

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH GROUP Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 1619 DUKE STREET City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314-3406 F Name and address of principal officer: CHRISTOPHER H. FOX SAME AS C ABOVE	D Employer identification number 52-0805934 E Telephone number 703-548-0066 G Gross receipts \$ 233,869. H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 3218
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ N/A		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1995 M State of legal domicile VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE RESEARCH AND INCREASE KNOWLEDGE FOR THE IMPROVEMENT OF ORAL HEALTH WORLDWIDE. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 275 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 275 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 435 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">164,000.</td> <td align="right">176,266.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">33,307.</td> <td align="right">42,940.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">389.</td> <td align="right">258.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">9,351.</td> <td align="right">14,405.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">207,047.</td> <td align="right">233,869.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	164,000.	176,266.	9 Program service revenue (Part VIII, line 2g)	33,307.	42,940.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	389.	258.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,351.	14,405.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	207,047.	233,869.						
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	164,000.	176,266.																								
9 Program service revenue (Part VIII, line 2g)	33,307.	42,940.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	389.	258.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,351.	14,405.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	207,047.	233,869.																								
Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td align="right">58,545.</td> <td align="right">184,542.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>16 a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td> b Total fundraising expenses (Part IX, column (D), line 25) ▶</td> <td align="right">0.</td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td align="right">129,098.</td> <td align="right">186,750.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td align="right">187,643.</td> <td align="right">371,292.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td align="right">19,404.</td> <td align="right">-137,423.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	58,545.	184,542.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	129,098.	186,750.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	187,643.	371,292.	19 Revenue less expenses. Subtract line 18 from line 12	19,404.	-137,423.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	58,545.	184,542.																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.																								
16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.																									
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	129,098.	186,750.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	187,643.	371,292.																								
19 Revenue less expenses. Subtract line 18 from line 12	19,404.	-137,423.																								
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Beginning of Current Year</th> <th align="center">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td align="right">801,987.</td> <td align="right">664,564.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td align="right">801,987.</td> <td align="right">664,564.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	801,987.	664,564.	21 Total liabilities (Part X, line 26)	0.	0.	22 Net assets or fund balances. Subtract line 21 from line 20	801,987.	664,564.												
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	801,987.	664,564.																								
21 Total liabilities (Part X, line 26)	0.	0.																								
22 Net assets or fund balances. Subtract line 21 from line 20	801,987.	664,564.																								

Part II Signature Block

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

Sign Here	Signature of officer DARIN WALSH, SR. DIRECTOR OF F Type or print name and title	11/17/14
Paid Preparer Use Only	Print/Type preparer's name: HOLLY CAPORALE Preparer's signature: Firm's name: DROLET & ASSOCIATES, P.L. Firm's address: 1901 L STREET NW, SUITE WASHINGTON, DC 20036	

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

SCANNED DEC 18 2014

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Form 990 (2013)

52-0805934 Page 2

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:
TO ADVANCE RESEARCH AND INCREASE KNOWLEDGE FOR THE IMPROVEMENT OF ORAL HEALTH WORLDWIDE.
TO SUPPORT AND REPRESENT THE ORAL HEALTH RESEARCH COMMUNITY.
TO FACILITATE THE COMMUNICATION AND APPLICATION OF RESEARCH FINDINGS.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code _____) (Expenses \$ 168,749. including grants of \$ _____) (Revenue \$ 42,940.)
CONFERENCES AND MEETINGS: VARIOUS MEETINGS AND RECEPTIONS WERE HELD TO GIVE DENTAL RESEARCHERS THE OPPORTUNITY TO LEARN ABOUT THE LATEST ORAL RESEARCH DEVELOPMENTS AND COMMUNICATE THEIR RESEARCH WITH FELLOW SCIENTISTS.
- 4b (Code _____) (Expenses \$ 184,542. including grants of \$ 184,542.) (Revenue \$ _____)
GRANTS AND AWARDS: VARIOUS GRANTS AND AWARDS WERE ISSUED IN RECOGNITION OF SCIENTIFIC ACHIEVEMENT AND TO PROVIDE ASSISTANCE TO THOSE EXPLORING CAREERS IN DENTAL RESEARCH. THESE GRANTS AND AWARDS PROVIDED FUNDING TO FURTHER THE RECIPIENT'S SCIENTIFIC ENDEAVORS.
- 4c (Code _____) (Expenses \$ 5,236. including grants of \$ _____) (Revenue \$ _____)
GERODONTOLOGY PUBLICATION: THE ULTIMATE AIM OF GERODONTOLOGY IS TO IMPROVE THE QUALITY OF LIFE AND ORAL HEALTH OF OLDER PEOPLE. BRINGING TOGETHER DIVERSE TOPICS WITHIN ONE JOURNAL SERVES CLINICIANS WHO ARE SEEKING TO READ AND TO PUBLISH PAPERS ACROSS A BROAD SPECTRUM OF SPECIALTIES. THIS JOURNAL PROVIDES THE JUXTAPOSITION OF PAPERS FROM TRADITIONAL SPECIALTIES BUT WHICH SHARE THIS PATIENT-CENTERED INTEREST, PROVIDING A SYNERGY THAT SERVES PROGRESS IN THE SUBJECT OF GERODONTOLOGY.
- 4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,984. including grants of \$ _____) (Revenue \$ _____)
- 4e Total program service expenses **361,511.**

Part IV Checklist of Required Schedules

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

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Part IV Checklist of Required Schedules (continued)

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

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

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Form 990 (2013)

52-0805934 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Form 990 (2013)

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
	275		
b	Enter the number of voting members included in line 1a, above, who are independent		
	275		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CHRISTOPHER H. FOX - 703-548-0066**
1619 DUKE STREET, ALEXANDRIA, VA 22314-3406

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990 (2013)

52-0805934 Page 7

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A. RAINER JORDAN DIRECTOR	1.00	X					0.	0.	0.	
(2) ADRIANA MODESTO VIEIRA PRESIDENT-ELECT/VICE-PRESIDENT	1.00	X		X			0.	0.	0.	
(3) AHMED GHONEIMA VICE-PRESIDENT	1.00	X		X			0.	0.	0.	
(4) ALCINDA TRICKETT-SHOCKEY SECRETARY/TREASURER	1.00	X		X			0.	0.	0.	
(5) ALISON BULLOCK IMMEDIATE PAST PRESIDENT	1.00	X		X			0.	0.	0.	
(6) ALPDOGAN KANTARCI PRESIDENT-ELECT/VICE-PRESIDENT	1.00	X		X			0.	0.	0.	
(7) ALPDOGAN KANTARCI TREASURER	1.00	X		X			0.	0.	0.	
(8) ALVIN WEE VICE-PRESIDENT	1.00	X		X			0.	0.	0.	
(9) AMBRA MICHELOTTI PRESIDENT	1.00	X		X			0.	0.	0.	
(10) AMJAD JAVED IMMEDIATE PAST PRESIDENT	1.00	X		X			0.	0.	0.	
(11) AMJAD JAVED SECRETARY/TREASURER	1.00	X		X			0.	0.	0.	
(12) ANA KARINA BEDRAN-RUSSO PRESIDENT	1.00	X		X			0.	0.	0.	
(13) ANALIA KEENAN IMMEDIATE PAST PRESIDENT	1.00	X		X			0.	0.	0.	
(14) ANASTASIOS KARYDIS VICE-PRESIDENT	1.00	X		X			0.	0.	0.	
(15) ANDERSON HARA PRESIDENT	1.00	X		X			0.	0.	0.	
(16) ANDREAS STAVROPOULOS SECRETARY	1.00	X		X			0.	0.	0.	
(17) ANDREW DENTINO PRESIDENT	1.00	X		X			0.	0.	0.	

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Form 990 (2013)

52-0805934 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANGELA BRUZZANITI IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(19) ANGELA PALAIODOGOU-GALLIS PRESIDENT	1.00	X		X				0.	0.	0.
(20) ANIBAL DIOGENES IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(21) ANIBAL DIOGENES VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(22) ARIADNE LETRA SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(23) ARNAU APARICIO PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(24) ARTHUR FRIEDLANDER IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(25) ASBJRN JOKSTAD VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(26) BABAK BABAN IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990 (2013)

52-0805934 Page 9

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	98,426.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	77,840.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			176,266.			
	Program Service Revenue	2 a REGISTR. & BANQUET FEE	Business Code: 900099	42,940.	42,940.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				42,940.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		258.			258.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code:					
11 a MISCELLANEOUS	900099	14,405.	14,405.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			14,405.				
12 Total revenue. See instructions			233,869.	57,345.	0.	258.	

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990 (2013)

52-0805934 Page 10

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	135,450.	135,450.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	27,442.	27,442.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	21,650.	21,650.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)				
12 Advertising and promotion	185.	185.		
13 Office expenses	868.		868.	
14 Information technology	553.		553.	
15 Royalties				
16 Occupancy				
17 Travel	4,333.		4,333.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	168,749.	168,749.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PUBLICATIONS	5,236.	5,236.		
b BANK CHARGES	2,363.		2,363.	
c PLAQUES	1,766.	1,766.		
d DUES	1,033.	1,033.		
e All other expenses	1,664.		1,664.	
25 Total functional expenses. Add lines 1 through 24e	371,292.	361,511.	9,781.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990 (2013)

52-0805934 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	801,987.	2	664,564.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6
	7 Notes and loans receivable, net			7
	8 Inventories for sale or use			8
	9 Prepaid expenses and deferred charges			9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities			11
	12 Investments - other securities. See Part IV, line 11			12
	13 Investments - program-related. See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets. See Part IV, line 11			15
16 Total assets. Add lines 1 through 15 (must equal line 34)		801,987.	16	664,564.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22
	23 Secured mortgages and notes payable to unrelated third parties			23
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25
	26 Total liabilities. Add lines 17 through 25		0.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	801,987.	27	664,564.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds			30
	31 Paid-in or capital surplus, or land, building, or equipment fund			31
	32 Retained earnings, endowment, accumulated income, or other funds			32
33 Total net assets or fund balances	801,987.	33	664,564.	
34 Total liabilities and net assets/fund balances	801,987.	34	664,564.	

Form 990 (2013)

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	233,869.
2	Total expenses (must equal Part IX, column (A), line 25)	2	371,292.
3	Revenue less expenses. Subtract line 2 from line 1	3	-137,423.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	801,987.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	664,564.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	137,366.	156,011.	167,467.	164,000.	176,266.	801,110.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	18,981.	31,851.	20,495.	33,307.	42,940.	147,574.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	156,347.	187,862.	187,962.	197,307.	219,206.	948,684.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						948,684.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	156,347.	187,862.	187,962.	197,307.	219,206.	948,684.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,806.	1,715.	537.	389.	258.	4,705.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,806.	1,715.	537.	389.	258.	4,705.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,826.	4,339.	13,131.	9,351.	14,405.	46,052.
13 Total support (Add lines 9, 10c, 11, and 12)	162,979.	193,916.	201,630.	207,047.	233,869.	999,441.

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	94.92 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	94.01 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.47 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.14 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH GROUP	Employer identification number 52-0805934
--	---

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		6,500.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		10,700.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		3,750.
NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		200.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		500.
3 a Sub-total	0	0			21,650.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			21,650.

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Schedule F (Form 990) 2013

52-0805934

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH GRANT	EAST ASIA AND THE PACIFIC -	4	6,500.	CHECK/WIRE TRANSFER	0.		
RESEARCH GRANT	EUROPE (INCLUDING ICELAND & GREENLAND) -	8	10,700.	CHECK/WIRE TRANSFER	0.		
RESEARCH GRANT	NORTH AMERICA - CANADA AND MEXICO, BUT	1	200.	CHECK/WIRE TRANSFER	0.		
RESEARCH GRANT	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	3	3,750.	CHECK	0.		
RESEARCH GRANT	SUB-SAHARAN AFRICA - ANGOLA,	1	500.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization **INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Employer identification number
52-0805934

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH - 1619 DUKE STREET - ALEXANDRIA, VA 22314	54-1790186	501(C)(3)	133,850.	0.			2013 DISTINGUISHED SCIENTIST AWARD & 2014 JOHN CLARKSON FELLOWSHIP

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2013)

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Schedule I (Form 990) (2013)

52-0805934

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
OUTSTANDING STUDENT ABSTRACT AWARD	1	200.	0.		
SARNAT AWARD	1	500.	0.		
2013 TRAVEL AWARD	10	1,000.	0.		
2012 RYGE-MAHLER AWARD	1	2,000.	0.		
2012 PEYTON-SKINNER AWARD	1	2,000.	0.		

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

PART I, LINE 2:

GROUPS ARE ENCOURAGED TO REQUEST WRITTEN REPORTS INCLUDING THE
EVALUATION CRITERIA OUTLINED IN THE RECIPIENT'S PROPOSAL AND A FINAL
ACCOUNTING SUMMARIZING ACTUAL EXPENDITURES AT THE END OF THE PROJECT
PERIOD. THE GROUPS ARE FURTHER ENCOURAGED TO SUBSEQUENTLY REVIEW THESE
REPORTS.

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Schedule I (Form 990)

52-0805934

Page 2

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2013 RYGE-MAHLER AWARD	1.	2,000.	0.		
2013 PEYTON-SKINNER AWARD	1.	2,000.	0.		
2013 STUDENT IADR AWARD	2.	600.	0.		
2013 THE GERIATRIC ORAL RESEARCH AWARD	1.	500.	0.		
STUDENT TRAVEL AWARD	2.	2,000.	0.		
2013 17TH ANNUAL COLGATE RESEARCH AWARD	1.	2,000.	0.		
2013 RIZZO AWARD	1.	500.	0.		
IADR/PBRG AWARD	3.	2,000.	0.		
SALIVARY RESEARCH GROUP AWARD	1.	500.	0.		

Schedule I (Form 990)

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Schedule I (Form 990)

52-0805934

Page 2

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AADR BUFFALO SECTION AWARD	1.	100.	0.		
IADR EXPENSE REPORT	7.	350.	0.		
RESEARCH AWARD	15.	917.	0.		
UTSD TABLE CLINICS AWARD	3.	175.	0.		
STUDENT RESEARCH DAY VOLUNTEER	6.	300.	0.		
RESEARCH DAY AWARD	11.	4,500.	0.		
SCIENCE FAIR DENTAL SCIENCE AWARD	5.	550.	0.		
2013 DRRD TURNER AWARD	8.	1,400.	0.		
2013 SAN ANTONIO AWARD	8.	800.	0.		

Schedule I (Form 990)

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Schedule I (Form 990)

52-0805934

Page 2

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2013 AADR/FFS/NSRG AWARD	1.	250.	0.		
2013 CRAFIOFACIAL BIOLOGY AWARD	1.	300.	0.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH GROUP	Employer identification number 52-0805934
--	---

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO SUPPORT AND REPRESENT THE ORAL HEALTH RESEARCH COMMUNITY.

TO FACILITATE THE COMMUNICATION AND APPLICATION OF RESEARCH FINDINGS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

EXPENSES \$ 2,984. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

AFFILIATES OF THE CENTRAL ORGANIZATION WERE ESTABLISHED AS

NON-PROFIT ORGANIZATIONS WITH MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE PRESIDENT, A PRESIDENT-ELECT, A VICE-PRESIDENT, AND A

TREASURER SHALL BE ELECTED FROM AMONG THE ACTIVE MEMBERS BY BALLOT OF THE

MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7B:

A PROPOSED AMENDMENT TO THE CONSTITUTION MAY BE PRESENTED AT

ANY ANNUAL MEETING OF THE GROUP, AND THEREUPON BECOMES A SPECIAL ORDER OF

BUSINESS FOR A VOTE OF THE MEMBERSHIP BY MAIL PRIOR TO THE SUCCEEDING

ANNUAL GENERAL SESSION.

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

THE SENIOR DIRECTOR OF FINANCE AND EXECUTIVE DIRECTOR/BOARD

SECRETARY REVIEW THE 990 PRIOR TO BEING FILED. THE FORM 990 IS MADE

Name of the organization INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Employer identification number
52-0805934

AVAILABLE TO THE INDIVIDUAL GROUPS UPON REQUEST.

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

THE STANDARD OF BEHAVIOR AT THE INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH IS THAT ALL STAFF AND BOARD MEMBERS SCRUPULOUSLY AVOID
CONFLICTS OF INTEREST BETWEEN THE INTERESTS OF THE ASSOCIATIONS, ON THE ONE
HAND, AND PERSONAL, PROFESSIONAL, AND BUSINESS INTERESTS ON THE OTHER. THIS
INCLUDES AVOIDING POTENTIAL AND ACTUAL CONFLICTS OF INTEREST, AS WELL AS
PERCEPTIONS OF CONFLICTS OF INTEREST. THE GROUPS ARE ENCOURAGED TO REQUIRE
THEIR BOARD MEMBERS, AT LEAST ANNUALLY, TO COMPLETE AND SIGN A CONFLICT OF
INTEREST STATEMENT DISCLOSING ALL POTENTIAL CONFLICTS AND IF IN THE COURSE
OF MEETINGS OR ACTIVITIES A POTENTIAL CONFLICT ARISES, THE BOARD MEMBER IS
REQUIRED TO DISCLOSE ANY INTEREST IN A TRANSACTION OR DECISION WHERE THEY
(INCLUDING THEIR BUSINESS OR OTHER NON-PROFIT AFFILIATIONS), THEIR FAMILY
AND/OR THEIR SIGNIFICANT OTHER, EMPLOYER, OR CLOSE ASSOCIATES WILL RECEIVE
A BENEFIT OR GAIN. THE BOARD THEN DECIDES WHETHER THE MEMBER WITH A
CONFLICT MUST RECUSE THEMSELVES FROM THAT PARTICULAR DISCUSSION OR
DECISION.

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

PART VI, SECTION B, LINE 15

THE ORGANIZATION DOES NOT HAVE ANY COMPENSATED BOARD MEMBERS OR EMPLOYEES,
BUT INSTEAD HAS NUMEROUS VOLUNTEERS.

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

THE CENTRAL ORGANIZATION'S CONSTITUTION AND BYLAWS, CONFLICT
OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON THEIR WEB
SITE WWW.IADR.ORG. COPIES OF OUR FORM 990 ARE AVAILABLE UPON REQUEST AT

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Employer identification number
52-0805934

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH - 54-1790186, 1619 DUKE STREET, ALEXANDRIA, VA 22314	MEMBERSHIP ORGANIZATION	VIRGINIA	501(C)(3)	509(A)(2)			X

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

Schedule R (Form 990) 2013

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

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

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

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

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p	X	
1q	X	
1r		X
1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BEI WU VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(28) BINNAZ LEBLEBICIOGLU PRESIDENT	1.00	X		X				0.	0.	0.
(29) CAMILA SABATINI IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(30) CARA GONZALES IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(31) CARLOS GONZALEZ-CABEZAS PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(32) CARMEM PFEIFER TREASURER	1.00	X		X				0.	0.	0.
(33) CARMEN BUX-MARTNEZ SECRETARY	1.00	X		X				0.	0.	0.
(34) CATHERINE DEMRO SECRETARY	1.00	X		X				0.	0.	0.
(35) CHARLES SPEIR SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(36) CHARLES SPEIR VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(37) CHARLES SHULER SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(38) CHING-CHANG KO SECRETARY	1.00	X		X				0.	0.	0.
(39) CHRISTIAN STAPPERT SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(40) CHRISTIAN WALTER IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(41) CHRISTIANO DE OLIVEIRA-SANTOS PRESIDENT	1.00	X		X				0.	0.	0.
(42) CHRISTOPHER BARWACZ PRESIDENT-ELECT/VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(43) CHRISTOPHER BOWMAN IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(44) CHRISTY MCKINNEY PRESIDENT	1.00	X		X				0.	0.	0.
(45) CLARK STANFORD PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(46) COLMAN MCGRATH IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) CONCHITA MARTIN DIRECTOR	1.00	X						0.	0.	0.
(48) CORINNA CULLER SECRETARY	1.00	X		X				0.	0.	0.
(49) CORTINO SUKOTJO PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(50) CRAIG AJMO MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(51) CRISTINA TEIXEIRA PRESIDENT	1.00	X		X				0.	0.	0.
(52) CUN-YU WANG PRESIDENT	1.00	X		X				0.	0.	0.
(53) CYNTHIA BEEMAN SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(54) DAN NATHANSON IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(55) DANIEL MCNEIL SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(56) DANIEL RAMOS PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(57) DARANEE TANTBIROJN IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(58) DAVID ALEXANDER ASSISTANT TREASURER	1.00	X						0.	0.	0.
(59) DAVID BARTLETT DIRECTOR	1.00	X						0.	0.	0.
(60) DAVID COVEY TREASURER	1.00	X		X				0.	0.	0.
(61) DAVID CROWE MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(62) DAVID WILLIAMS VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(63) DEBORAH LYLE PRESIDENT	1.00	X		X				0.	0.	0.
(64) DEBORAH MCEDWARD TREASURER	1.00	X		X				0.	0.	0.
(65) DEEPAK KADEMANI SECRETARY/VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(66) DIANE RADLER PRESIDENT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) DOLORES CANNELLA SECRETARY	1.00	X		X				0.	0.	0.
(68) DOMENICA SWEIER PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(69) DOMINIK ETTLIN PRESIDENT	1.00	X		X				0.	0.	0.
(70) DONALD RINDAL TREASURER	1.00	X		X				0.	0.	0.
(71) DONALD WHITE VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(72) EDWARD LYNCH PRESIDENT	1.00	X		X				0.	0.	0.
(73) EDWIN THOMAS TREASURER	1.00	X		X				0.	0.	0.
(74) EFFIE IOANNIDOU PRESIDENT	1.00	X		X				0.	0.	0.
(75) ELBA DIAZ-TORO TREASURER	1.00	X		X				0.	0.	0.
(76) ELIA BENIASH PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(77) ELIZABETH KAO PRESIDENT	1.00	X		X				0.	0.	0.
(78) ELIZABETH KAYE PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(79) ERICA TEIXEIRA PRESIDENT	1.00	X		X				0.	0.	0.
(80) EROS CHAVES IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(81) EVA HELMERHORST VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(82) EVANGELIA MOROU-BERMUDEZ VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(83) EVANTHIA LALLA PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(84) F.J. TREVOR BURKE PRESIDENT	1.00	X		X				0.	0.	0.
(85) FENGXIA QI SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(86) FRANCESCO CHIAPPELLI IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) FRANCISCO RAMOS-GOMEZ SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(88) FRANK GIBSON TREASURER	1.00	X		X				0.	0.	0.
(89) FRANK LIPPERT SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(90) FRANK LOBBEZOO PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(91) FRAUKE MLLER DIRECTOR	1.00	X						0.	0.	0.
(92) GENA TRIBBLE PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(93) GEOFFREY GUTTMANN SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(94) GEORGE HUANG PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(95) GEORGIOS ROMANOS PRESIDENT	1.00	X		X				0.	0.	0.
(96) GEORGIOS ROMANOS PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(97) GERARDO MAUPOME DIRECTOR	1.00	X						0.	0.	0.
(98) GRACE SPATAFORA PRESIDENT	1.00	X		X				0.	0.	0.
(99) GUSTAVO AVILA-ORTIZ PRESIDENT	1.00	X		X				0.	0.	0.
(100) GUSTAVO MENDONCA TREASURER	1.00	X		X				0.	0.	0.
(101) GUY HUYNH-BA PRESIDENT-ELECT/VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(102) HARLAN SHIAU PRESIDENT	1.00	X		X				0.	0.	0.
(103) HARMEET CHIANG SECRETARY	1.00	X		X				0.	0.	0.
(104) HECTOR RIOS SECRETARY	1.00	X		X				0.	0.	0.
(105) HELENA TAPIAS PERDIGON PRESIDENT	1.00	X		X				0.	0.	0.
(106) HIDEHIKO WATANABE PRESIDENT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) HONGJIAO OUYANG SECRETARY	1.00	X		X				0.	0.	0.
(108) HOWARD JENKINSON IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(109) INDRU PUNWANI PRESIDENT	1.00	X		X				0.	0.	0.
(110) IN-SUNG YEO DIRECTOR	1.00	X						0.	0.	0.
(111) IYAD ABOU RABII PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(112) J. TIMOTHY WRIGHT IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(113) JACINTA LEAVELL SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(114) JACQUELINE ABRANCHES VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(115) JACQUES NR IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(116) JACQUES NR PRESIDENT	1.00	X		X				0.	0.	0.
(117) JAMES BORKE DIRECTOR	1.00	X						0.	0.	0.
(118) JAMES CRAY VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(119) JAMES ROGR PRESIDENT	1.00	X		X				0.	0.	0.
(120) JANET MORADIAN-OLDAK PRESIDENT	1.00	X		X				0.	0.	0.
(121) JASON ARMFIELD DIRECTOR	1.00	X						0.	0.	0.
(122) JEFFREY PAYNE SECRETARY	1.00	X		X				0.	0.	0.
(123) JEFFREY STANSBURY VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(124) JENS KRETH VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(125) JEREMY MAO PRESIDENT	1.00	X		X				0.	0.	0.
(126) JERRY BOUQUOT MEMBER-AT-LARGE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) JILL KRAMER SECRETARY	1.00	X		X				0.	0.	0.
(128) JOAO FERREIRA PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(129) JOHN GREENSPAN PRESIDENT	1.00	X		X				0.	0.	0.
(130) JOHN LUDLOW TREASURER	1.00	X		X				0.	0.	0.
(131) JOHN MITCHELL SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(132) JOKE DUYCK IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(133) JOSEPH CILLO TREASURER	1.00	X		X				0.	0.	0.
(134) JOSEPH WHITT SECRETARY	1.00	X		X				0.	0.	0.
(135) JUAN PALOMO DIRECTOR	1.00	X						0.	0.	0.
(136) JULIANA DA COSTA TREASURER	1.00	X		X				0.	0.	0.
(137) JULIANA DA COSTA VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(138) JULIANA RAMACCIATO PRESIDENT	1.00	X		X				0.	0.	0.
(139) JUSTIN DURHAM TREASURER	1.00	X		X				0.	0.	0.
(140) KANG TING PRESIDENT-ELECT/VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(141) KAREN SCHULZE MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(142) KAZUNORI IKEBE PRESIDENT	1.00	X		X				0.	0.	0.
(143) KAZUYOSHI BABA DIRECTOR	1.00	X						0.	0.	0.
(144) KERSTIN GALLER PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(145) KIMON DIVARIS DIRECTOR	1.00	X						0.	0.	0.
(146) KIYOSHI KOYANO DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) LAURA DEMPSTER PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(148) LAURA IWASAKI IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(149) LAWRENCE GETTLEMAN TREASURER	1.00	X		X				0.	0.	0.
(150) LENE BAAD-HANSEN IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(151) LIANG HONG PRESIDENT	1.00	X		X				0.	0.	0.
(152) LINDA KASTE PRESIDENT	1.00	X		X				0.	0.	0.
(153) LISA HEATON DIRECTOR	1.00	X						0.	0.	0.
(154) LISA HEATON SECRETARY	1.00	X		X				0.	0.	0.
(155) LISA JAMIESON PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(156) LOC DO DIRECTOR	1.00	X						0.	0.	0.
(157) LORENZO BRESCHI SECRETARY	1.00	X		X				0.	0.	0.
(158) LORRI MORFORD DIRECTOR	1.00	X						0.	0.	0.
(159) LUCIANA SHADDOX TREASURER	1.00	X		X				0.	0.	0.
(160) LUCIANA SHADDOX VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(161) LUCILLE LONDON VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(162) LYDIA LOPEZ-DEL VALLE PRESIDENT	1.00	X		X				0.	0.	0.
(163) MABI SINGH SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(164) MANI ALIKHANI DIRECTOR	1.00	X						0.	0.	0.
(165) MANI ALIKHANI TREASURER	1.00	X		X				0.	0.	0.
(166) MANIKA GOVIL PRESIDENT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) MARCO BOTTINO PRESIDENT	1.00	X		X				0.	0.	0.
(168) MARGARET JONAH MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(169) MARGARETE RIBEIRO-DASILVA SECRETARY	1.00	X		X				0.	0.	0.
(170) MARGHERITA FONTANA TREASURER	1.00	X		X				0.	0.	0.
(171) MARA RASINES ALCARAZ PRESIDENT	1.00	X		X				0.	0.	0.
(172) MARK BEATTY IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(173) MARK PEACOCK SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(174) MARTIN LEVINE PRESIDENT	1.00	X		X				0.	0.	0.
(175) MARY WALKER PRESIDENT	1.00	X		X				0.	0.	0.
(176) MATTHEW DOYLE PRESIDENT	1.00	X		X				0.	0.	0.
(177) MAY CM WONG VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(178) MELINDA LARSEN PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(179) MICHAEL LEWIS IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(180) MICHAEL PAINE PRESIDENT	1.00	X		X				0.	0.	0.
(181) MICHAEL PAINE TREASURER	1.00	X		X				0.	0.	0.
(182) MIKIYO YAMASHIRO SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(183) MILDRED EMBREE TREASURER	1.00	X		X				0.	0.	0.
(184) MINE TEZAL PRESIDENT	1.00	X		X				0.	0.	0.
(185) MINE TEZAL TREASURER	1.00	X		X				0.	0.	0.
(186) MO CHEN SECRETARY	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(187) MUTLU ZCAN PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(188) N.J.M. OPDAM PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(189) NADIA CHUGAL SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(190) NAN HATCH PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(191) NANCY YOUNG PRESIDENT	1.00	X		X				0.	0.	0.
(192) NATALIA CHALMERS SECRETARY	1.00	X		X				0.	0.	0.
(193) NEJAT DUZGUNES TREASURER	1.00	X		X				0.	0.	0.
(194) NELSON RHODUS PRESIDENT	1.00	X		X				0.	0.	0.
(195) NISHA D' SILVA MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(196) OCTAVIA PLESH PRESIDENT	1.00	X		X				0.	0.	0.
(197) OPHIR KLEIN VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(198) OSAMU KOMIYAMA SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(199) PAMELA HUGHES PRESIDENT	1.00	X		X				0.	0.	0.
(200) PARTHASARATHY MADURANTAKAM TREASURER	1.00	X		X				0.	0.	0.
(201) PATRICIA LENTON SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(202) PAUL DECHOW PRESIDENT	1.00	X		X				0.	0.	0.
(203) PAUL KREBSBACH IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(204) PAUL SHARPE VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(205) PAULA FARTHING VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(206) PAULO CESAR IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(207) PAULO COELHO SECRETARY	1.00	X		X				0.	0.	0.
(208) PETER LOOMER IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(209) PETER MOSSEY SECRETARY	1.00	X		X				0.	0.	0.
(210) PETER SVENSSON IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(211) PETRA WILDER-SMITH PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(212) PETROS PAPAGERAKIS TREASURER	1.00	X		X				0.	0.	0.
(213) PHILIP PRESHAW IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(214) PHIMON ATSAWASUWAN TREASURER	1.00	X		X				0.	0.	0.
(215) POOJA MANEY SECRETARY	1.00	X		X				0.	0.	0.
(216) PRADEEP BHAGAVATULA SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(217) RADE PARAVINA PRESIDENT	1.00	X		X				0.	0.	0.
(218) RICHARD JOHNSON SECRETARY	1.00	X		X				0.	0.	0.
(219) RICHARD LEESUNGBOK DIRECTOR	1.00	X						0.	0.	0.
(220) ROBERT GYURKO PRESIDENT	1.00	X		X				0.	0.	0.
(221) ROGRIO MOTTA VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(222) ROSEMARY MCPHARLIN SECRETARY	1.00	X		X				0.	0.	0.
(223) SALVADOR NARES IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(224) SARA QUANDT SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(225) SARAH BARER PRESIDENT	1.00	X		X				0.	0.	0.
(226) SARANDEEP HUJA PRESIDENT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(227) SCOTT DALHOUSE ASSISTANT SECRETARY/ASSISTANT TREASURER	1.00	X						0.	0.	0.
(228) SEUNGHEE CHA SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(229) SHANNON WALLET PRESIDENT	1.00	X		X				0.	0.	0.
(230) SHARON GORDON SECRETARY	1.00	X		X				0.	0.	0.
(231) SHARON GRAYDEN PRESIDENT	1.00	X		X				0.	0.	0.
(232) SHARON SEYDEL SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(233) SHARUKH KHAJOTIA IMMEDIATE PAST PRESIDENT/TREASURER	1.00	X		X				0.	0.	0.
(234) SHERRY TIMMONS IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(235) SHINYA MURAKAMI PRESIDENT	1.00	X		X				0.	0.	0.
(236) SHINYA YAMAZAKI PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(237) SHUYING YANG TREASURER	1.00	X		X				0.	0.	0.
(238) SILVANA BARROS PRESIDENT	1.00	X		X				0.	0.	0.
(239) SILVIA SPIVAKOVSKY SECRETARY	1.00	X		X				0.	0.	0.
(240) SINEM SAHINGUR PRESIDENT	1.00	X		X				0.	0.	0.
(241) SIVARAMAN PRAKASAM SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(242) SONGJIANG LUO TREASURER	1.00	X		X				0.	0.	0.
(243) SPIRO MEGREMIS MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(244) SREENIVAS KOKA SECRETARY	1.00	X		X				0.	0.	0.
(245) STEFAN RUHL PRESIDENT	1.00	X		X				0.	0.	0.
(246) STEFANIA MARTIGNON IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

**INTERNATIONAL ASSOCIATION FOR
DENTAL RESEARCH GROUP**

Form 990

52-0805934

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(247) STEFANIE RUSSELL VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(248) STEPHANE SIMON PRESIDENT	1.00	X		X				0.	0.	0.
(249) SUDARAT KIAT-AMNUAY IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(250) SUDESHNI NAIDOO TREASURER	1.00	X		X				0.	0.	0.
(251) SUNDARALINGAM PREMARAJ DIRECTOR	1.00	X						0.	0.	0.
(252) SUNDARALINGAM PREMARAJ PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
(253) SUSAN REED DIRECTOR	1.00	X						0.	0.	0.
(254) SVETLANA FARRELL IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(255) SYLVIA FRAZIER-BOWERS DIRECTOR	1.00	X						0.	0.	0.
(256) TARUYA MIYAWAKI IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(257) TANYA WRIGHT PRESIDENT	1.00	X		X				0.	0.	0.
(258) TAZUKO GOTO SECRETARY	1.00	X		X				0.	0.	0.
(259) TEGWYN BRICKHOUSE VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(260) THOMAS DODSON VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(261) TINA CHANG SECRETARY	1.00	X		X				0.	0.	0.
(262) TRILBY COOLIDGE TREASURER	1.00	X		X				0.	0.	0.
(263) VAN THOMPSON IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
(264) VENU VARANASI SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(265) VIDYA SANKAR SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(266) VIRGINIA BARNES PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

A corporation 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.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH GROUP	Employer identification number (EIN) or 52-0805934
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. 1619 DUKE STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314-3406	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application or	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHRISTOPHER H. FOX

- The books are in the care of ▶ **1619 DUKE STREET - ALEXANDRIA, VA 22314-3406**
Telephone No. ▶ **703-548-0066** 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) **3218**. 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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2013** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH GROUP	Employer identification number (EIN) or 52-0805934
	Number, street, and room or suite no. If a P.O. box, see instructions. 1619 DUKE STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314-3406	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720 (other than Individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CHRISTOPHER H. FOX

- The books are in the care of **▶ 1619 DUKE STREET - ALEXANDRIA, VA 22314-3406**
- Telephone No. **▶ 703-548-0066** 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) **3218**. If this is for the whole group, check this box **X**. 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 is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.
- For calendar year **2013**, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** *Christopher H. Fox* Title **▶** CPA Date **▶** 8/13/14
Form 8868 (Rev. 1-2014)

Affiliates Included Under the International Association for Dental Research Group
Tax ID # 52-0805934

Name & Address	Tax ID Number	Name & Address	Tax ID Number
National Student Research Group 1619 Duke St., Alexandria, VA 22314	52-1608847	Alabama Section 1619 Duke St., Alexandria, VA 22314	54-1913336
Behavioral, Epidemiologic & Health Services Research Group 1619 Duke St., Alexandria, VA 22314	52-1608843	Boston Section 1619 Duke St., Alexandria, VA 22314	52-1847140
Cariology Group 1619 Duke St., Alexandria, VA 22314	52-1699038	Buffalo Section 1619 Duke St., Alexandria, VA 22314	52-1747884
Craniofacial Biology Group 1619 Duke St., Alexandria, VA 22314	52-1621686	Chicago Section 1619 Duke St., Alexandria, VA 22314	52-1608864
Dental Anesthesiology Research Group 1619 Duke St., Alexandria, VA 22314	91-2101571	Colorado Section 1619 Duke St., Alexandria, VA 22314	52-1847143
Dental Materials Group 1619 Duke St., Alexandria, VA 22314	52-1608886	Columbus Section 1619 Duke St., Alexandria, VA 22314	52-1608865
Diagnostic Sciences Group 1619 Duke St., Alexandria, VA 22314	52-1699209	Connecticut Section 1619 Duke St., Alexandria, VA 22314	52-1608875
Educational Research Group 1619 Duke St., Alexandria, VA 22314	54-1821822	Dallas Section 1619 Duke St., Alexandria, VA 22314	52-1608861
Evidence Based Dentistry Network 1619 Duke St., Alexandria, VA 22314	32-0265477	Florida Section 1619 Duke St., Alexandria, VA 22314	54-1821824
Experimental Pathology Group 1619 Duke St., Alexandria, VA 22314	52-1608880	Georgia Section 1619 Duke St., Alexandria, VA 22314	54-1821823
Geriatric Oral Research Group 1619 Duke St., Alexandria, VA 22314	52-1650446	Houston Section 1619 Duke St., Alexandria, VA 22314	52-1608870
Global Oral Health Inequalities Research Network 1619 Duke St., Alexandria, VA 22314	30-0770376	Indiana Section 1619 Duke St., Alexandria, VA 22314	52-1699040
Implantology Research Group 1619 Duke St., Alexandria, VA 22314	52-1608844	Kansas City Section 1619 Duke St., Alexandria, VA 22314	52-1699201
International RDC/TMD Consortium 1619 Duke St., Alexandria, VA 22314	80-0343378	Louisville Section 1619 Duke St., Alexandria, VA 22314	52-1747887
Microbiology & Immunology Group 1619 Duke St., Alexandria, VA 22314	52-1608846	Memphis Section 1619 Duke St., Alexandria, VA 22314	52-1902605
Mineralized Tissue Group 1619 Duke St., Alexandria, VA 22314	52-1608848	Minnesota Section 1619 Duke St., Alexandria, VA 22314	54-1867186
Network for Practice-Based Research 1619 Duke St., Alexandria, VA 22314	30-0549842	Mississippi Section 1619 Duke St., Alexandria, VA 22314	52-1608878
Neuroscience Group 1619 Duke St., Alexandria, VA 22314	52-1608850	Nashville Section 1619 Duke St., Alexandria, VA 22314	54-1821825
Nutrition Group 1619 Duke St., Alexandria, VA 22314	52-1847141	New Jersey Section 1619 Duke St., Alexandria, VA 22314	52-1699204
Oral Health Research Group 1619 Duke St., Alexandria, VA 22314	52-1872224	New Orleans Section 1619 Duke St., Alexandria, VA 22314	52-1699206
Oral & Maxillofacial Surgery Group 1619 Duke St., Alexandria, VA 22314	52-1608851	North Carolina Section 1619 Duke St., Alexandria, VA 22314	52-1608857
Pediatric Oral Health Research Group 1619 Duke St., Alexandria, VA 22314	32-0405580	Philadelphia Section 1619 Duke St., Alexandria, VA 22314	23-2620166
Periodontal Research Group 1619 Duke St., Alexandria, VA 22314	52-1608852	Pittsburgh Section 1619 Duke St., Alexandria, VA 22314	54-1821826
Pharmacology, Therapeutics, Toxicology Group 1619 Duke St., Alexandria, VA 22314	52-1608854	San Antonio Section 1619 Duke St., Alexandria, VA 22314	54-1821827
Prosthodontic Research Group 1619 Duke St., Alexandria, VA 22314	52-1608853	San Francisco Section 1619 Duke St., Alexandria, VA 22314	54-1958245
Pulp Biology & Regeneration Group 1619 Duke St., Alexandria, VA 22314	52-1608856	Southern California Section 1619 Duke St., Alexandria, VA 22314	80-0587014
Salivary Research Group 1619 Duke St., Alexandria, VA 22314	52-1608859	Washington, D.C. Section 1619 Duke St., Alexandria, VA 22314	52-1747888
Stem Cell Biology Group 1619 Duke St., Alexandria, VA 22314	35-2473293	West Virginia Section 1619 Duke St., Alexandria, VA 22314	52-1699207
Women in Science Network 1619 Duke St., Alexandria, VA 22314	80-0853403		

Total Number of Groups:

57