

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2006

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2007

B Check if applicable: X Address change, X Name change. C Name of organization: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION. D Employer identification number: 20-3921574. E Telephone number: 704-350-1600.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.NCOHF.ORG

J Organization type: X 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 968,185.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue (1-12) and Expenses (13-17). Line 1e: 967,947. Line 12: 968,185.

Table with columns for Net Assets (18-21). Line 18: <212,865.>. Line 21: 1,060,975.

SCANNED FEB 20 2008

RECEIVED FEB 9 2008

SEE STATEMENT 1

9.17 21

**NATIONAL CHILDREN'S ORAL HEALTH  
FOUNDATION**

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.  | (A) Total  | (B) Program services | (C) Management and general         | (D) Fundraising |
|--|------------|----------------------|------------------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule)<br>(cash \$ <u>0</u> . noncash \$ <u>0</u> .)<br>If this amount includes foreign grants, check here <input type="checkbox"/>    |            |                      |                                    |                 |
| 22b Other grants and allocations (attach schedule)<br>(cash \$ <u>469,228</u> . noncash \$ <u>55,000</u> .)<br>If this amount includes foreign grants, check here <input type="checkbox"/> | 524,228.   | 524,228.             | <b>STATEMENT 4<br/>STATEMENT 5</b> |                 |
| 23 Specific assistance to individuals (attach schedule)  |            |                      |                                    |                 |
| 24 Benefits paid to or for members (attach schedule)   |            |                      |                                    |                 |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 3</b>  | 292,611.   | 205,651.             | 55,921.                            | 31,039.         |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B   | 0.         | 0.                   | 0.                                 | 0.              |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                   |            |                      |                                    |                 |
| 26 Salaries and wages of employees not included on lines 25a, b, and c   | 86,282.    | 21,685.              | 38,802.                            | 25,795.         |
| 27 Pension plan contributions not included on lines 25a, b, and c  |            |                      |                                    |                 |
| 28 Employee benefits not included on lines 25a - 27  |            |                      |                                    |                 |
| 29 Payroll taxes   |            |                      |                                    |                 |
| 30 Professional fundraising fees   |            |                      |                                    |                 |
| 31 Accounting fees   |            |                      |                                    |                 |
| 32 Legal fees  |            |                      |                                    |                 |
| 33 Supplies  | 22,328.    | 13,397.              | 5,582.                             | 3,349.          |
| 34 Telephone   |            |                      |                                    |                 |
| 35 Postage and shipping  |            |                      |                                    |                 |
| 36 Occupancy   | 2,677.     | 1,606.               | 669.                               | 402.            |
| 37 Equipment rental and maintenance  |            |                      |                                    |                 |
| 38 Printing and publications   |            |                      |                                    |                 |
| 39 Travel  | 44,139.    | 26,483.              | 11,035.                            | 6,621.          |
| 40 Conferences, conventions, and meetings  | 27,724.    | 16,634.              | 6,931.                             | 4,159.          |
| 41 Interest  |            |                      |                                    |                 |
| 42 Depreciation, depletion, etc (attach schedule)  |            |                      |                                    |                 |
| 43 Other expenses not covered above (itemize):   |            |                      |                                    |                 |
| a _____  |            |                      |                                    |                 |
| b _____  |            |                      |                                    |                 |
| c _____  |            |                      |                                    |                 |
| d _____  |            |                      |                                    |                 |
| e _____  |            |                      |                                    |                 |
| f _____  |            |                      |                                    |                 |
| g <b>SEE STATEMENT 2</b>   | 181,061.   | 129,729.             | 35,572.                            | 15,760.         |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)   | 1,181,050. | 939,413.             | 154,512.                           | 87,125.         |

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A



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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|   |  | (A)<br>Beginning of year                                     |          | (B)<br>End of year |            |
|---|--|--|----------|--------------------|------------|
| <b>Assets</b>   | 45 Cash - non-interest-bearing   | 103,540.   | 45       | 126,212.           |            |
|   | 46 Savings and temporary cash investments  |  | 46       |                    |            |
|   | 47 a Accounts receivable   | 15,000.  |          |                    |            |
|   | b Less: allowance for doubtful accounts  | 4,000.   | 47c      | 11,000.            |            |
|   | 48 a Pledges receivable  | 1,144,814.   |          |                    |            |
|   | b Less: allowance for doubtful accounts  |  | 48c      | 1,144,814.         |            |
|   | 49 Grants receivable   |  | 49       |                    |            |
|   | 50 a Receivables from current and former officers, directors, trustees, and key employees  |  | 50a      |                    |            |
|   | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                             |  | 50b      |                    |            |
|   | 51 a Other notes and loans receivable  |  |          |                    |            |
|   | b Less: allowance for doubtful accounts  |  | 51c      |                    |            |
|   | 52 Inventories for sale or use   |  | 52       |                    |            |
|   | 53 Prepaid expenses and deferred charges   |  | 53       |                    |            |
|   | 54 a Investments - publicly-traded securities  | ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV |          | 54a                |            |
|   | b Investments - other securities   | ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV |          | 54b                |            |
|   | 55 a Investments - land, buildings, and equipment: basis   |  |          |                    |            |
|   | b Less: accumulated depreciation   |  | 55c      |                    |            |
|   | 56 Investments - other   |  | 56       |                    |            |
|   | 57 a Land, buildings, and equipment: basis   |  |          |                    |            |
| b Less: accumulated depreciation  |  | 57c  |          |                    |            |
| 58 Other assets, including program-related investments (describe ▶ <b>DEPOSIT</b> ) |  | 58   | 1,489.   |                    |            |
| <b>59 Total assets (must equal line 74). Add lines 45 through 58</b>                |  | 103,540.   | 59       | 1,283,515.         |            |
| <b>Liabilities</b>  | 60 Accounts payable and accrued expenses   | 1,250.   | 60       | 2,926.             |            |
|   | 61 Grants payable  |  | 61       | 219,614.           |            |
|   | 62 Deferred revenue  |  | 62       |                    |            |
|   | 63 Loans from officers, directors, trustees, and key employees   |  | 63       |                    |            |
|   | 64 a Tax-exempt bond liabilities   |  | 64a      |                    |            |
|   | b Mortgages and other notes payable  |  | 64b      |                    |            |
|   | 65 Other liabilities (describe ▶ )   |  | 65       |                    |            |
| <b>66 Total liabilities. Add lines 60 through 65</b>                                |  | 1,250.   | 66       | 222,540.           |            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>         |  |          |                    |            |
|   | 67 Unrestricted  | 102,290.   | 67       | <83,839.>          |            |
|   | 68 Temporarily restricted  |  | 68       | 1,144,814.         |            |
|   | 69 Permanently restricted  |  | 69       |                    |            |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>                                 |  |          |                    |            |
|   | 70 Capital stock, trust principal, or current funds  |  | 70       |                    |            |
|   | 71 Paid-in or capital surplus, or land, building, and equipment fund   |  | 71       |                    |            |
|   | 72 Retained earnings, endowment, accumulated income, or other funds  |  | 72       |                    |            |
|   | <b>73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)</b> |  | 102,290. | 73                 | 1,060,975. |
|   | <b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>  |  | 103,540. | 74                 | 1,283,515. |

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| <b>Part VI Other Information</b> (continued)   |            | Yes      | No       |
|--|------------|----------|----------|
| <b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  | <b>82a</b> | <b>X</b> |          |
| <b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.<br>(See instructions in Part III.)   | <b>82b</b> |          |          |
| 1,278,350.   |            |          |          |
| <b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?  | <b>83a</b> | <b>X</b> |          |
| <b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?  | <b>83b</b> | <b>X</b> |          |
| <b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?  | <b>84a</b> |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | <b>84b</b> |          |          |
| N/A  |            |          |          |
| <b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?  | <b>85a</b> |          |          |
| N/A  |            |          |          |
| <b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?   | <b>85b</b> |          |          |
| N/A  |            |          |          |
| <b>c</b> Dues, assessments, and similar amounts from members   | <b>85c</b> |          |          |
| N/A  |            |          |          |
| <b>d</b> Section 162(e) lobbying and political expenditures  | <b>85d</b> |          |          |
| N/A  |            |          |          |
| <b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  | <b>85e</b> |          |          |
| N/A  |            |          |          |
| <b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)   | <b>85f</b> |          |          |
| N/A  |            |          |          |
| <b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?   | <b>85g</b> |          |          |
| N/A  |            |          |          |
| <b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  | <b>85h</b> |          |          |
| N/A  |            |          |          |
| <b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12  | <b>86a</b> |          |          |
| N/A  |            |          |          |
| <b>b</b> Gross receipts, included on line 12, for public use of club facilities  | <b>86b</b> |          |          |
| N/A  |            |          |          |
| <b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders   | <b>87a</b> |          |          |
| N/A  |            |          |          |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>87b</b> |          |          |
| N/A  |            |          |          |
| <b>88 a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX   | <b>88a</b> |          | <b>X</b> |
| <b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI   | <b>88b</b> |          | <b>X</b> |
| <b>89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:</b><br>section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>   |            |          |          |
| <b>b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?</b><br>If "Yes," attach a statement explaining each transaction  | <b>89b</b> |          | <b>X</b> |
| <b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |            |          |          |
| 0.   |            |          |          |
| <b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization   |            |          |          |
| 0.   |            |          |          |
| <b>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?</b>   | <b>89e</b> |          | <b>X</b> |
| <b>f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?</b>   | <b>89f</b> |          | <b>X</b> |
| <b>g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</b> N/A   | <b>89g</b> |          |          |
| <b>90 a</b> List the states with which a copy of this return is filed <b>CA, NC</b>  |            |          |          |
| <b>b</b> Number of employees employed in the pay period that includes March 12, 2006   | <b>90b</b> |          | <b>4</b> |
| <b>91 a</b> The books are in care of <b>CHRISTIAN DRAKE</b> Telephone no. <b>704-350-1600</b><br>Located at <b>1610 EAST MOREHEAD STREET, SUITE 203, CHARLOTTE,</b> ZIP + 4 <b>28207</b>   |            |          |          |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country <b>N/A</b><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | <b>91b</b> |          | <b>X</b> |

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|   |   |            |                                     |
|---|---|------------|-------------------------------------|
| <b>Part VI</b>  | <b>Other Information</b> <i>(continued)</i> | <b>Yes</b> | <b>No</b>                           |
| c At any time during the calendar year, did the organization maintain an office outside of the United States?<br>If "Yes," enter the name of the foreign country <b>▶ N/A</b>                         |   | 91c        | <input checked="" type="checkbox"/> |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here<br>and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶ 92</b> |   |            | <input type="checkbox"/> <b>N/A</b> |

|   | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt<br>function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
|   | (A)<br>Business<br>code   | (B)<br>Amount | (C)<br>Exclu-<br>sion<br>code        | (D)<br>Amount |   |
| 93 Program service revenue:                                     |                           |               |                                      |               |   |
| a _____   |                           |               |                                      |               |   |
| b _____   |                           |               |                                      |               |   |
| c _____   |                           |               |                                      |               |   |
| d _____   |                           |               |                                      |               |   |
| e _____   |                           |               |                                      |               |   |
| f Medicare/Medicaid payments                                    |                           |               |                                      |               |   |
| g Fees and contracts from government agencies                   |                           |               |                                      |               |   |
| 94 Membership dues and assessments                              |                           |               |                                      |               |   |
| 95 Interest on savings and temporary cash investments           |                           |               |                                      |               |   |
| 96 Dividends and interest from securities                       |                           |               |                                      |               |   |
| 97 Net rental income or (loss) from real estate:                |                           |               |                                      |               |   |
| a debt-financed property  |                           |               |                                      |               |   |
| b not debt-financed property                                    |                           |               |                                      |               |   |
| 98 Net rental income or (loss) from personal property           |                           |               |                                      |               |   |
| 99 Other investment income                                      |                           |               |                                      |               |   |
| 100 Gain or (loss) from sales of assets<br>other than inventory |                           |               |                                      |               |   |
| 101 Net income or (loss) from special events                    |                           |               |                                      |               |   |
| 102 Gross profit or (loss) from sales of inventory              |                           |               |                                      |               |   |
| 103 Other revenue:  |                           |               |                                      |               |   |
| a <b>STATE REFUNDS</b>  |                           |               | 03                                   | 238.          |   |
| b _____   |                           |               |                                      |               |   |
| c _____   |                           |               |                                      |               |   |
| d _____   |                           |               |                                      |               |   |
| e _____   |                           |               |                                      |               |   |
| 104 Subtotal (add columns (B), (D), and (E))                    |                           | 0.            |                                      | 238.          | 0.  |
| 105 Total (add line 104, columns (B), (D), and (E))             |                           |               |                                      |               | 238.  |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

|                  |   |
|------------------|---|
| <b>Part VIII</b> | <b>Relationship of Activities to the Accomplishment of Exempt Purposes</b> <i>(See the instructions.)</i>   |
| Line No.<br>▼    | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|                  |   |
|                  |   |
|                  |   |

| <b>Part IX</b>  | <b>Information Regarding Taxable Subsidiaries and Disregarded Entities</b> <i>(See the instructions.)</i> |                             |                     |                              |
|---|---|-----------------------------|---------------------|------------------------------|
| (A)<br>Name, address, and EIN of corporation,<br>partnership, or disregarded entity | (B)<br>Percentage of<br>ownership interest  | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year<br>assets |
| N/A   | %   |                             |                     |                              |
|   | %   |                             |                     |                              |
|   | %   |                             |                     |                              |
|   | %   |                             |                     |                              |

|   |  |
|---|--|
| <b>Part X</b>   | <b>Information Regarding Transfers Associated with Personal Benefit Contracts</b> <i>(See the instructions.)</i> |
| (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).   |  |

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

|     |    |
|-----|----|
| Yes | No |
|     |    |

|               | (A)<br>Name, address, of each<br>controlled entity | (B)<br>Employer<br>Identification<br>Number | (C)<br>Description of<br>transfer | (D)<br>Amount of<br>transfer |
|---------------|--|---|-----------------------------------|------------------------------|
| a             | -----<br>-----<br>-----                            |   |                                   |                              |
| b             | -----<br>-----<br>-----                            |   |                                   |                              |
| c             | -----<br>-----<br>-----                            |   |                                   |                              |
| <b>Totals</b> |  |   |                                   |                              |

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

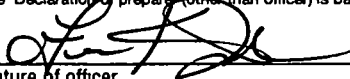
|     |    |
|-----|----|
| Yes | No |
|     |    |

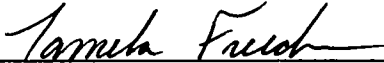
|               | (A)<br>Name, address, of each<br>controlled entity | (B)<br>Employer<br>Identification<br>Number | (C)<br>Description of<br>transfer | (D)<br>Amount of<br>transfer |
|---------------|--|---|-----------------------------------|------------------------------|
| a             | -----<br>-----<br>-----                            |   |                                   |                              |
| b             | -----<br>-----<br>-----                            |   |                                   |                              |
| c             | -----<br>-----<br>-----                            |   |                                   |                              |
| <b>Totals</b> |  |   |                                   |                              |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

|     |    |
|-----|----|
| Yes | No |
|     |    |

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.

Please Sign Here:  Date: 2/1/08  
Type or print name and title: Fern K Ingber, President - CEO

Paid Preparer's Use Only: Preparer's signature:  Date: 1/14/08 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X):  
Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY, INC., 230 N ELM ST STE 1100, GREENSBORO, NC 27401  
EIN: Phone no.: (336) 272-4551

Form 990 (2006)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

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

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are 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 & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000 ▶          | 0  |                  |   |  |

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000    | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of other contractors receiving over \$50,000 for other services ▶ | 0                   |                  |

**NATIONAL CHILDREN'S ORAL HEALTH**

**Part III Statements About Activities** (See page 2 of the instructions.)

|  | Yes | No |
|--|-----|----|
|--|-----|----|

**1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

|   |  |   |
|---|--|---|
| 1 |  | X |
|---|--|---|

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

**2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

**a** Sale, exchange, or leasing of property?

|    |  |   |
|----|--|---|
| 2a |  | X |
|----|--|---|

**b** Lending of money or other extension of credit?

|    |  |   |
|----|--|---|
| 2b |  | X |
|----|--|---|

**c** Furnishing of goods, services, or facilities?

**SEE STATEMENT 9**

|    |   |  |
|----|---|--|
| 2c | X |  |
|----|---|--|

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V-A, FORM 990**

|    |   |  |
|----|---|--|
| 2d | X |  |
|----|---|--|

**e** Transfer of any part of its income or assets?

|    |  |   |
|----|--|---|
| 2e |  | X |
|----|--|---|

**3 a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

|    |  |   |
|----|--|---|
| 3a |  | X |
|----|--|---|

**b** Did the organization have a section 403(b) annuity plan for its employees?

|    |  |   |
|----|--|---|
| 3b |  | X |
|----|--|---|

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

|    |  |   |
|----|--|---|
| 3c |  | X |
|----|--|---|

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

|    |  |   |
|----|--|---|
| 3d |  | X |
|----|--|---|

**4 a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

|    |  |   |
|----|--|---|
| 4a |  | X |
|----|--|---|

**b** Did the organization make any taxable distributions under section 4966?

N/A

|    |  |  |
|----|--|--|
| 4b |  |  |
|----|--|--|

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

N/A

|    |  |  |
|----|--|--|
| 4c |  |  |
|----|--|--|

**d** Enter the total number of donor advised funds owned at the end of the tax year ►

|     |  |
|-----|--|
| N/A |  |
|-----|--|

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►

|     |  |
|-----|--|
| N/A |  |
|-----|--|

**f** Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►

|    |  |
|----|--|
| 0. |  |
|----|--|

**g** Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►

|    |  |
|----|--|
| 0. |  |
|----|--|

**NATIONAL CHILDREN'S ORAL HEALTH**

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

| (a)<br>Name(s) of supported organization(s) | (b)<br>Employer identification number (EIN) | (c)<br>Type of organization (described in lines 5 through 12 above or IRC section) | (d)<br>Is the supported organization listed in the supporting organization's governing documents? |    | (e)<br>Amount of support |
|---|---|--|---|----|--------------------------|
|   |   |  | Yes   | No |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
| <b>Total</b>                                |   |  |   |    | ►                        |

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

NATIONAL CHILDREN'S ORAL HEALTH

Schedule A (Form 990 or 990-EZ) 2006

FOUNDATION

20-3921574

Page 4

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in)   | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total    |
|---|----------|----------|----------|----------|--------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)   | 674,084. |          |          |          | 674,084.     |
| 16 Membership fees received   |          |          |          |          |              |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose  |          |          |          |          |              |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975   |          |          |          |          |              |
| 19 Net income from unrelated business activities not included in line 18  |          |          |          |          |              |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf   |          |          |          |          |              |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge   |          |          |          |          |              |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets   |          |          |          |          |              |
| 23 Total of lines 15 through 22   | 674,084. | 0.       | 0.       | 0.       | 674,084.     |
| 24 Line 23 minus line 17  | 674,084. |          |          |          | 674,084.     |
| 25 Enter 1% of line 23  | 6,741.   |          |          |          |              |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24   |          |          |          |          | 26a 13,482.  |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts  |          |          |          |          | 26b 504,459. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e)   |          |          |          |          | 26c 674,084. |
| d Add: Amounts from column (e) for lines: 18 _____ 19 _____<br>22 _____ 26b 504,459.  |          |          |          |          | 26d 504,459. |
| e Public support (line 26c minus line 26d total)  |          |          |          |          | 26e 169,625. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))  |          |          |          |          | 26f 25.1638% |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A  |          |          |          |          |              |
| (2005) (2004) (2003) (2002)   |          |          |          |          |              |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A |          |          |          |          |              |
| (2005) (2004) (2003) (2002)   |          |          |          |          |              |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____<br>17 _____ 20 _____ 21 _____   |          |          |          |          | 27c N/A      |
| d Add: Line 27a total _____ and line 27b total _____  |          |          |          |          | 27d N/A      |
| e Public support (line 27c total minus line 27d total)  |          |          |          |          | 27e N/A      |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)   |          |          | 27f N/A  |          |              |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))  |          |          |          |          | 27g N/A %    |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))  |          |          |          |          | 27h N/A %    |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**NATIONAL CHILDREN'S ORAL HEALTH**

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|                         |   | Yes | No |
|-------------------------|---|-----|----|
| 29                      | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?   |     |    |
| 30                      | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  |     |    |
| 31                      | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?<br>If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) |     |    |
| <hr/> <hr/> <hr/> <hr/> |   |     |    |
| 32                      | Does the organization maintain the following:   |     |    |
| a                       | Records indicating the racial composition of the student body, faculty, and administrative staff?   | 32a |    |
| b                       | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   | 32b |    |
| c                       | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?   | 32c |    |
| d                       | Copies of all material used by the organization or on its behalf to solicit contributions?<br>If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  | 32d |    |
| <hr/> <hr/> <hr/> <hr/> |   |     |    |
| 33                      | Does the organization discriminate by race in any way with respect to:  |     |    |
| a                       | Students' rights or privileges?   | 33a |    |
| b                       | Admissions policies?  | 33b |    |
| c                       | Employment of faculty or administrative staff?  | 33c |    |
| d                       | Scholarships or other financial assistance?   | 33d |    |
| e                       | Educational policies?   | 33e |    |
| f                       | Use of facilities?  | 33f |    |
| g                       | Athletic programs?  | 33g |    |
| h                       | Other extracurricular activities?<br>If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  | 33h |    |
| <hr/> <hr/> <hr/> <hr/> |   |     |    |
| 34 a                    | Does the organization receive any financial aid or assistance from a governmental agency?   | 34a |    |
| b                       | Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either 34a or b, please explain using an attached statement.   | 34b |    |
| 35                      | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation   | 35  |    |





FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 1

| DESCRIPTION                                  | AMOUNT     |
|--|------------|
| RESTATEMENT OF PRIOR YEAR PLEDGES RECEIVABLE | 1,171,550. |
| TOTAL TO FORM 990, PART I, LINE 20           | 1,171,550. |

FORM 990 OTHER EXPENSES STATEMENT 2

| DESCRIPTION                                 | (A)<br>TOTAL | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>AND GENERAL | (D)<br>FUNDRAISING |
|---|--------------|----------------------------|----------------------------------|--------------------|
| EDUCATIONAL MATERIALS                       | 70,570.      | 70,570.                    |                                  |                    |
| PROFESSIONAL SERVICES PERSONNEL DEVELOPMENT | 52,834.      | 29,587.                    | 19,020.                          | 4,227.             |
| INSURANCE                                   | 1,713.       | 1,028.                     | 428.                             | 257.               |
| PUBLIC RELATIONS                            | 22,719.      | 13,631.                    | 5,680.                           | 3,408.             |
| OFFICE EXPENSE                              | 2,992.       |                            |                                  | 2,992.             |
| COMPUTER COMMUNICATION                      | 8,826.       | 5,296.                     | 2,207.                           | 1,323.             |
| MISCELLANEOUS                               | 8,310.       | 4,986.                     | 2,078.                           | 1,246.             |
| BAD DEBT EXPENSE                            | 5,163.       | 3,098.                     | 1,291.                           | 774.               |
| FEES  | 3,066.       | 1,533.                     |                                  | 1,533.             |
|   | 4,000.       |                            | 4,000.                           |                    |
|   | 868.         |                            | 868.                             |                    |
| TOTAL TO FM 990, LN 43                      | 181,061.     | 129,729.                   | 35,572.                          | 15,760.            |

FORM 990 . OFFICER COMPENSATION ALLOCATION STATEMENT 3  
PART II, LINE 25A

| NAME OF OFFICER, ETC.     | COMPENSATION | EMPLOYEE BEN. PLANS | EXPENSE ACCOUNTS | TOTALS   |
|---------------------------|--------------|---------------------|------------------|----------|
| FERN K. INGBER            | 200,000.     | 6,927.              |                  | 206,927. |
| A. PROGRAM SERVICES       | 130,000.     | 4,503.              |                  | 134,503. |
| B. MANAGEMENT AND GENERAL | 40,000.      | 1,385.              |                  | 41,385.  |
| C. FUNDRAISING            | 30,000.      | 1,039.              |                  | 31,039.  |

| NAME OF OFFICER, ETC.     | COMPENSATION | EMPLOYEE BEN. PLANS | EXPENSE ACCOUNTS | TOTALS  |
|---------------------------|--------------|---------------------|------------------|---------|
| CHRISTIAN J. DRAKE        | 28,000.      | 1,072.              |                  | 29,072. |
| A. PROGRAM SERVICES       | 14,000.      | 536.                |                  | 14,536. |
| B. MANAGEMENT AND GENERAL | 14,000.      | 536.                |                  | 14,536. |
| C. FUNDRAISING            |              |                     |                  |         |

| NAME OF OFFICER, ETC.     | COMPENSATION | EMPLOYEE BEN. PLANS | EXPENSE ACCOUNTS | TOTALS  |
|---------------------------|--------------|---------------------|------------------|---------|
| SANDRA BOUCHER-BESSENT    | 53,125.      | 3,487.              |                  | 56,612. |
| A. PROGRAM SERVICES       | 53,125.      | 3,487.              |                  | 56,612. |
| B. MANAGEMENT AND GENERAL |              |                     |                  |         |
| C. FUNDRAISING            |              |                     |                  |         |

|   |  |  |  |                 |
|---|--|--|--|-----------------|
| TOTAL PROGRAM SERVICES  |  |  |  | 205,651.        |
| TOTAL MANAGEMENT AND GENERAL                                    |  |  |  | 55,921.         |
| TOTAL FUNDRAISING   |  |  |  | 31,039.         |
| TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A |  |  |  | <u>292,611.</u> |

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FORM 990 . CASH GRANTS AND ALLOCATIONS STATEMENT 4  
TO OTHERS

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| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS  | AMOUNT  |
|---|---------|
| GRANT<br>THE CHILDREN'S DENTAL CENTER<br>300 EAST BUCKTHORN STREET<br>INGLEWOOD, CA 90301                   | 50,000. |
| GRANT<br>CATHOLIC HEALTHCARE WEST<br>1875 WEST FRYE ROAD<br>CHANDLER, AZ 85224                              | 45,000. |
| GRANT<br>COMMUNITY CARE HEALTH CENTERS<br>8041 NEWMAN AVENUE<br>HUNTINGTON BEACH, CA 92647                  | 42,480. |
| GRANT<br>COMMUNITY ORAL HEALTH SERVICES<br>128 EAST ALISAL STREET<br>SALINAS, CA 93901                      | 45,000. |
| GRANT<br>EL CENTRO DEL BARRIO D/B/A CENTROMED<br>2300 WEST COMMERCE, STE 300<br>SAN ANTONIO, TX 78207       | 36,160. |
| GRANT<br>FRIENDS OF CHILDREN HEALTH CENTER<br>501 SOUTH IDAHO STREET, STE 190<br>LA HABRA, CA 90631         | 35,588. |
| GRANT<br>THE GARY CENTER<br>341 HILLCREST STREET<br>LA HABRA, CA 90631                                      | 25,000. |
| GRANT<br>INDIANA UNIVERSITY SCHOOL OF DENTISTRY<br>1121 WEST MICHIGAN STREET<br>INDIANAPOLIS, IN 46202      | 30,000. |
| GRANT<br>MEDICAL COLLEGE OF GEORGIA SCHOOL OF DENTISTRY<br>1459 LANEY-WALKER BOULEVARD<br>AUGUSTA, GA 30912 | 50,000. |

NATIONAL CHILDREN'S ORAL HEALTH FOUNDATI

20-3921574

GRANT  
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HEALTH  
14101 EAST NELSON STREET  
LA PUENTE, CA 91746

30,000.

GRANT  
ST. JOSEPH HOSPITAL  
353 SOUTH MAIN STREET  
ORANGE, CA 92868

50,000.

GRANT  
UNC CHAPEL HILL SCHOOL OF DENTISTRY  
MANNING DRIVE & COLUMBIA STREET  
CHAPEL HILL, NC 27599

30,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

469,228.

FORM 990 . NONCASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASS OF ACTIVITY: PRODUCT DISBURSEMENT

DONEE'S NAME AND ADDRESS

WASHINGTON STATE SMILE PARTNERS  
221 WINSLOW WAY WEST #302  
BAINBRIDGE ISLAND, WA 98110

| RELATIONSHIP OF DONEE | DESCRIPTION OF PROPERTY | DATE OF GIFT |
|-----------------------|-------------------------|--------------|
| NONE                  | DENTAL SUPPLIES         | 06/30/07     |

METHOD USED TO DETERMINE BOOK VALUE

DONOR'S COST

| METHOD USED TO DETERMINE FAIR MARKET VALUE | BOOK VALUE | AMOUNT GIVEN |
|--|------------|--------------|
| DONOR'S COST                               | 45,000.    | 45,000.      |

CLASS OF ACTIVITY: PRODUCT DISBURSEMENT

DONEE'S NAME AND ADDRESS

HEALTHY SMILES FOR KIDS OF ORANGE COUNTY  
10602 CHAPMAN AVENUE, SUITE 200  
GARDEN GROVE, CA 92840

| RELATIONSHIP OF DONEE | DESCRIPTION OF PROPERTY | DATE OF GIFT |
|-----------------------|-------------------------|--------------|
| NONE                  | DENTAL SUPPLIES         | 06/30/07     |

METHOD USED TO DETERMINE BOOK VALUE

DONOR'S COST

| METHOD USED TO DETERMINE FAIR MARKET VALUE | BOOK VALUE | AMOUNT GIVEN |
|--|------------|--------------|
| DONOR'S COST                               | 10,000.    | 10,000.      |

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

55,000.

FORM 990 . STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

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 FOR THE ESTABLISHMENT AND OPERATION OF PEDIATRIC ORAL HEALTH CENTERS FOR UNDERSERVED CHILDREN.

|                               | GRANTS   | EXPENSES |
|-------------------------------|----------|----------|
| TO FORM 990, PART III, LINE A | 524,228. | 939,413. |

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7  
PART III

EXPLANATION

THE FOUNDATION IS A NONPROFIT CORPORATION WHOSE MISSION IS TO ELIMINATE DENTAL DISEASE, AND PROMOTE 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 A COMPREHENSIVE RESOURCE PROVIDER FOR THE ESTABLISHMENT AND OPERATION OF PEDIATRIC ORAL HEALTH CENTERS FOR UNDERSERVED CHILDREN. WITHIN THE NEXT 10 YEARS, THE FOUNDATION SEEKS TO ESTABLISH A NETWORK OF AFFILIATE CENTERS THAT WILL:

- TREAT 5 MILLION+ CHILDREN MOST IN NEED THROUGH MORE THAN 500 CENTERS THROUGHOUT THE U.S. AND BEGIN PROVIDING GLOBAL SUPPORT TO DEVELOPING NATIONS.
- EDUCATE AND SCREEN 20 MILLION+ CHILDREN THROUGH SCHOOLS, COMMUNITY EVENTS, AND ONGOING COMMUNITY BASED PREVENTION ACTIVITIES.
- ADVOCATE FOR ALL OF OUR CHILDREN AND ENSURE THAT NATIONAL LEADERS AND THE GENERAL PUBLIC UNDERSTAND THE IMPORTANCE OF, AND ADEQUATELY SUPPORT, CHILDREN'S ORAL HEALTH.

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**FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8**


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| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK  | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN CONTRIB | EXPENSE<br>ACCOUNT |
|---|---------------------------|-------------------|------------------------------|--------------------|
| FERN K. INGBER<br>1207 BELGRAVE PLACE<br>CHARLOTTE, NC 28203                    | PRESIDENT & CEO<br>55.00  | 200,000.          | 6,927.                       | 0.                 |
| CHRISTIAN J. DRAKE<br>1013 PATRICIANS LANE<br>MONROE, NC 28110                  | COO<br>45.00              | 28,000.           | 1,072.                       | 0.                 |
| SANDRA BOUCHER-BESSENT<br>2400 PINE CAPE COURT<br>KANNAPOLIS, NC 28083          | PROGRAM DIRECTOR<br>45.00 | 53,125.           | 3,487.                       | 0.                 |
| DR. CHERILYN SHEETS<br>360 SAN MIGUEL DRIVE, STE 204<br>NEWPORT BEACH, CA 92660 | DIRECTOR<br>0.00          | 0.                | 0.                           | 0.                 |
| DR. JOSEPH GREENBERG<br>29 MORRIS AVE.<br>BRYN MAWR, PA 19010                   | DIRECTOR<br>0.00          | 0.                | 0.                           | 0.                 |
| MR. ROBERT HAYMAN<br>8550 HIGUERA ST.<br>CULVER CITY, CA 90232                  | DIRECTOR<br>0.00          | 0.                | 0.                           | 0.                 |
| MR. FRED JOYAL<br>6060 CENTER DRIVE, 7TH FLOOR<br>CULVER CITY, CA 90232         | DIRECTOR<br>0.00          | 0.                | 0.                           | 0.                 |
| MR. SCOTT ANDERSON<br>1031 MENDOTA HEIGHTS ROAD<br>ST. PAUL, MN 55120           | DIRECTOR<br>0.00          | 0.                | 0.                           | 0.                 |
| MR. CHRISTOPHER CLARK<br>221 W. PHILADELPHIA STREET, STE 60<br>YORK, PA 17405   | DIRECTOR<br>0.00          | 0.                | 0.                           | 0.                 |
| MR. TOM ENGELS<br>3M CENTER BUILDING 0275-02-E-03<br>ST. PAUL, MN 55144         | DIRECTOR<br>0.00          | 0.                | 0.                           | 0.                 |
| MR. DAN EVEN<br>1717 WEST COLLINS AVE<br>ORANGE, CA 92867                       | DIRECTOR<br>0.00          | 0.                | 0.                           | 0.                 |

NATIONAL CHILDREN'S ORAL HEALTH FOUNDATI

20-3921574

DR. MICHAEL MILLER DIRECTOR  
11757 KATY FRWY, STE 210 0.00  
HOUSTON, TX 77079

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

281,125. 11,486. 0.

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|            |  |             |
|------------|--|-------------|
| SCHEDULE A | EXPLANATION OF TRANSACTIONS<br>PART III, LINE 2C | STATEMENT 9 |
|------------|--|-------------|

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FERN INGBER, PRESIDENT/CEO, DONATED THE USE OF FACILITIES IN THE AMOUNT OF \$20,790.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

|  |  |   |
|--|--|---|
| Type or print  | Name of Exempt Organization<br><b>NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b>                                       | Employer identification number<br><b>20-3921574</b> |
| File by the due date for filing your return See instructions | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1610 EAST MOREHEAD STREET, NO. 203</b>    |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>CHARLOTTE, NC 28207</b> |   |

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **CHRISTIAN DRAKE**  
Telephone No. ▶ **704-350-1600** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |           |               |
|--|-----------|---------------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$            |
| <b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  | <b>3b</b> | \$            |
| <b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | <b>3c</b> | \$ <b>N/A</b> |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.