

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
AMERICA'S TOOTHFAIRY: NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION

Doing business as **AMERICA'S TOOTHFAIRY**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4530 PARK RD 320

City or town, state or province, country, and ZIP or foreign postal code
CHARLOTTE, NC 28209

F Name and address of principal officer: **JILL MALMGREN**
SAME AS C ABOVE

D Employer identification number
20-3921574

E Telephone number
704-350-1600

G Gross receipts \$ **1,323,433.**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.NCOHF.ORG**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **2005** **M** State of legal domicile: **DE**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AS A RESOURCE PROVIDER, WE INCREASE ACCESS TO ORAL HEALTH CARE BY SUPPORTING NONPROFIT CLINICS
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5
	6 Total number of volunteers (estimate if necessary) 6
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
b Net unrelated business taxable income from Form 990-T, line 38 7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,122,617.	1,278,881.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	299.	404.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,783.	29,489.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,117,133.	1,308,774.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,722,984.	930,777.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	499,113.	363,420.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 99,281.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	342,388.	398,613.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,564,485.	1,692,810.
19 Revenue less expenses. Subtract line 18 from line 12	-447,352.	-384,036.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,489,133.	1,096,720.
21 Total liabilities (Part X, line 26)	17,609.	9,232.
22 Net assets or fund balances. Subtract line 21 from line 20	1,471,524.	1,087,488.

Part II Signature Block

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

Sign Here

Signature of officer: *Jill Malmgren* Date: **12/10/19**

JILL MALMGREN, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **PAULA P. TILLEY** Preparer's signature: *Paula P. Tilley* Date: **12/10/19** Check if self-employed PTIN: **P00051456**

Firm's name: **GREERWALKER LLP** Firm's EIN: **56-1434747**

Firm's address: **227 WEST TRADE ST, SUITE 1100 CHARLOTTE, NC 28202** Phone no. **704-377-0239**

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