center 13424 Pennsylvania Ave., Ste. 201 Hagerstown, MD 21742	N/A	NC	Sponsorship fee for the "Together We Change Lives Through Implant Dentistry" program.	2,000.
The Chasolen Education & Research Center, INC. 2033 Wood St., Ste. 125 Sarasota, FL 34237	N/A	NC	Sponsorship fee for the "Implant Prosthetics" and "Implant Restorative Excellence" programs.	3,000.
The Commonwealth Study Club 609 Jefferson Davis Hwy., Ste. 101 Fredericksburg, VA 22401	N/A	NC	Sponsorship fee for the "The Commonwealth Study Club" program.	1,000.
The Restorative Study Club of Cambridge 181 Concord Ave. Cambridge, MA 02138	N/A	NC	All 2018 Courses	2,500.
University Oral & Facial Surgery 651 Helen Keller Blvd. Tuscaloosa, AL 35404	N/A	NC	Sponsorship fee for the "UOFS Fall 2019 Continuing Education Conference" program.	2,500.
Vishtsb Brouman, DMD, MD, PLLC 20950 N. Tatum Blvd., Ste. 200 Phoenix, AZ 85050	None	I	Sponsorship fee for the "Dr. Brouman Study Club" program.	2,500.
William P. Lamas 2645 SW 37th Ave., #304 Miami, FL 33133	None	I	Sponsorship fee for the "Lamas Full Arch Study Club" program.	1,500.
Total from continuation sheets				

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Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

Name of Recipient - Dental Implant Aesthetic Center

Sponsorship fee for the "The Evolution of Implant Design", "You Have a TeethXpress Patient", and "DIAC Study Club" programs.

Name of Recipient - PHDI Perio Health & Dental Implants

Sponsorship fee for the "Emerging Technologies in Periodontics and Implant Surgery" and "Integration of 3D Technology" programs.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue.					
a Tuition Revenue					38,939.
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	38,939.

13 **Total.** Add line 12, columns (b), (d), and (e) 13 38,939.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
1a	Tuition revenue is generated from the various classes and symposiums
1a	put on by the Foundation. The Foundation's exempt purpose is to
1a	support these classes and continuing education in the area of implant
1a	dentistry.

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge

Signature of officer or trustee: [signature] Date: 11/14/19 Title: President

May the IRS discuss this return with the preparer shown below? See instr ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Tommie G. Cummings	Tommie G. Cummings CPA	11.14.19		P00175768

Firm's name ▶ Kassouf & Co., PC — Firm's EIN ▶ 63-0590670

Firm's address ▶ 2101 Highland Ave S Suite 300 Birmingham, AL 35205-4009 — Phone no. 205-443-2500

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	**Schedule of Contributors** ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047 **2018**

Name of the organization	Employer identification number
Oral Reconstruction Foundation	81-1947258

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year ▶ $ ____________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990 PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
Oral Reconstruction Foundation	81-1947258

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BioHorizons Implant Systems, Inc. 2300 Riverchase Ctr. Birmingham, AL 35244	$ 1,676,828.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization: Oral Reconstruction Foundation

Employer identification number: 81-1947258

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization: Oral Reconstruction Foundation

Employer identification number: 81-1947258

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year (Enter this info. once.) ▶ $

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Form 990-PF Other Income Statement 1

Description	(a) Revenue Per Books	(b) Net Investment Income	(c) Adjusted Net Income
Tuition Revenue	38,939.	0.	38,939.
Total to Form 990-PF, Part I, line 11	38,939.	0.	38,939.

Form 990-PF Other Professional Fees Statement 2

Description	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Shared Services	61,260.	0.	1,716.	59,544.
To Form 990-PF, Pg 1, ln 16c	61,260.	0.	1,716.	59,544.

Form 990-PF Taxes Statement 3

Description	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Payroll Tax	20,804.	0.	611.	21,201.
To Form 990-PF, Pg 1, ln 18	20,804.	0.	611.	21,201.

Form 990-PF Other Expenses Statement 4

Description	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Marketing	182,257.	0.	5,454.	189,198.
Technology	6,862.	0.	192.	6,670.
Miscellaneous	201,143.	0.	5,692.	197,454.
Supplies	1,645.	0.	46.	1,599.
To Form 990-PF, Pg 1, ln 23	391,907.	0.	11,384.	394,921.

Form 990-PF	Other Liabilities	Statement 5

Description	BOY Amount	EOY Amount
Due to BioHorizons Inc.	7,948.	8,862.
Total to Form 990-PF, Part II, line 22	7,948.	8,862.

Form 990-PF	Summary of Direct Charitable Activities	Statement 6

Activity One

Premier Dental Group and Peak Dental Service are Dental Service Organization groups that provide continuing education courses to their network and allows the foundation to participate by providing the continuing education credits. Additionally, there are miscellaneous events featuring Key Opinion Leader specialty events presented by the foundation that provides continuing education credits to the attendees.

	Expenses
To Form 990-PF, Part IX-A, line 1	492,009.

Form 990-PF Grant Application Submission Information Statement 7
Part XV, Lines 2a through 2d

Name and Address of Person to Whom Applications Should be Submitted

Alison Davis, Director of Education
2300 Riverchase Center
Birmingham, AL 35244

Telephone Number

205-986-1225

Email Address

alison.davis@orfoundation.org

Form and Content of Applications

Individuals seeking Continuing Education, financial or training material support should submit the information as required on online meeting request form found at https://orfoundation.org/.

Any Submission Deadlines

60 days in advance of program; 90 days for requests to identify speakers.

Restrictions and Limitations on Awards

Requests for oral reconstructive training materials for hands-on exercises are subject to material availability. Requests for financial support for education meetings are subject to budget limitations.