

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2015

<b>Prepared for</b>	AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION 4108 PARK ROAD NO. 300 CHARLOTTE, NC 28209
<b>Prepared by</b>	MCGLADREY LLP 230 N ELM ST STE 1100 GREENSBORO, NC 27401
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	NOVEMBER 16, 2015
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.  TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN, WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE RETURN REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

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

**2014**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

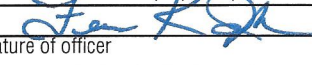
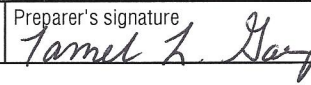
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b> Doing business as <b>AMERICA'S TOOTHFAIRY</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4108 PARK ROAD 300</b> City or town, state or province, country, and ZIP or foreign postal code <b>CHARLOTTE, NC 28209</b> <b>F</b> Name and address of principal officer: <b>FERN K. INGBER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>20-3921574</b> <b>E</b> Telephone number <b>704-350-1600</b> <b>G</b> Gross receipts \$ <b>2,777,121.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.NCOHF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2005</b> <b>M</b> State of legal domicile: <b>DE</b>

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE STATEMENT O</b>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3 12</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 12</b>
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5 12</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6 30</b>
<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b 0.</b>
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>2,836,998. 2,776,631.</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0. 0.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0. 490.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0. &lt;7,463.&gt;</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,836,998. 2,769,658.</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,729,532. 1,883,831.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0. 0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>860,390. 756,929.</b>
<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0. 0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>155,159.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>236,691. 284,187.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,826,613. 2,924,947.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>10,385. &lt;155,289.&gt;</b>
<b>20</b> Total assets (Part X, line 16)	<b>1,864,035. 1,686,254.</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>58,277. 35,785.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,805,758. 1,650,469.</b>

**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.

<b>Sign Here</b>	Signature of officer  <b>FERN K. INGBER, PRESIDENT &amp; CEO</b> Type or print name and title	Date	<b>11/6/15</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TAMELA L. GAINNEY</b> Preparer's signature  Date <b>11/6/15</b> Firm's name ▶ <b>MCGLADREY LLP</b> Firm's address ▶ <b>230 N ELM ST STE 1100 GREENSBORO, NC 27401</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00437957</b> Firm's EIN ▶ <b>42-0714325</b> Phone no. (336) 272-4551	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**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 ELIMINATE PEDIATRIC ORAL DISEASE AND PROMOTE OVERALL HEALTH AND WELL BEING FOR MILLIONS OF CHILDREN FROM VULNERABLE POPULATIONS. WE DO THIS BY BEING A COMPREHENSIVE RESOURCE PROVIDER FOR NON-PROFIT COMMUNITY PROGRAMS DELIVERING CRITICAL PREVENTIVE, EDUCATIONAL AND**

**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 \$ 2,499,476. including grants of \$ 1,883,831.) (Revenue \$ \_\_\_\_\_)  
**DRAWING ON NATIONAL RESOURCES, THE FOUNDATION EXPANDS AND ENHANCES THE ABILITY OF ITS GROWING NETWORK OF NOT-FOR-PROFIT AFFILIATES TO DELIVER CRITICAL ORAL HEALTH SERVICES FOR VULNERABLE CHILDREN BY PROVIDING COMPREHENSIVE RESOURCES SUCH AS FINANCIAL SUPPORT, DONATED PRODUCTS AND EQUIPMENT, COMMUNITY ENGAGEMENT PROGRAMS AND EDUCATIONAL MATERIALS. THE FOUNDATION ENGAGES VOLUNTEER HEALTH PROFESSIONALS AND STUDENTS, YOUTH, TRADITIONAL AND NON-TRADITIONAL PARTNERS TO REACH CHILDREN AND THEIR CAREGIVERS WITH CARE AND/OR EDUCATION. SERVING AS AN EDUCATOR, PREVENTER AND PROTECTOR, THE FOUNDATION DRIVES SYSTEMS CHANGE BY DELIVERING PROVEN PROGRAMS AND RESOURCES THAT EXPAND ACCESS TO CARE AND EDUCATION, IMPROVE ORAL HEALTH LITERACY, AND PROMOTE OVERALL WELLNESS.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **2,499,476.**

**AMERICA'S TOOTHFAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

**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 <i>Schedule B, Schedule of Contributors</i> ? .....	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	<b>Section 501(c)(3) organizations.</b> 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	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**AMERICA'S TOOTHFAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

**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 domestic 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 or for domestic individuals 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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		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>		X
36	<b>Section 501(c)(3) organizations.</b> 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

**AMERICA'S TOOTHPAIRY: NATIONAL  
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**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 12		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 12		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>CANADA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <b>N/A</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? <b>N/A</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>N/A</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>N/A</b>	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>N/A</b>	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>N/A</b> <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**AMERICA'S TOOTHPAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

**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
<b>1a</b>	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.	12	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	12	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	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?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</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?	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</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?	16b	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NC**
- 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, address, and telephone number of the person who possesses the organization's books and records: **JILL MALMGREN - 704-350-1600**  
**4108 PARK ROAD, SUITE 300, CHARLOTTE, NC 28209**

**AMERICA'S TOOTHPAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

**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) HENK VAN DUIJNHOFEN CHAIRMAN	1.00	X		X				0.	0.	0.
(2) AVI REICHTAL FIRST VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) ALLISON FAREY SECOND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) PAUL A GUGGENHEIM TREASURER	1.00	X		X				0.	0.	0.
(5) ROBERT SIZE SECRETARY	1.00	X		X				0.	0.	0.
(6) GORDON CHRISTENSEN, DDS MSD, PH DIRECTOR	1.00	X						0.	0.	0.
(7) THOMAS ENGELS DIRECTOR	1.00	X						0.	0.	0.
(8) ROBERT HAYMAN DIRECTOR	1.00	X						0.	0.	0.
(9) THOMAS PRESCOTT DIRECTOR	1.00	X						0.	0.	0.
(10) LEO E. ROUSE, DDS, FACD DIRECTOR	1.00	X						0.	0.	0.
(11) GAVIN SHEA DIRECTOR	1.00	X						0.	0.	0.
(12) CHERILYN G. SHEETS, DDS DIRECTOR	1.00	X						0.	0.	0.
(13) REBECCA SLAYTON, DDS, PHD DIRECTOR	1.00	X						0.	0.	0.
(14) MELISSA SUMMERFIELD DIRECTOR	1.00	X						0.	0.	0.
(15) FERN K. INGBER PRESIDENT & CEO	55.00			X				343,975.	0.	27,158.
(16) JILL MALMGREN COO	55.00			X				102,250.	0.	11,274.



**AMERICA'S TOOTHFAIRY: NATIONAL  
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**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 207,921.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 2,568,710.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	1,141,465.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 2,776,631.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 490.			490.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....	▶				
	<b>8 a</b> Gross income from fundraising events (not including \$ 207,921. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 0.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 7,463.			
<b>c</b> Net income or (loss) from fundraising events .....		▶ <7,463.>			<7,463.>	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____						
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶				
<b>12 Total revenue.</b> See instructions. ....	▶	2,769,658.	0.	0.	<6,973.>	

**AMERICA'S TOOTHFAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,883,831.	1,883,831.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	433,095.	283,579.	86,260.	63,256.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	217,711.	142,551.	43,362.	31,798.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	6,812.	4,460.	1,357.	995.
<b>10</b> Payroll taxes	99,311.	65,026.	19,780.	14,505.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	15,601.		13,432.	2,169.
<b>c</b> Accounting	28,959.		24,934.	4,025.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	52,120.		43,838.	8,282.
<b>12</b> Advertising and promotion	5,300.	4,505.		795.
<b>13</b> Office expenses	50,189.	32,365.	10,283.	7,541.
<b>14</b> Information technology	753.	494.	149.	110.
<b>15</b> Royalties				
<b>16</b> Occupancy	32,309.	21,155.	6,435.	4,719.
<b>17</b> Travel	17,417.	11,404.	3,469.	2,544.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	42,018.	22,626.	6,882.	12,510.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	7,003.	4,585.	1,395.	1,023.
<b>24</b> 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.)				
<b>a</b> <b>EDUCATIONAL MATERIALS</b>	18,917.	18,917.		
<b>b</b> <b>FEES</b>	7,526.		7,526.	
<b>c</b> <b>PERSONNEL DEVELOPMENT</b>	6,075.	3,978.	1,210.	887.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2,924,947.	2,499,476.	270,312.	155,159.
<b>26</b> <b>Joint costs.</b> 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)

**AMERICA'S TOOTHPAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

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**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,320,076.	<b>1</b>	998,480.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	250,490.
	<b>3</b> Pledges and grants receivable, net .....	514,967.	<b>3</b>	396,337.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	27,349.	<b>8</b>	39,304.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,643.	<b>15</b>	1,643.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,864,035.	<b>16</b>	1,686,254.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	58,277.	<b>17</b>	35,785.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	58,277.	<b>26</b>	35,785.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	777,616.	<b>27</b>	817,138.
	<b>28</b> Temporarily restricted net assets .....	1,028,142.	<b>28</b>	833,331.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,805,758.	<b>33</b>	1,650,469.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,864,035.	<b>34</b>	1,686,254.	

Form **990** (2014)

**AMERICA'S TOOTHPAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,769,658.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,924,947.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<155,289.>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,805,758.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,650,469.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	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.	<b>X</b>	
<b>3a</b>	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>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2014**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

AMERICA'S TOOTHFAIRY: NATIONAL

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3437284.	3343401.	3594146.	2836998.	2776631.	15988460.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3437284.	3343401.	3594146.	2836998.	2776631.	15988460.
<b>5</b> 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) .....						5412099.
<b>6 Public support.</b> Subtract line 5 from line 4.						10576361.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	3437284.	3343401.	3594146.	2836998.	2776631.	15988460.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....					490.	490.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	7,487.	12,000.	3,560.			23,047.
<b>11 Total support.</b> Add lines 7 through 10						16011997.

**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**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	66.05 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	71.93 %

**16a 33 1/3% support test - 2014.** 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 - 2013.** 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 - 2014.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**AMERICA'S TOOTHFAIRY: NATIONAL**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

AMERICA'S TOOTHPAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION

Employer identification number

20-3921574

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization <b>AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b>	Employer identification number <b>20-3921574</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	3D SYSTEMS CORPORATION 333 THREE D SYSTEMS CIRCLE ROCK HILL, SC 29730	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	3M ESPE DENTAL 3M CENTER, BLDG. 275-2E-03 ST. PAUL, MN 55144	\$ 158,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	COSMEDENT, INC. 401 N. MICHIGAN AVENUE SUITE 2500 CHICAGO, IL 60611	\$ 141,761.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	DENTSPLY INTERNATIONAL 1301 SMILE WAY YORK, PA 17404	\$ 120,211.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	DELTA DENTAL OF CALIFORNIA 100 FIRST STREET SUITE 400 SAN FRANCISCO, CA 94105	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DELTA DENTAL OF ARKANSAS FOUNDATION 1513 COUNTRY CLUB ROAD SHERWOOD, AR 72120	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b>	Employer identification number <b>20-3921574</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DELTA DENTAL OF MINNESOTA FOUNDATION 500 WASHINGTON AVENUE SOUTH SUITE 2060 MINNEAPOLIS, MN 55415	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DENTISTRY TODAY 100 PASSIC AVENUE SUITE 220 FAIRFIELD, NJ 07004	\$ 168,185.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE LARRY & HELEN HOAG FOUNDATION 18101 VON KARMAN AVENUE SUITE 700 IRVINE, CA 92612-0145	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	KAVO KERR GROUP 2200 PENNSYLVANIA AVENUE NW SUITE 800W WASHINGTON, DC 20037-1701	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	KAVO KERR GROUP 2200 PENNSYLVANIA AVENUE NW SUITE 800W WASHINGTON, DC 20037-1701	\$ 166,150.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	PATTERSON DENTAL 1031 MENDOTA HEIGHTS ROAD SAINT PAUL, MN 55120	\$ 251,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b>	Employer identification number <b>20-3921574</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<u>PENNWELL</u> <u>711 N. WHEATON AVENUE</u> <u>WHEATON, IL 60187-4134</u>	\$ <u>257,544.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	<u>QUINTESSENCE PUBLISHING COMPANY, INC.</u> <u>4350 CHANDLER DRIVE</u> <u>HANOVER PARK, IL 60133</u>	\$ <u>76,853.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<u>SEPTODONT INC</u> <u>205 GRANITE RUN DRIVE SUITE 150</u> <u>LANCASTER, PA 17601</u>	\$ <u>619,457.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	<u>SUNSTAR AMERICAS, INC.</u> <u>4635 W. FOSTER AVENUE</u> <u>CHICAGO, IL 60630</u>	\$ <u>52,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	<u>THE PROCTER &amp; GAMBLE COMPANY</u> <u>1303 EAST JOYCE BLVD.</u> <u>FAYETTEVILLE, AR 72703</u>	\$ <u>528,613.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	<u>WALMART STORES, INC.</u> <u>702 SOUTHWEST 8TH STREET</u> <u>BENTONVILLE, AR 72716-0310</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	<b>Employer identification number</b> 20-3921574
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	WELLS FARGO PRACTICE FINANCE  2000 POWELL STREET 4TH FLOOR  EMERYVILLE, CA 94608	\$ 100,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	QUINTESSENCE PUBLISHING COMPANY, INC.  4350 CHANDLER DRIVE  HANOVER PARK, IL 60133	\$ 76,853.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b>	Employer identification number <b>20-3921574</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	DENTAL SUPPLIES/EQUIPMENT AND \$108,500 CASH	\$ 50,147.	04/30/15
3	DENTAL SUPPLIES/EQUIPMENT	\$ 141,761.	08/05/14
4	DENTAL SUPPLIES/EQUIPMENT AND \$105,000 CASH	\$ 15,211.	07/08/14
8	MEDIA/ADS	\$ 168,185.	07/01/14
11	DENTAL SUPPLIES/EQUIPMENT	\$ 166,150.	07/01/14
12	MEDIA/ADS AND \$100,000 CASH	\$ 151,500.	07/01/14

Name of organization <b>AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b>	Employer identification number <b>20-3921574</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	MEDIA/ADS	\$ 257,544.	01/01/15
14	MEDIA/ADS	\$ 76,853.	01/01/15
15	DENTAL SUPPLIES/EQUIPMENT	\$ 519,457.	01/06/15
16	DENTAL SUPPLIES/EQUIPMENT	\$ 52,000.	02/23/15
17	\$517,000 MEDIA/ADS AND \$11,613 DENTAL SUPPLIES/EQUIPMENT	\$ 528,613.	01/01/15
20	MEDIA/ADS	\$ 76,853.	01/01/15

<b>Name of organization</b> AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	<b>Employer identification number</b> 20-3921574
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 

a Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

**AMERICA'S TOOTHPAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ..... ▶ **0.**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**AMERICA'S TOOTHFAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,085,729.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,308,608.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,308,608.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,777,121.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<7,463.>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<7,463.>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,769,658.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,241,018.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,308,608.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,308,608.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,932,410.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<7,463.>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<7,463.>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,924,947.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NCOHF CANADA IS A TAX-EXEMPT ORGANIZATION UNDER THE CANADIAN INCOME TAX ACT. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES -7,463.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES -7,463.





**AMERICA'S TOOTHFAIRY: NATIONAL**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VIRTUAL TOOTHFAIRY (event type)	ONLINE AUCTION (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	161,618.	46,303.		207,921.
	<b>2</b> Less: Contributions .....	161,618.	46,303.		207,921.
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....		7,463.		7,463.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				7,463.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<7,463.>	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**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.

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

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

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** 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
ARIZONA PUBLIC HEALTH ASSOCIATION - SOUTHERN REGION - 7942 PASEO DEL NORTE - TUCSON, AZ 85704	51-0198821	501(C)(3)	0.	108.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
ARROYO VISTA FAMILY HEALTH CENTER 6000 NORTH FIGUEROA ST. LOS ANGELES, CA 90042	95-3514918	501(C)(3)	0.	2,668.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
ASSISTANCE LEAGUE OF NEWPORT MESA 2220 FAIRVIEW RD. COSTA MESA, CA 92627	95-1942148	501(C)(3)	0.	1,308.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
ASSISTANCE LEAGUE OF ORANGE 124 S. ORANGE ST. ORANGE, CA 92866	95-6101256	501(C)(3)	5,000.	2,320.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
BAY AREA ORAL HEALTH ZONE, AMERICA'S TOOTHFAIRY: NCOHF - 4108 PARK RD., SUITE 300 - CHARLOTTE, NC 28209	20-3921574	501(C)(3)	5,000.	0.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
BOYS & GIRLS CLUB OF TRUCKEE MEADOWS - 2680 E 9TH ST. - RENO, NV 89512-3231	88-0142068	501(C)(3)	0.	750.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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

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

Schedule I (Form 990) (2014)

**AMERICA'S TOOTHPAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CARESOUTH CAROLINA, DIVISION OF DENTAL MEDICINE - 737 SOUTH MAIN ST., PO BOX 239 - SOCIETY HILL, SC 29559	58-0664826	501(C)(3)	5,000.	7,180.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CARING HANDS DENTAL CLINIC 770 CEDAR ST., STE. 44 ALEXANDRIA, MN 56308	20-2417571	501(C)(3)	0.	369.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CASS COUNTY COMMUNITY HEALTH FOUNDATION - 802 E. WALNUT - BELTON, MO 64012	43-1349495	501(C)(3)	0.	11,148.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CENTRAL COMMUNITY COLLEGE PO BOX 1024, 550 SOUTH TECHNICAL BL HASTINGS, NE 68902	47-0728813	501(C)(3)	5,000.	2,720.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
DIGNITY HEALTH - CHANDLER REGIONAL MEDICAL CENTER - 475 SOUTH DOBSON RD. - CHANDLER, AZ 85224	74-2418514	501(C)(3)	0.	99.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CHABOT COLLEGE 25555 HESPERIAN BLVD., BLDG. 2000 HAYWARD, CA 94545	23-7074515	501(C)(3)	0.	1,288.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CHILDREN'S DENTAL HEALTH SERVICES 903 WEST CENTER ST., SUITE 208 ROCHESTER, MN 55902	20-3677586	501(C)(3)	5,000.	9,409.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CHILDREN'S DENTAL SERVICES 636 BROADWAY ST. NE MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	30,000.	46,366.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COLUMBIA UNIVERSITY COLLEGE OF DENTAL MEDICINE - 630 WEST 168TH ST., PH17 WEST - ROOM 302 - NEW YORK, NY 10032	13-5598093	501(C)(3)	0.	21,245.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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ST. FRANCIS HOUSE NWA, INC. DBA COMMUNITY CLINIC - 610 E. EMMA AVENUE - SPRINGDALE, AR 72764	31-1553455	501(C)(3)	0.	52,990.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY DENTAL CARE 1670 BEAM AVENUE MAPLEWOOD, MN 55109	04-3692982	501(C)(3)	10,000.	1,580.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY DENTAL SERVICES 2116 HINKLE ST. ALBURQUERQUE, NM 87102	85-0237178	501(C)(3)	0.	61,618.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
COMMUNITY DENTISTRY ON WHEELS, INC. - 1400 MERCANTILE LANE, SUITE 248 - LARGO, MD 20774	77-0702979	501(C)(3)	20,000.	66,772.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CONTRA COSTA COUNTY - CHILDREN'S ORAL HEALTH PROGRAM - 597 CENTER AVENUE, SUITE 305 - MARTINEZ, CA 94553	20-0555977	501(C)(3)	0.	9,377.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
CONWAY INTERWAY CLINIC, INC. 830 NORTH CREEK DRIVE CONWAY, AR 72032	41-2058756	501(C)(3)	5,000.	42,848.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
DOUGLAS COUNTY DENTAL CLINIC 316 MAINE ST. LAWRENCE, KS 66044	48-1216770	501(C)(3)	0.	11,234.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
EAST SIDE DENTAL-WEST SIDE COMMUNITY HEALTH SERVICES - 895 E. 7TH ST. - SAINT PAUL, MN 55106	23-7156236	501(C)(3)	0.	1,858.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
E.C. TYREE HEALTH & DENTAL CLINIC 1525 N. LORRAINE WICHITA, KS 67214	37-1540007	501(C)(3)	0.	150.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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FAMILY FIRST HEALTH 116 S. GEORGE ST. YORK, PA 17401	23-7118262	501(C)(3)	0.	9,575.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
FAMILY HEALTH CARE, 301 NP AV FARGO, ND 58102	45-0430628	501(C)(3)	0.	2,227.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
FIRST HEALTH OF THE CAROLINAS DENTAL CARE CENTERS - 105 PERRY DRIVE - SOUTHERN PINES, NC 28387	56-1936354	501(C)(3)	0.	55,773.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
FRESH START SURGICAL GIFTS 2011 PALOMAR AIRPORT RD., SUITE 206 CARLSBAD, CA 92011	33-0460177	501(C)(3)	0.	2,936.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
GATEWAY TO ORAL HEALTH FOUNDATION 9378 OLIVE BLVD., SUITE 1LL OLIVETTE, MO 63132	11-3664960	501(C)(3)	7,500.	64,922.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
GEORGIA REGENTS UNIVERSITY COLLEGE OF DENTAL MEDICINE - 1430 JOHN WESLEY GILBERT DRIVE - AUGUSTA, GA 30912	58-6002053	501(C)(3)	0.	7,435.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY - 10602 CHAPMAN AVENUE, SUITE 200 - GARDEN GROVE, CA 92840	38-3675065	501(C)(3)	0.	76,089.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
HEALTHY SMILES MOBILE DENTAL FOUNDATION - 1275 W. SHAW AVE., SUITE 101 - FRESNO, CA 93711	77-0530538	501(C)(3)	0.	84,369.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
HOWARD UNIVERSITY COLLEGE OF DENTISTRY - 600 W. ST. NW - WASHINGTON, DC 20059	53-0204707	501(C)(3)	5,000.	40,720.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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INDIANA UNIVERSITY SCHOOL OF DENTISTRY - 1121 WEST MICHIGAN ST., DS220H - INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	15,000.	44,932.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
JUST KIDS DENTAL 2454 HIGHWAY 2 TWO HARBORS, MN 55616	41-0786046	501(C)(3)	10,000.	10,751.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
KEMPLE MEMORIAL CHILDREN'S DENTAL CLINIC - 1029 NW 14TH ST., SUITE 101 - BEND, OR 97701	93-1241460	501(C)(3)	10,000.	19,504.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
KIDS COMMUNITY DENTAL CLINIC OF BURBANK - 400 ELMWOOD AVENUE - BURBANK, CA 91506	95-4791296	501(C)(3)	12,500.	13,718.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
KINDERSMILE FOUNDATION 298 CLAREMONT AVENUE MONTCLAIR, NJ 07042	56-2635166	501(C)(3)	5,000.	1,758.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
LET'S SMILE INC. 1280 COTTAGE LANE SE OWATONNA, MN 55060	46-2672230	501(C)(3)	0.	169.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
MY SMILE MATTERS YOUTH PROGRAMS, AMERICA'S TOOTHFAIRY: NCOHF - 4108 PARK RD., SUITE 300 - CHARLOTTE, NC 28209	20-3921574	501(C)(3)	45,000.	0.	FMV		PROGRAM SUPPORT
NATIVE AMERICAN HEALTH CENTER 160 CAPP ST. SAN FRANCISCO, CA 94118	23-7135928	501(C)(3)	0.	31,784.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
NORTH DAKOTA DEPARTMENT OF HEALTH 600 EAST BOULEVARD AVE., DEPT 325 BISMARCK, ND 58505-0250	145030976	501(C)(3)	0.	9,290.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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NORTHERN DENTAL ACCESS CENTER 1405 ANNE ST. NW BEMIDJI, MN 56601	84-1711812	501(C)(3)	8,500.	343.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
NORWEGIAN AMERICAN HOSPITAL FOUNDATION - 1044 FRANCISCO - CHICAGO, IL 60622	36-3257131	501(C)(3)	0.	4,645.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
OREGON HEALTH & SCIENCE UNIVERSITY 611 SOUTHWEST CAMPUS DRIVE PORTLAND, OR 97239	93-1176109	501(C)(3)	0.	99.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
OWENS COMMUNITY COLLEGE 351 1ST ST., AMPOINT INDUSTRIAL PAR PERRYSBURG, OH 43551	20-1625785	501(C)(3)	0.	32,891.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
PRAIRIESTAR HEALTH CENTER 1600 N. LORRAINE, SUITE 110 HUTCHINSON, KS 67501	48-1154210	501(C)(3)	0.	150.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
SOUTH COUNTY COMMUNITY HEALTH CENTER, INC. - 1798A BAY RD. - PALO ALTO, CA 94303	94-3372130	501(C)(3)	5,000.	9,140.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HEALTH - 14101 EAST NELSON AVENUE - LA PUENTE, CA 91746	95-4590029	501(C)(3)	10,000.	12,370.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
SONRISAS COMMUNITY DENTAL CENTER 210 SAN MATEO RD., SUITE 104 HALF MOON BAY, CA 94019	94-3390196	501(C)(3)	5,000.	2,535.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE - 1365 DOUGLAS DRIVE, MC 6615 - CARBONDALE, IL 62901	37-6033943	501(C)(3)	0.	20,185.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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SPRINGFIELD URBAN LEAGUE 100 NORTH 11TH ST. SPRINGFIELD, IL 62703	37-0765550	501(C)(3)	5,000.	4,834.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
ST. JOHN'S WELL CHILD AND FAMILY CENTER - 808 W. 58TH ST. - LOS ANGELES, CA 90037	95-4067758	501(C)(3)	0.	8,013.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
THE CHILDREN'S DENTAL CENTER 300 EAST BUCKTHORN ST. INGLEWOOD, CA 90301	95-4533883	501(C)(3)	10,000.	85,343.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
THE GARY CENTER, 341 S. HILLCREST ST. - 341 S. HILLCREST ST. - LA HABRA, CA 90631	95-2752846	501(C)(3)	0.	32,962.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
THE LOS ANGELES TRUST FOR CHILDREN'S HEALTH - 333 SOUTH BEAUDRY, 29TH FLOOR - CULVER CITY, CA 90017	95-4262448	501(C)(3)	5,000.	9,659.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
TOMORROW'S SMILES, AMERICA'S TOOTHPFAIRY: NCOHF - 4108 PARK RD., SUITE 300 - CHARLOTTE, NC 28209	20-3921574	501(C)(3)	0.	19,242.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
TREASURE COAST COMMUNITY HEALTH 2182 PONCE DE LEON CIRCLE VERO BEACH, FL 32960	59-3219191	501(C)(3)	0.	35,540.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
TUFTS UNIVERSITY SCHOOL OF DENTAL MEDICINE - ONE KNEELAND ST. - BOSTON, MA 02111	04-2103634	501(C)(3)	10,000.	21,428.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF DENTISTRY - 1530 3RD AVENUE SOUTH, SDB 304 - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	5,000.	10,336.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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UNIVERSITY OF ARIZONA, A.T. STILL SCHOOL OF DENTISTRY - 5850 EAST STILL CIRCLE - MESA, AZ 85306	43-0356350	501(C)(3)	10,000.	245.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF DENTISTRY - 707 PARNASSUS AVENUE, BOX 0753 - SAN FRANCISCO, CA 94143	94-3191433	501(C)(3)	0.	12,990.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF DENTISTRY - 801 S. PAULINA, ROOM 102GA, MC 621 - CHICAGO, IL 60612	37-6000511	501(C)(3)	0.	1,858.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF IOWA, DEPARTMENT OF PEDIATRIC DENTISTR - S201 DENTAL SCIENCE BLDG. - IOWA CITY, IA 52242	42-6004813	501(C)(3)	5,000.	985.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF KENTUCKY COLLEGE OF DENTISTRY - 800 ROSE ST., D-087 - LEXINGTON, KY 40511	61-6001218	501(C)(3)	0.	609.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF MINNESOTA SCHOOL OF DENTISTRY - 9-436 MOOS TOWER, 515 DELAWARE ST. SE - MINNEAPOLIS, MN 55455	41-6042488	501(C)(3)	0.	1,443.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF NEBRASKA MEDICAL CENTER COLLEGE OF DENTISTRY - 40TH & HOLDREDGE ST, BOX 830740, ROOM 115 - LINCOLN, NE 68583-0740	05-3682242	501(C)(3)	0.	198.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF SOUTH DAKOTA 120 EAST HALL, 414 EAST CLARK ST. VERMILLION, SD 57069	101813060	501(C)(3)	5,000.	1,394.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7500 CAMBRIDGE ST., SUITE 5330 - HOUSTON, TX 77054	74-1761309	501(C)(3)	5,000.	0.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

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UNIVERSITY OF WASHINGTON CENTER FOR PEDIATRIC DENTISTRY - 6222 NE 74TH ST., BOX 354915 - SEATTLE, WA 98115	91-6001537	501(C)(3)	10,000.	14,116.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
VALLEY COMMUNITY CLINIC 6801 COLDWATER CANYON AVE. NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)	0.	4,429.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF PEDIATRIC DENTISTRY - 521 NORTH 11TH ST., WOODS BUILDING 317 - RICHMOND, VA 23298-0566	54-1590300	501(C)(3)	10,000.	23,276.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES
WASHINGTON STATE SMILE PARTNERS 221 WINSLOW WAY WEST, #302 BAINBRIDGE ISLAND, WA 98110	20-0381039	501(C)(3)	0.	2,323.	FMV	DENTAL SUPPLIES	PROGRAM SUPPLIES

**AMERICA'S TOOTHPAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

**Part III Grants and Other Assistance to Domestic Individuals.** 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

**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:**

AS PART OF THE AFFILIATE AGREEMENT AND MEMORANDUM OF UNDERSTANDING THAT EVERY NCOHF AFFILIATE SIGNS UP FRONT, IT IS A REQUIREMENT THAT THEY PROVIDE AN ANNUAL REPORT HIGHLIGHTING THEIR ACTIVITIES DURING THE CALENDAR YEAR. ADDITIONALLY, WHEN A FINANCIAL GRANT IS AWARDED, THE AFFILIATE IS REQUIRED TO SUBMIT AN ADDITIONAL REPORT HIGHLIGHTING THE SPECIFIC ACTIVITIES DEFINED IN THE GRANT APPLICATION. THIS IS CUSTOMARILY SUBMITTED AT THE END OF THE FUNDING PERIOD UNLESS OTHER TERMS ARE STATED AT THE TIME OF THE AWARD.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization **AMERICA'S TOOTHPAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION**

Employer identification number  
**20-3921574**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2014

**AMERICA'S TOOTHPAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

20-3921574

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FERN K. INGBER PRESIDENT & CEO	(i)	316,975.	27,000.	0.	15,655.	11,503.	371,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	34	1,141,465.	ESTIMATED FAIR VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)



**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](http://www.irs.gov/form990)

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

AMERICA'S TOOTHFAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION

Employer identification number  
20-3921574

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

TO ELIMINATE PEDIATRIC ORAL DISEASE AND PROMOTE OVERALL HEALTH AND WELL  
BEING FOR MILLIONS OF CHILDREN FROM VULNERABLE POPULATIONS. WE DO THIS  
BY BEING A COMPREHENSIVE RESOURCE PROVIDER FOR NON-PROFIT COMMUNITY  
PROGRAMS DELIVERING CRITICAL PREVENTIVE, EDUCATIONAL AND TREATMENT  
SERVICES.

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

TREATMENT SERVICES.

FORM 990, PART VI, SECTION A, LINE 4:

THE NAME FOR THE FOUNDATION HAS BEEN OFFICIALLY CHANGED FROM "NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION" TO "AMERICA'S TOOTHFAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION". THE ARTICLES OF INCORPORATION HAS BEEN  
AMENDED TO REFLECT THIS CHANGE AND FILED WITH THE APPROPRIATE STATE  
AUTHORITY. SEE ATTACHED A COPY OF THE AMENDMENT TO HE ARTICLES OF  
INCORPORATION AND PROOF OF  
FILING WITH THE NC SECRETARY OF STATE.

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

FOLLOWING A STAFF REVIEW BY THE PRESIDENT AND CEO AND THE CHIEF OPERATING  
OFFICER, THE 990 DRAFTS ARE DISSEMINATED TO THE NATIONAL CHILDREN'S ORAL  
HEALTH FOUNDATION AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL BEFORE  
SUBMITTING TO THE FULL BOARD OF DIRECTORS. STAFF WILL ENDEAVOR TO ANSWER  
QUESTIONS AS PRESENTED BY THE BOARD AND IF NECESSARY WILL INVOLVE THEIR  
ACCOUNTANTS FOR FURTHER REVIEW.

Name of the organization	AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	Employer identification number	20-3921574
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FORM 990, PART VI, SECTION B, LINE 12C:

THE NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. ANNUALLY, THE POLICY IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS. THE COMPLETED FORMS ARE RETURNED TO FOUNDATION OFFICES AND MAINTAINED ON FILE.

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

INITIALLY, COMPARATIVE DATA FROM SIMILAR ORGANIZATIONS IN SIZE AND STRUCTURE WAS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR APPROVAL AND GUIDANCE. ANNUALLY, IN CONJUNCTION WITH THE REVIEW PROCESS FOR THE ANNUAL BUDGET, SALARIES OF MANAGEMENT AND KEY EMPLOYEES ARE PRESENTED TO THE BOARD OF DIRECTORS FOR DISCUSSION. THE EXECUTIVE COMMITTEE OF BOARD OF DIRECTORS ALSO CONDUCTS A SEPARATE ANNUAL REVIEW OF THE FOUNDATION'S PRESIDENT AND CEO.

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

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE AVAILABLE FOR VIEWING AT THE PRINCIPAL BUSINESS ADDRESS.

FORM 990, PART VII, SECTION A, COLUMN F

THE ORGANIZATION, IN A FULL TRANSPARENCY POSTURE TO REPORTING, IS REPORTING ALL BENEFITS IN FULL IN COLUMN F, PART VII AND IS NOT APPLYING THE \$10,000 PER ITEM EXCEPTION FOR CERTAIN BENEFITS.

FORM 990, PART XI, LINE 2C, AUDIT COMMITTEE:

THE AUDIT COMMITTEE'S PROCESS OF EVALUATION HAS NOT CHANGED SINCE PRIOR

Name of the organization <b>AMERICA'S TOOTHPAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b>	Employer identification number <b>20-3921574</b>
---	---

YEAR.

SCHEDULE D PART XI LINE 2, EXPLANATION FOR DONATED SERVICES:

DONATED MARKETING OF \$1,338,038 CONSISTS OF VARIOUS MAGAZINE  
 ADVERTISEMENTS AND AN ADVERTISING KIT INCLUDED IN CHILDRENS EDUCATIONAL  
 KITS.

**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.

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

**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
NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION OF CANADA, 130 ADELAIDE WEST, SUITE 701, TORONTO, ON, CANADA M5H 2K4	PROVIDE CHILDREN ACCESS TO QUALITY COMPREHENSIVE ORAL HEALTH	CANADA	501(C)(3)	9	NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION	X	



**AMERICA'S TOOTHPAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

**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 entity 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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			





**Information Return of U.S. Persons With Respect To Certain Foreign Corporations**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

► For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471).  
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JUL 1**, 2014, and ending **JUN 30**, 2015

Attachment  
Sequence No. **121**

Name of person filing this return <b>AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b> Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) <b>4108 PARK ROAD, NO. 300</b> City or town, state, and ZIP code <b>CHARLOTTE, NC 28209</b>	<b>A Identifying number</b> <b>20-3921574</b> <b>B Category of filer (See instructions. Check applicable box(es)):</b> 1 (repealed) 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> <b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> _____ %
Filer's tax year beginning <b>JUL 1</b> , 2014, and ending <b>JUN 30</b> , 2015	

**D Person(s) on whose behalf this information return is filed:**

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information *must* be in English. All amounts *must* be stated in U.S. dollars unless otherwise indicated.

<b>1a Name and address of foreign corporation</b> <b>NATIONAL CHILDREN'S ORAL HEALTH FDN OF CANADA</b> <b>130 ADELAIDE STREET WEST, SUITE 701</b> <b>TORONTO ONTARIO M5H 2K4</b> <b>CANADA</b>				<b>b(1) Employer identification number, if any</b> <b>00000000</b>	
<b>d Date of incorporation</b> <b>02/14/12</b>				<b>b(2) Reference ID number (see instructions)</b> <b>8068488</b>	
<b>e Principal place of business</b> <b>TORONTO</b> <b>CANADA</b>		<b>f Principal business activity code number</b> <b>813000</b>		<b>g Principal business activity</b> <b>PROMOTE DENTAL WELL-BEING FOR</b>	
<b>h Functional currency</b> <b>CANADA, DOLLAR</b>				<b>c Country under whose laws incorporated</b> <b>CANADA</b>	

**2 Provide the following information for the foreign corporation's accounting period stated above.**

<b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b> <b>NATIONAL CHILDREN'S ORAL HEALTH FDN</b> <b>4108 PARK ROAD</b> <b>CHARLOTTE NC 28209</b> <b>20-3921574</b>		<b>b If a U.S. income tax return was filed, enter:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">(i) Taxable income or (loss)</td> <td style="width:50%; vertical-align: top;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)						
<b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b> <b>JULIAN L. DOYLE</b> <b>130 ADELAIDE STREET WEST, STE 701</b> <b>TORONTO ONTARIO M5H 2K4</b> <b>CANADA</b>		<b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b>  <div style="text-align: right;"><b>STMT 3</b></div>					

<b>Schedule A Stock of the Foreign Corporation</b>		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period



**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued**

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a)	(b)
		Beginning of annual accounting period	End of annual accounting period
1 Cash	1		28,387.
2a Trade notes and accounts receivable	2a		
b Less allowance for bad debts	2b	( )	( )
3 Inventories	3		
4 Other current assets (attach statement) <b>SEE STATEMENT 6</b>	4		4,047.
5 Loans to shareholders and other related persons	5		
6 Investment in subsidiaries (attach statement)	6		
7 Other investments (attach statement)	7		
8a Buildings and other depreciable assets	8a		
b Less accumulated depreciation	8b	( )	( )
9a Depletable assets	9a		
b Less accumulated depletion	9b	( )	( )
10 Land (net of any amortization)	10		
11 Intangible assets:			
a Goodwill	11a		
b Organization costs	11b		
c Patents, trademarks, and other intangible assets	11c		
d Less accumulated amortization for lines 11a, b, and c	11d	( )	( )
12 Other assets (attach statement)	12		
13 Total assets	13		32,434.
<b>Liabilities and Shareholders' Equity</b>			
14 Accounts payable	14		7,087.
15 Other current liabilities (attach statement)	15		
16 Loans from shareholders and other related persons	16		17,888.
17 Other liabilities (attach statement)	17		
18 Capital stock:			
a Preferred stock	18a		
b Common stock	18b		
19 Paid-in or capital surplus (attach reconciliation)	19	28,642.	
20 Retained earnings	20	<28,642.>	7,459.
21 Less cost of treasury stock	21	( )	( )
22 Total liabilities and shareholders' equity	22		32,434.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," see the instructions for required statement.		
2 During the tax year, did the foreign corporation own an interest in any trust? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Schedule H Current Earnings and Profits**

**Important:** Enter the amounts on lines 1 through 5c in *functional* currency.

1 Current year net income or (loss) per foreign books of account .....	1		23,118.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):			
		<b>Net Additions</b>	<b>Net Subtractions</b>
a Capital gains or losses .....			
b Depreciation and amortization .....			
c Depletion .....			
d Investment or incentive allowance .....			
e Charges to statutory reserves .....			
f Inventory adjustments .....			
g Taxes .....			
h Other (attach statement) .....			
3 Total net additions .....			
4 Total net subtractions .....			
5a Current earnings and profits (line 1 plus line 3 minus line 4) .....	5a		23,118.
b DASTM gain or (loss) for foreign corporations that use DASTM .....	5b		
c Combine lines 5a and 5b .....	5c		23,118.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) .....	5d		18,713.
Enter exchange rate used for line 5d ▶ 1.235410			

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶
1 Subpart F income (line 38b, Worksheet A in the instructions) .....	1
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) .....	2
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) .....	3
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) .....	4
5 Factoring income .....	5
6 Total of lines 1 through 5. Enter here and on your income tax return .....	6
7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) .....	7
8 Exchange gain or (loss) on a distribution of previously taxed income .....	8

• Was any income of the foreign corporation blocked? .....	Yes	No
• Did any such income become unblocked during the tax year (see section 964(b))? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

FORM 5471 AMOUNT AND TYPE OF INDEBTEDNESS OF FOREIGN CORPORATION TO THE RELATED PERSONS DESCRIBED IN REGULATIONS SECTION 1.6046-1(B)(11) STATEMENT 1

AMOUNT	DESCRIPTION
	N/A

FORM 5471 NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO THE STOCK OF THE FOREIGN CORPORATION STATEMENT 2

NAME AND ADDRESS	IDENTIFYING NUMBER	NUMBER OF SHARES
NATIONAL CHILDREN'S ORAL HEALT 4108 PARK ROAD CHARLOTTE NC 28209	20-3921574	

FORM 5471 LOCATION OF BOOKS AND RECORDS, IF DIFFERENT STATEMENT 3

130 ADELAIDE STREET WEST, STE 701 TORONTO ONTARIO CANADA M5H 2K4

FORM 5471 OTHER INCOME STATEMENT 4

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
CONTRIBUTION REVENUE	49,817.	1.235410	40,324.
TOTAL TO 5471, SCHEDULE C, LINE 8	49,817.		40,324.

FORM 5471 OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
PROFESSIONAL FEES	19,961.	1.235410	16,157.
TRAVEL EXPENSES	3,009.	1.235410	2,436.
FOREIGN CURRENCY TRANSLATION	1,316.	1.235410	1,065.
MISCELLANEOUS	2,413.	4.000000	1,953.
TOTAL TO 5471, SCHEDULE C, LINE 16	26,699.		21,611.

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 6

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PLEADGE RECIEVABLE		4,047.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4		4,047.

**SCHEDULE J  
(Form 5471)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

► Information about Schedule J (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

**AMERICA'S TOOTHFAIRY: NATIONAL  
CHILDREN'S ORAL HEALTH FOUNDATION**

Identifying number

**20-3921574**

Name of foreign corporation

**NATIONAL CHILDREN'S ORAL HEALTH FDN OF CANADA**

EIN (if any)

**000000000**

Reference ID number

**8068488**

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
<b>1</b> Balance at beginning of year	<b>&lt;29,891.&gt;</b>					<b>&lt;29,891.&gt;</b>
<b>2a</b> Current year E&P	<b>23,118.</b>					
<b>b</b> Current year deficit in E&P						
<b>3</b> Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	<b>&lt;6,773.&gt;</b>					
<b>4</b> Amounts included under section 951(a) or reclassified under section 959(c) in current year						
<b>5a</b> Actual distributions or reclassifications of previously taxed E&P						
<b>b</b> Actual distributions of nonpreviously taxed E&P						
<b>6a</b> Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
<b>b</b> Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	<b>&lt;6,773.&gt;</b>					
<b>7</b> Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	<b>&lt;6,773.&gt;</b>					<b>&lt;6,773.&gt;</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation  
and Shareholders or Other Related Persons**

▶ Information about Schedule M (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 <b>AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b>	Identifying number <b>20-3921574</b>
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Name of foreign corporation <b>NATIONAL CHILDREN'S ORAL HEALTH F</b>	EIN (if any) <b>000000000</b>	Reference ID number <b>8068488</b>
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**Important:** Complete a *separate* Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **CANADA, DOLLAR** **1.235410**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade .....					
3 Sales of property rights (patents, trademarks, etc.) .....					
4 Platform contribution transaction payments received .....					
5 Cost sharing transaction payments received .....					
6 Compensation received for technical, managerial, engineering, construction, or like services .....					
7 Commissions received .....					
8 Rents, royalties, and license fees received .....					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income) .....					
10 Interest received .....					
11 Premiums received for insurance or reinsurance .....					
12 Add lines 1 through 11 .....					
13 Purchases of stock in trade (inventory) .....					
14 Purchases of tangible property other than stock in trade .....					
15 Purchases of property rights (patents, trademarks, etc.) .....					
16 Platform contribution transaction payments paid .....					
17 Cost sharing transaction payments paid .....					
18 Compensation paid for technical, managerial, engineering, construction, or like services .....					
19 Commissions paid .....					
20 Rents, royalties, and license fees paid .....					
21 Dividends paid .....					
22 Interest paid .....					
23 Premiums paid for insurance or reinsurance .....					
24 Add lines 13 through 23 .....					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.	<b>17,888.</b>				
26 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

**SCHEDULE O  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock**

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 <b>AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION</b>		Identifying number <b>20-3921574</b>
Name of foreign corporation <b>NATIONAL CHILDREN'S ORAL HEALTH FD</b>	EIN (if any) <b>000000000</b>	Reference ID number <b>8068488</b>

**Important:** Complete a *separate* Schedule O for each foreign corporation for which information must be reported.

**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

**Part II To Be Completed by U.S. Shareholders**

**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

**Section A - General Shareholder Information**

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
<b>STMT 7 NATIONAL CHILDREN'S ORAL 4108 PARK ROAD CHARLOTTE, NC 2 20-3921574</b>	<b>990</b>	<b>11/15/15</b>	<b>HOLTSVILLE, NY</b>	

**Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director

**Section C - Acquisition of Stock**

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

**Section D - Disposition of Stock**

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

**Section E - Organization or Reorganization of Foreign Corporation**

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

**Section F - Additional Information**

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

SCHEDULE O GENERAL SHAREHOLDER INFORMATION STATEMENT 7

(A) NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(B) FOR SHAREHOLDER'S LATEST U.S. INCOME TAX RETURN FILED INDICATE:			(C) DATE SHAREHOLD -ER LAST FILED IN- FORMATION RTN UNDER SEC. 6046
	(1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	
NATIONAL CHILDREN'S ORAL 4108 PARK ROAD CHARLOTTE, NC 2 20-3921574	990	11/15/15	HOLTSVILLE, NY	

# Delaware

PAGE 1

*The First State*

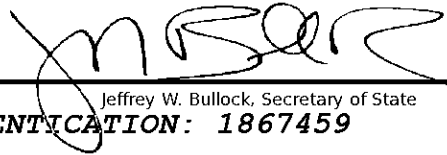
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION", CHANGING ITS NAME FROM "NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION" TO "AMERICA'S TOOTHPAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2014, AT 12:49 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

4064680 8100

141405893



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1867459

DATE: 11-14-14

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
(A CORPORATION WITHOUT CAPITAL STOCK)**

The corporation, **National Children's Oral Health Foundation**, organized and existing under the laws of the State of Delaware, hereby certifies as follows:

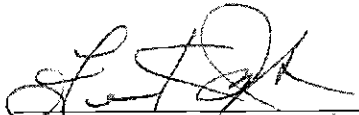
(1) That at a meeting a vote of the members of the governing body was taken for and against the amendment to the Certificate of Incorporation, said Amendment being as follows:

The Certificate of Incorporation of this corporation is hereby amended by changing the Article thereof numbered "FIRST" so that, as amended, said Article shall be and read as follows:

"FIRST: The name of the corporation is America's ToothFairy: National Children's Oral Health Foundation."

(2) That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

**IN WITNESS WHEREOF**, said corporation has caused this certificate to be signed this 13 day of November, 2014.

By:   
Name: Fern K Ingber  
Title: Pres & CEO

C2015 134 00848

State of North Carolina  
Department of the Secretary of State  
APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY  
NONPROFIT CORPORATION

Pursuant to §55A-15-04 of the General Statutes of North Carolina, the undersigned corporation hereby applies for an Amended Certificate of Authority to conduct affairs in the State of North Carolina and for that purpose submits the following statement.

1. The name of the corporation is: National Children's Oral Health Foundation
2. The name the corporation is currently using in the State of North Carolina is:  
National Children's Oral Health Foundation
3. The state or country of organization is: Delaware
4. The date the corporation was authorized to conduct affairs in the State of North Carolina is:  
07/13/2007
5. This application is filed for the following reason (*complete all applicable items*):
  - a. The corporation has changed its corporate name to:\*  
America's ToothFairy: National Children's Oral Health Foundation
  - b. The name the corporation will hereafter use in the State of North Carolina is changed to:  
America's ToothFairy: National Children's Oral Health Foundation
  - c. The corporation has changed its period of duration to: N/A
  - d. The corporation has changed the state or country of its incorporation to: N/A
6. Attached is a certificate attesting to the change, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of incorporation.
7. If the corporation is required to use a fictitious name in order to conduct affairs in this State, a copy of the resolution of its board of directors, certified by its secretary, adopting the fictitious name is attached.
8. This application will be effective upon filing, unless a date and/or time is specified: \_\_\_\_\_

This the 8th day of June, 2015

America's ToothFairy: National Children's Oral Health Foundation

Name of Corporation



Signature

Fern Ingber, President and CEO

Type or Print Name and Title

NOTES

1. Filing fee is \$25. One executed original and one exact or conformed copy of this application must be filed with the Secretary of State.

\*If the name of the corporation as changed is unavailable for use in North Carolina, indicate this fact and state the name the corporation wishes to use in North Carolina on 5b. (See N.C.G.S. §55A-15-06)

(Revised January 2000)

(Form N-10)

# Delaware

PAGE 1

*The First State*

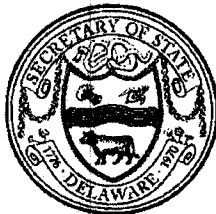
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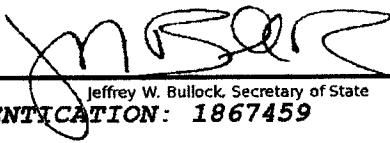
A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

4064680 8100

141405893

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1867459

DATE: 11-14-14

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
(A CORPORATION WITHOUT CAPITAL STOCK)**

The corporation, **National Children's Oral Health Foundation**, organized and existing under the laws of the State of Delaware, hereby certifies as follows:

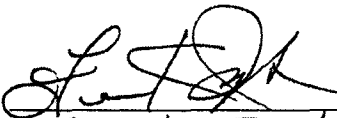
(1) That at a meeting a vote of the members of the governing body was taken for and against the amendment to the Certificate of Incorporation, said Amendment being as follows:

The Certificate of Incorporation of this corporation is hereby amended by changing the Article thereof numbered "FIRST" so that, as amended, said Article shall be and read as follows:

"FIRST: The name of the corporation is America's ToothFairy: National Children's Oral Health Foundation."

(2) That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

**IN WITNESS WHEREOF**, said corporation has caused this certificate to be signed this 13 day of November, 2014.

By:   
Name: Fern K Ingber  
Title: President