

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning JANUARY 01, 2024, and ending DECEMBER 31, 2024

B Check if applicable: C Name of organization MAGIC TOOTH BUS, D Employer identification number 81-5467957, E Telephone number 510-825-3322, F Name and address of principal officer: SEE ATTACHMENT #1, I Tax-exempt status: 501(c)(3), J Website: WWW.MAGICTOOTHBUS.ORG, K Form of organization: Corporation, L Year of formation: 2017, M State of legal domicile: CA

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission or most significant activities: PROVIDE ORAL HEALTH EDUCATION AND DENTAL SERVICES TO LOW INCOME COMMUNITY. 2. Check this box 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 2024 (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. 7b. Net unrelated business taxable income from Form 990-T, Part I, line 11 7b. 8. Contributions and grants (Part VIII, line 1h) 277,605. 9. Program service revenue (Part VIII, line 2g). 10. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12. Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 277,605. 13. Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14. Benefits paid to or for members (Part IX, column (A), line 4). 15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 179,811. 16a. Professional fundraising fees (Part IX, column (A), line 11e). 16b. Total fundraising expenses (Part IX, column (D), line 25). 17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 72,418. 18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 252,229. 19. Revenue less expenses. Subtract line 18 from line 12 25,376. 20. Total assets (Part X, line 16) Beginning of Current Year 166,309 End of Year 103,162. 21. Total liabilities (Part X, line 26) 166,309 103,162. 22. Net assets or fund balances. Subtract line 21 from line 20.

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.

Signature of officer: MYLENE DEANO, SECRETARY. Preparer's name: MONICO CUNANAN, Preparer's signature: MONICO CUNANAN, Date: 04-26-2025, Check self-employed: [X], PTIN: P00807636, Firm's name: HRB TAX GROUP INC, Firm's address: 1301 MAIN ST STE 103D KANSAS CITY MO 64105, Firm's EIN: 431871840, Phone no.: (800) 472-5625.

May the IRS discuss this return with the preparer shown above? See instructions Yes [X] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2024)

SCHEDULE A
(Form 990)

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.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MAGIC TOOTH BUS

Employer identification number

81-5467957

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 must generally 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 1-10 above (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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84,180	17,878	50,779	190,025		342,862
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	84,180	17,878	50,779	190,025		342,862
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						342,862

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	84,180	17,878	50,779	190,025		342,862
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				100		100
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						342,962
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.97%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test -- 2024. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test -- 2023. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test -- 2024. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test -- 2023. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MAGIC TOOTH BUS

Employer identification number

81-5467957

PART I8 - GRANTS AND DONATIONS RECEIVED

PART I15 - SALARIES AND COMPENSATION

PART I17 - OTHER EXPENSES

PART I9 - PROGRAM SERVICE REVENUE - COST OF GOODS SOLD

CLIENT COPY

TAXABLE YEAR **2024** California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 01/01/2024 and ending (mm/dd/yyyy) 12/31/2024

Corporation/Organization name MAGIC TOOTH BUS California corporation number 4010729

Additional information. See instructions. C4010729 FEIN 81-5467957

Street address (suite or room) 39 TREASURE ISLAND RD STE 206 PMB no.

City SAN FRANCISCO State CA ZIP code 94130

Foreign country name Foreign province/state/county Foreign postal code

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions Yes No

K Is the organization exempt under R&TC Sec. 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

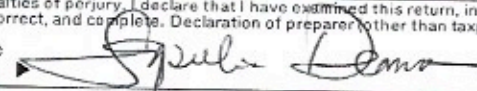
L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	
	2	Gross dues and assessments from members and affiliates	2	
	3	Gross contributions, gifts, grants, and similar amounts received	3	277,605
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	277,605
	5	Cost of goods sold	5	8,711
	6	Cost or other basis, and sales expenses of assets sold	6	
	7	Total costs. Add line 5 and line 6	7	8,711
	8	Total gross income. Subtract line 7 from line 4	8	268,894
Ex-penses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	237,327
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	31,567
Payments	11	Total payments	11	
	12	Use tax. See General Information K	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	
	15	Penalties and interest. See General Information J	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer 	Title <u>SECRETARY</u>	Date <u>04-26-202</u>	Telephone
Paid Preparer's Use Only	Preparer's signature <u>MONICO CUNANAN</u>	Date <u>04-26-2025</u>	Check if self-employed <input type="checkbox"/>	PTIN <u>P00807636</u>
	Firm's name (or yours, if self-employed) and address <u>HRB TAX GROUP INC</u> <u>1301 MAIN ST STE 103D</u> <u>KANSAS CITY MO 64105</u>			Firm's FEIN <u>431871840</u> Telephone <u>8004725625</u>
	May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			