



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.

Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013, or tax year beginning 01-01-2013 , and ending 12-31-2013

Name of foundation DELTA DENTAL COMMUNITY CARE FOUNDATION		A Employer identification number 37-1570764	
Number and street (or P O box number if mail is not delivered to street address) 100 FIRST STREET		B Telephone number (see instructions) (415) 972-8300	
City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94105		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ☒ \$ 1,157,184		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,700,000			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV , line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,700,000	0	0	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	0	0	0	0
	25 Contributions, gifts, grants paid	1,985,000			1,985,000
	26 Total expenses and disbursements. Add lines 24 and 25	1,985,000	0	0	1,985,000
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-285,000			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)			0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	452,184	1,157,184	1,157,184
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15	Other assets (describe ▶ _____)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	452,184	1,157,184	1,157,184
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable		990,000	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	0	990,000	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted			
	25	Temporarily restricted	452,184	167,184	
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see page 17 of the instructions)	452,184	167,184	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	452,184	1,157,184	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	452,184
2	Enter amount from Part I, line 27a	2	-285,000
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	167,184
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	167,184

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))		
2012	1,670,000	0	0 000000		
2011	268,399	0	0 000000		
2010	0	0	0 000000		
2009					
2008					
2 Total of line 1, column (d).				2	0 000000
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years				3	0 000000
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.				4	
5 Multiply line 4 by line 3.				5	0
6 Enter 1% of net investment income (1% of Part I, line 27b).				6	0
7 Add lines 5 and 6.				7	0
8 Enter qualifying distributions from Part XII, line 4.				8	1,985,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1		
	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ☐ Refunded ☐	11	

Part VII-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?.	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ☐ \$ _____ 0. (2) On foundation managers ☐ \$ _____ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ _____ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions): ☐ CA _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> 	10	Yes	

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ HTTP //DDCCF.COM	13	Yes	
14	The books are in care of ▶ MICHAEL J CASTRO TREASURER Telephone no ▶ (415) 972-8300 Located at ▶ 100 FIRST STREET SAN FRANCISCO CA ZIP +4 ▶ 94105			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. ☐ Yes ☒ No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. ☐ Yes ☒ No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?.	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?. ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.</i>).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☒

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.

0

Form 990-PF (2013)

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	0
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	0
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5.	6	0

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	0
2a	Tax on investment income for 2013 from Part VI, line 5.	2a	
b	Income tax for 2013 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	0
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	0
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	0

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	1,985,000
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,985,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,985,000
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1		Distributable amount for 2013 from Part XI, line 7			
2		Undistributed income, if any, as of the end of 2013			
a		Enter amount for 2012 only.			
b		Total for prior years 20____, 20____, 20____			
3		Excess distributions carryover, if any, to 2013			
a		From 2008.			
b		From 2009.			
c		From 2010.			
d		From 2011.			
e		From 2012.			
f		Total of lines 3a through e.			
4		Qualifying distributions for 2013 from Part XII, line 4			
a		Applied to 2012, but not more than line 2a			
b		Applied to undistributed income of prior years (Election required—see instructions).			
c		Treated as distributions out of corpus (Election required—see instructions).			
d		Applied to 2013 distributable amount.			
e		Remaining amount distributed out of corpus			
5		Excess distributions carryover applied to 2013			
		(If an amount appears in column (d), the same amount must be shown in column (a).)			
6		Enter the net total of each column as indicated below:			
a		Corpus Add lines 3f, 4c, and 4e Subtract line 5			
b		Prior years' undistributed income Subtract line 4b from line 2b.			
c		Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.			
d		Subtract line 6c from line 6b Taxable amount—see instructions.			
e		Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions.			
f		Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014.			
7		Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).			
8		Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions).			
9		Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a.			
10		Analysis of line 9			
a		Excess from 2009.			
b		Excess from 2010.			
c		Excess from 2011.			
d		Excess from 2012.			
e		Excess from 2013.			

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2013	(b) 2012	(c) 2011	(d) 2010	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

GARY D RADINE

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number of the person to whom applications should be addressed

b

The form in which applications should be submitted and information and materials they should include

c

Any submission deadlines

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	1,985,000
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2013)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GARY D RADINE	PRESIDENT 1 00	0	0	0
100 FIRST STREET SAN FRANCISCO,CA 94105				
MICHAEL J CASTRO	TREASURER 1 00	0	0	0
100 FIRST STREET SAN FRANCISCO,CA 94105				
CHARLES LAMONT ESQ	SECRETARY 1 00	0	0	0
100 FIRST STREET SAN FRANCISCO,CA 94105				
ANTHONY S BARTH	DIRECTOR 1 00	0	0	0
100 FIRST STREET SAN FRANCISCO,CA 94105				
JOHN M YAMAMOTO DDS	DIRECTOR 1 00	0	0	0
100 FIRST STREET SAN FRANCISCO,CA 94105				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ACCESS FAMILY HEALTH SERVICES INC - DENTAL CLINIC 60024 OLIVE STREET SMITHVILLE,MS 38870	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ACCESS HEALTH LOUISIANAST CHARLES COMMUNITY HEALTH CENTER 843 MILLING AVENUE LULING,LA 70070	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ALBANY AREA PRIMARY HEALTH CARE INCWEST ALBANY DENTAL & MEDICAL CENTER 204 NORTH WESTOVER BOULEVARD ALBANY,GA 31707	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ALBERT EINSTEIN MEDICAL CENTER 5501 OLD YORK ROAD PHILADELPHIA,PA 19141	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ALTOONA REGIONAL PARTNERSHIP FOR A HEALTHY COMMUNITY 501 HOWARD AVENUE SUITE D103 ALTOONA,PA 16601	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
AMITE COUNTY MEDICAL SERVICES INCLIBERTY DENTAL SERVICES 102 WEST FREEDOM DRIVE PO BOX 511 LIBERTY,MS 39645	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
AMPLA HEALTH 935 MARKET STREET YUBA CITY,CA 95991	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 WEST STATE STREET DOYLESTOWN,PA 18901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ARROYO VISTA FAMILY HEALTH CENTER 6000 NORTH FIGUEROA STREET LOS ANGELES,CA 90042	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BARNABAS CENTER INC - DENTAL CLINIC 11 SOUTH 11TH STREET FERNANDINA BEACH,FL 32034	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BARRIO COMPREHENSIVE FAMILY HEALTH CARE CENTER INCCOMMUNICARE HEALTH CEN 3066 EAST COMMERCE STREET SAN ANTONIO,TX 78220	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BEAR LAKE COMMUNITY HEALTH CENTER 1515 NORTH 400 EAST NORTH LOGAN,UT 84341	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BERMUDIAN SPRINGS SCHOOL DISTRICTELEMENTARY SCHOOL - DENTAL HEALTH SUITE 7335 CARLISLE PIKE YORK SPRINGS,PA 17372	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BIRMINGHAM HEALTH CARE INCNORTHSIDE DENTAL CLINIC 1333 19TH STREET NORTH BIRMINGHAM,AL 35020	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BRADFORD COUNTY DENTAL HEALTH SERVICES INC 1 ELIZABETH STREET SUITE 6 TOWANDA,PA 18848	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BRANDON OUTREACH CLINIC INC 517 NORTH PARSONS AVENUE BRANDON,FL 33511	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BREVARD HEALTH ALLIANCE 3661 SOUTH BABCOCK STREET MELBOURNE,FL 32901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BROWNSVILLE MULTI-SERVICE FAMILY HEALTH CENTER 592 ROCKAWAY AVENUE BROOKLYN,NY 11212	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BUTTE COMMUNITY HEALTH CENTER 445 CENTENNIAL AVENUE BUTTE,MT 59701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BUTTE VALLEY HEALTH CENTERMOUNTAIN VALLEY HEALTH CENTERS PO BOX 277 BIEBER,CA 96009	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CARE RESOURCECOMMUNITY AIDS RESOURCE INC 3510 BISCAYNE BOULEVARD SUITE 300 MIAMI,FL 33137	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CATHOLIC CHARITIES HEALTH CARE CENTER INC 212 NINTH STREET PITTSBURGH,PA 15222	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRAL CALIFORNIA DENTAL SURGICENTERCASTLE SURGICENTER 3605 HOSPITAL ROAD SUITE H ATWATER,CA 95301	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRAL MISSISSIPPI CIVIC IMPROVEMENT ASSOCIATION INCJACKSON-HINDS COMPR 3502 WEST NORTHSIDE DRIVE JACKSON,MS 39213	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE SUITE D STATE COLLEGE,PA 16803	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHASE BREXTON HEALTH SERVICES INC 1001 CATHEDRAL STREET BALTIMORE,MD 21201	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHESTER COUNTY COMMUNITY DENTAL CENTER 744 EAST LINCOLN HIGHWAY COATESVILLE,PA 19320	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA INC PO BOX 2644 AUGUSTA,GA 30903	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CLAY-BATTELLE COMMUNITY HEALTH CENTER 5861 MASON DIXON HIGHWAY PO BOX 72 BLACKSVILLE,WV 26521	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CLINICAS DEL CAMINO REAL INC 200 SOUTH WELLS ROAD SUITE 200 VENTURA,CA 93004	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CLINTON COUNTY COMMUNITY DENTAL CLINIC 266 HOGAN BOULEVARD SUITE 6 MILL HALL,PA 17751	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY DENTAL CLINIC INC 200 ORANGEWOOD DRIVE DUNEDIN,FL 34698	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH AND DENTAL CARE INC 11 ROBINSON STREET SUITE 100 POTTSTOWN,PA 19464	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTER OF LUBBOCK INC 1313 BROADWAY SUITE 5 LUBBOCK,TX 79401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTER INC 6289 VETERANS MEMORIAL HIGHWAY SUITE 12C AUSTELL,GA 30168	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS INC 228 ST GEORGE STREET GONZALES,TX 78629	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST INC 150 TEJAS PLACE PO BOX 430 NIPOMO,CA 93444	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS INC 110 SOUTH WOODLAND STREET WINTER GARDEN,FL 34787	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CLINIC OF BUTLER COUNTY 103 BONNIE DRIVE BUTLER,PA 16002	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CLINIC OLESISTER ANN DENTAL CLINIC 1141 PEAR TREE LANE SUITE 100 NAPA,CA 94558	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CLINIC INC 943 FOURTH AVENUE NEW KENSINGTON,PA 15068	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH DEVELOPMENT INC 908 SOUTH EVANS STREET BLDG A UVALDE,TX 78801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH SERVICE AGENCY INC 4500 WESLEY STREET GREENVILLE,TX 75402	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTHCARE NETWORK INC 60 MADISON AVENUE 5TH FLOOR NEW YORK,NY 10010	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY OF HOPE INC - DENTAL CLINIC 1717 MASSACHUSETTS AVENUE NW SUITE 805 WASHINGTON,DC 20036	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CORNERSTONE CARE INC 1227 SMITH TOWNSHIP STATE ROAD BURGETTSTOWN,PA 15021	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CRESCENT PARK DENTAL CLINIC 2 CRESCENT PARK WEST WARREN,PA 16365	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CROSS TIMBERS HEALTH CLINICS INC 1100 WEST REYNOSA STREET DELEON,TX 76444	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CURTIS V COOPER PRIMARY HEALTH CARE INC 106 EAST BROAD STREET SAVANNAH,GA 31402	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ,CA 95065	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DOCTOR'S VOLUNTEER CLINIC OF ST GEORGE 1036 EAST RIVERSIDE DRIVE ST GEORGE,UT 84790	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EAST CENTRAL MISSISSIPPI HEALTH CARESEBASTOPOL DENTAL CLINIC 1488 HIGHWAY 487 EAST SEBASTOPOL,MS 39359	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EAST GEORGIA HEALTHCARE CENTER INC 215 NORTH COLEMAN STREET SWAINSBORO,GA 30401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EAST TEXAS COMMUNITY HEALTH SERVICES INC 1210 DOUGLASS ROAD PO BOX 632040 NACOGDOCHES,TX 75963	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EASTERN SHORE MISSION OF MERCY 1411 WESLEY DRIVE SALISBURY,MD 21801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	15,000
EBENEZER MEDICAL OUTREACH INC 1448 10TH AVENUE HUNTINGTON,WV 25701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON,TX 77223	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ESPERANZA HEALTH CENTER 4417 NORTH 6TH STREET PHILADELPHIA,PA 19140	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY FIRST HEALTH CORPORATIONGETTYSBURG DENTAL CENTER 116 SOUTH GEORGE STREET YORK,PA 17401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA INC PO BOX 1357 FORT MYERS,FL 33902	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FAMILY HEALTH NETWORK OF CENTRAL NEW YORK INC 17-29 MAIN STREET SUITE 302 CORTLAND,NY 13045	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY HEALTHCARE NETWORK 305 EAST CENTER AVENUE VISALIA,CA 93291	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY PRACTICE & COUNSELING NETWORK 4700 WISSAHICKON AVENUE SUITE 118 PHILADELPHIA,PA 19144	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FLORIDA COMMUNITY HEALTH CENTERS INC 4450 SOUTH TIFFANY DRIVE WEST PALM BEACH,FL 33407	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FRANKLIN PRIMARY HEALTH CENTER 1303 DR MARTIN LUTHER KING JR AVENUE MOBILE,AL 36603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FULTON COUNTY PARTNERSHIP INC 22438 GREAT COVE ROAD SUITE 102 MCCONNELLSBURG,PA 17233	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GA CARMICHAEL FAMILY HEALTH CENTER 1668 WEST PEACE STREET CANTON,MS 39046	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GATEWAY COMMUNITY HEALTH CENTER INC PO BOX 3397 LAREDO,TX 78044	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GEISINGER CLINIC 100 NORTH ACADEMY AVENUE DANVILLE,PA 17822	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GEORGIA HEALTH SCIENCES UNIVERSITYCOLLEGE OF DENTAL MEDICINE GIVE A SMILE 1120 15TH STREET GC-5024 AUGUSTA,GA 30912	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GLACIER COMMUNITY HEALTH CENTER 519 EAST MAIN STREET CUT BANK,MT 59427	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GOLDEN VALLEY HEALTH CENTERS 747 WEST CHILDS AVENUE MERCED,CA 95341	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GOOD SAMARITAN HEALTH CENTERS - WILDFLOWER CLINIC 268 HERBERT STREET ST AUGUSTINE,FL 32084	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GREATER BADEN MEDICAL SERVICES INC 7450 ALBERT ROAD 3RD FLOOR BRANDYWINE,MD 20613	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GREATER MERIDIAN HEALTH CLINIC INC 2701 DAVIS STREET MERIDIAN,MS 39301	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREATER NORTH PENN DENTAL INITIATIVE 51 MEDICAL CAMPUS DRIVE LANSDALE,PA 19446	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GREATER PHILADELPHIA HEALTH ACTION INC 432 NORTH 6TH STREET PHILADELPHIA,PA 19123	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GREEN RIVER MEDICAL CENTER INC 585 WEST MAIN STREET PO BOX 417 GREEN RIVER,UT 84525	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GULF COAST DENTAL OUTREACH INC 2323 CURLEW ROAD SUITE 2F DUNEDIN,FL 34698	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GULF COAST HEALTH CENTER INC 2548 MEMORIAL BOULEVARD PORT ARTHUR,TX 77640	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HAMILTON HEALTH CENTER 3211 NORTH FRONT STREET SUITE 104 HARRISBURG,PA 17110	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HAWC INC 1450 RIDGEVIEW DRIVE SUITE 200 RENO,NV 89519	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTH MINISTRY OF THE SOUTHERN TIER INCCORNING COMMUNITY CARE CENTER 300 NASSER CIVIC CENTER PLAZA SUITE 230 CORNING,NY 14830	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTH PARTNERS INC 16803 OLD FIELD LANE HUGHESVILLE,MD 20637	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA PO BOX 877 IMMOKALEE,FL 34143	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTHLINK MEDICAL CENTER 1775 STREET ROAD SOUTHAMPTON,PA 18966	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTHY SMILES COMMUNITY ORAL HEALTH CENTERSHENANDOAH VALLEY MEDICAL SYSTE 58 WARM SPRINGS AVENUE MARTINSBURG,WV 25404	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTHY SMILES HAPPY KIDS 211 NORTH 12TH STREET LEHIGHTON,PA 18235	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEART OF FLORIDA HEALTH CENTER 1025 SW 1ST AVENUE OCALA,FL 34471	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEART OF TEXAS COMMUNITY HEALTH CENTER INCFAMILY HEALTH CENTER 1600 PROVIDENCE DRIVE WACO,TX 76707	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HELEN B BENTLEY FAMILY HEALTH CENTER INC 3090 SW 37TH AVENUE MIAMI,FL 33133	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HILL COUNTRY HEALTH AND WELLNESS CENTER 29632 HIGHWAY 299 EAST PO BOX 228 ROUND MOUNTAIN,CA 96084	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HOWARD UNIVERSITY 600 W STREET NW WASHINGTON,DC 20059	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
INLAND BEHAVIORAL AND HEALTH SERVICES INC 1963 NORTH E STREET SAN BERNARDINO,CA 92405	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
JEFFERSON COMMUNITY HEALTH CARE CENTERS INC 1855 AMES BOULEVARD MARRERO,LA 70072	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
JEFFERSON COMPREHENSIVE HEALTH CENTER INC 225 COMMUNITY DRIVE PO BOX 98 FAYETTE,MS 39069	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
JESSIE TRICE COMMUNITY HEALTH CENTERS INC 5607 NW 27TH AVENUE MIAMI,FL 33142	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
KANAWHA COUNTY DENTAL HEALTH COUNCIL INC 100 FLORIDA STREET CHARLESTON,WV 25302	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
KEYSTONE DENTAL CARE 767 5TH AVENUE SUITE B-3A CHAMBERSBURG,PA 17201	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
KIDS SMILES INC 2821 ISLAND AVENUE SUITE 210 PHILADELPHIA,PA 19153	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LA AMISTAD DE JOSE FAMILY HEALTH CENTERST JOSEPH HOSPITAL FOUNDATION 1100 WEST STEWART DRIVE ORANGE,CA 92868	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LA CLINICA DE LA RAZA INC 1450 FRUITVALE AVENUE THIRD FLOOR PO BOX 22210 OAKLAND,CA 94623	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LA ESPERANZA CLINIC INC 2029 WEST BEAUREGARD SAN ANGELO,TX 76901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LA RED HEALTH CENTER INC 21444 CARMEAN WAY GEORGETOWN,DE 19947	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LAFAYETTE COMMUNITY HEALTH CARE CLINIC 1317 JEFFERSON STREET LAFAYETTE,LA 70501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LAKELAND VOLUNTEERS IN MEDICINE 1021 LAKELAND HILLS BOULEVARD LAKELAND,FL 33805	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LINCOLN COUNTY COMMUNITY HEALTH CENTER INCNORTHWEST COMMUNITY HEALTH CEN 320 EAST 2ND STREET LIBBY,MT 59923	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LONE STAR CIRCLE OF CARE 205 EAST UNIVERSITY AVENUE SUITE 200 GEORGETOWN,TX 78626	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LOS BARRIOS UNIDOS COMMUNITY CLINIC INC 809 SINGLETON BOULEVARD DALLAS,TX 75212	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LUTHERAN MEDICAL CENTER 5800 THIRD AVENUE BROOKLYN,NY 11220	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MANATEE COUNTY RURAL HEALTH SERVICES INC 12271 US 301 NORTH PARRISH,FL 34219	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MARY'S CENTER FOR MATERNAL AND CHILD CARE INC 2333 ONTARIO ROAD NW WASHINGTON,DC 20009	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MAY VAN SICKLE CHILDREN'S DENTAL CLINIC 475 BILTMORE WAY SUITE 110 CORAL GABLES,FL 33134	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MENDOCINO COAST CLINICS INC 205 SOUTH STREET FORT BRAGG,CA 95437	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MENDOCINO COMMUNITY HEALTH CLINIC INC 333 LAWS AVENUE UKIAH,CA 95482	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MIAMI BEACH COMMUNITY HEALTH CENTER INC 11645 BISCAYNE BOULEVARD SUITE 207 NORTH MIAMI,FL 33181	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MIAMI CHILDREN'S HOSPITAL FOUNDATION INC 3100 SW 62ND AVENUE MIAMI,FL 33155	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MIDDLETOWN COMMUNITY HEALTH CENTER INC PO BOX 987 MIDDLETOWN,NY 10940	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MIDTOWN COMMUNITY HEALTH CENTER INC 2240 ADAMS AVENUE OGDEN,UT 84401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MIFFLIN-JUNIATA DENTAL CLINIC INC 31 SOUTH DORCAS STREET COMPASS CENTER SUITE E LEWISTOWN,PA 17044	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MOM-N-PA DENTAL MISSION 420 EAST ORANGE STREET SHIPPENSBURG,PA 17257	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MOREHOUSE COMMUNITY MEDICAL CENTERS INC 518 DURHAM STREET BASTROP,LA 71220	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MORRIS HEIGHTS HEALTH CENTER 85 WEST BURNSIDE AVENUE BRONX,NY 10453	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MOUNT VERNON NEIGHBORHOOD HEALTH CENTER NETWORK 107 WEST 4TH STREET MOUNT VERNON,NY 10550	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE BUFFALO,NY 14207	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD NORTH NAPLES,FL 34102	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEIGHBORHOOD HEALTHCARE 425 DATE STREET ESCONDIDO,CA 92025	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEVADA HEALTH CENTERS INCEASTERN FAMILY MEDICAL AND DENTAL CENTER 2212 SOUTH EASTERN AVENUE LAS VEGAS,NV 89104	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEWYORK UNIVERSITY COLLEGE OF DENTISTRY 345 EAST 24TH STREET SUITE 1039W NEWYORK,NY 10010	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER INCOMMUNITY HEALTHCARE 200 MARTIN LUTHER KING JR BOULEVARD WICHITA FALLS,TX 76307	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH EAST MEDICAL SERVICES 1520 STOCKTON STREET 4TH FLOOR DENTAL CLINIC SAN FRANCISCO,CA 94133	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH FLORIDA MEDICAL CENTERS INCTAYLOR DENTAL CENTER 535 JOHN KNOX ROAD TALLAHASSEE,FL 32303	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTHEAST VALLEY HEALTH CORPORATION 1172 NORTH MACLAY AVENUE SAN FERNANDO,CA 91340	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTHERN OSWEGO COUNTY HEALTH SERVICES INC 61 DELANO STREET PULASKI,NY 13142	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
OPEN DOOR FAMILY MEDICAL CENTER INC 165 MAIN STREET OSSINING,NY 10562	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
OUTPATIENT MEDICAL CENTER INC 1640 BREAZEALE SPRINGS STREET NATCHITOCHES,LA 71457	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PALMETTO HEALTH COUNCIL INC 643 MAIN STREET PALMETTO,GA 30268	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PARTNERSHIP FOR THE CHILDREN OF SAN LUIS OBISPO COUNTYLA CLINICA DE TOLOSA PO BOX 15259 SAN LUIS OBISPO,CA 93406	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PEACH TREE CLINIC 5730 PACKARD AVENUE SUITE 600 MARYSVILLE,CA 95901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PETALUMA HEALTH CENTER - DENTAL CLINIC 1179 NORTH MCDOWELL BOULEVARD PETALUMA,CA 94954	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PHOENIXVILLE HEALTHCARE ACCESS FOUNDATION 723 WHEATLAND STREET SUITE 2C PO BOX 591 PHOENIXVILLE,PA 19460	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PREMIER COMMUNITY HEALTHCARE GROUP INC PO BOX 232 DADE CITY,FL 33526	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY CARE COALITION OF MONTGOMERY COUNTY MDMONTGOMERY COUNTY CARE FOR 8757 GEORGIA AVENUE 10TH FLOOR SILVER SPRING,MD 20910	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANARKM PRIMARY CARE 11990 JACKSON STREET CLINTON,LA 70722	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY HEALTH CARE CENTER OF DADE INC 13570 NORTH MAIN STREET TRENTON,GA 30752	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY HEALTH NETWORKFARRELL DENTAL CENTER 100 SHENANGO AVENUE PO BOX 716 SHARON,PA 16146	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
REDWOODS RURAL HEALTH CENTER INC 101 WEST COAST ROAD REDWAY,CA 95560	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ROCHESTER PRIMARY CARE NETWORK 259 MONROE AVENUE ROCHESTER,NY 14607	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
RURAL HEALTH CORPORATION OF NORTHEASTERN PAMONROE-NOXEN DENTAL CENTER 2888 SR 29 SOUTH MONROE TOWNSHIP,PA 18636	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
RURAL HEALTH MEDICAL PROGRAM INC 228 SELMA AVENUE PO BOX 2213 SELMA,AL 36702	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SALT LAKE DONATED DENTAL SERVICES 1383 SOUTH 900 WEST SUITE 128 SALT LAKE CITY,UT 84104	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SALUD PARA LA GENTE 195 AVIATION WAY SUITE 200 WATSONVILLE,CA 95076	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SAN FERNANDO COMMUNITY HEALTH CENTER DENTAL CLINIC 732 MOTT STREET SUITE 100 SAN FERNANDO,CA 91340	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HEALTH PO BOX 99 TEMPLE CITY,CA 91780	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SAN YSIDRO HEALTH CENTER 1275 30TH STREET SAN DIEGO,CA 92154	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SANTA BARBARA NEIGHBORHOOD CLINICS 1900 STATE STREET SUITE G SANTA BARBARA,CA 93101	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SCHENECTADY FAMILY HEALTH SERVICES INC 1044 STATE STREET SCHENECTADY,NY 12307	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SCRANTON PRIMARY HEALTH CARE CENTER INC 959 WYOMING AVENUE PO BOX 31 SCRANTON,PA 18501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SECOND MILE MISSION CENTER 1135 HIGHWAY 90A MISSOURI CITY,TX 77489	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTH BAY FAMILY HEALTHCARE 23430 HAWTHORNE BOULEVARD SUITE 210 TORRANCE,CA 90505	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHBIDGE MEDICAL ADVISORY COUNCIL INCHEMRIETTA JOHNSON MEDICAL CENTER 601 NEW CASTLE AVENUE WILMINGTON,DE 19801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHEAST COMMUNITY HEALTH SYSTEMS 6351 MAIN STREET PO BOX 770 ZACHARY,LA 70791	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHEAST LANCASTER HEALTH SERVICES 333 NORTH ARCH STREET LANCASTER,PA 17603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE INCHATTIESBURG COMMUNITY D 5488 US HIGHWAY 49 HATTIESBURG,MS 39401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHWEST UTAH COMMUNITY HEALTH CENTER INCFAMILY HEALTHCARE 25 NORTH 100 EAST SUITE 102 ST GEORGE,UT 84770	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ST GABRIEL HEALTH CLINIC INC 5760 MONTICELLO STREET ST GABRIEL,LA 70776	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST JOSEPH MEDICAL CENTER (CHILDREN'S FREE DENTAL CLINIC) PO BOX 316 READING,PA 19603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST LUKE'S HOSPITAL & HEALTH NETWORK 801 OSTRUM STREET BETHLEHEM,PA 18015	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST PAUL'S NEIGHBORHOOD FREE MEDICAL & DENTAL CLINIC 1608 WALNUT STREET ERIE,PA 16502	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
STO-ROX NEIGHBORHOOD FAMILY HEALTH CENTER 710 THOMPSON AVENUE MCKEES ROCKS,PA 15136	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
STONY BROOK UNIVERSITY SCHOOL OF DENTAL MEDICINE STONY BROOK UNIVERSITY STONY BROOK,NY 11794	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SUSAN DEW HOFF MEMORIAL CLINIC INC 925 LIBERTY STREET PO BOX 120 WEST MILFORD,WV 26451	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CENTER 469 HEPBURN STREET WILLIAMSPORT,PA 17701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC 335 MARKET STREET SUITE 1 SUNBURY,PA 17801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TEMPLE COMMUNITY FREE CLINIC 1905 CURTIS B ELLIOTT DRIVE TEMPLE,TX 76501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE COMMUNITY COLLEGE OF BALTIMORE COUNTY FOUNDATION INC 7200 SOLLERS POINT ROAD BALTIMORE,MD 21222	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE DENTAL HEALTH CLINIC 107 SOUTH MARKET STREET BERWICK,PA 18603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE GARY CENTER 341 SOUTH HILLCREST STREET LA HABRA,CA 90631	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE GREATER HUDSON VALLEY FAMILY HEALTH CENTER INC 2570 US HIGHWAY 9W SUITE 10 CORNWALL,NY 12518	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE MINISTRY OF CARING INCPIERRE TOUSSAINT DENTAL OFFICE 903 NORTH MADISON STREET WILMINGTON,DE 19801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TIBURCIO VASQUEZ HEALTH CENTER INC 22331 MISSION BOULEVARD HAYWARD,CA 94541	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TITUSVILLE AREA HOSPITALTIONESTA DENTAL CLINIC 111 BRIDGE STREET TIONESTA,PA 16353	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TUG RIVER HEALTH ASSOCIATION INC PO BOX 507 GARY,WV 24836	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TWO RIVERS HEALTH & WELLNESS FOUNDATIONNORTHAMPTON DENTAL INITIATIVE 1101 NORTHAMPTON STREET SUITE 101 EASTON,PA 18042	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEYHURON HEALTH CENTER 650 ZEDIKER AVENUE PARLIER,CA 93648	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNIVERSITY AT BUFFALO FOUNDATIONS-MILES TO GO MOBILE DENTAL CLINIC UNIV AT BUFFALO 901 KIMBALL TOWER BUFFALO,NY 14214	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UTAH NAVAJO HEALTH SYSTEM INC EAST HIGHWAY 262 PO BOX 130 MONTEZUMA CREEK,UT 84534	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
VALLEY HEALTHCARE SYSTEM INC 1600 FORT BENNING ROAD COLUMBUS,GA 31903	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
VICTOR VALLEY COMMUNITY DENTAL SERVICE PROGRAM 14357 7TH STREET VICTORVILLE,CA 92395	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
VOLUNTEERS IN MEDICINE-SAN FRANCISCOCLINIC BY THE BAY 4877 MISSION STREET SAN FRANCISCO,CA 94112	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WALNUT STREET COMMUNITY HEALTH CENTER INC 24 NORTH WALNUT STREET HAGERSTOWN,MD 21740	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WATER STREET HEALTH SERVICES 210 SOUTH PRINCE STREET PO BOX 7267 LANCASTER,PA 17603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WEST VIRGINIA HEALTH RIGHT INC 1520 WASHINGTON STREET EAST CHARLESTON,WV 25311	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WEST VIRGINIA UNIVERSITY FOUNDATION INCWEST VIRGINIA SCHOOL OF DENTISTRY G110 HEALTH SCIENCES NORTH PO BOX 9415 MORGANTOWN,WV 26506	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WESTSIDE FAMILY HEALTHCARE INC 300 WATER STREET SUITE 200 WILMINGTON,DE 19801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WHATLEY HEALTH SERVICES INC 2731 MARTIN LUTHER KING JR BOULEVARD PO BOX 2400 TUSCALOOSA,AL 35403	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WHITNEY M YOUNG JR HEALTH CENTER INC 920 LARK DRIVE ALBANY,NY 12207	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
YORK HOSPITALWELLSPAN HEALTH 912 SOUTH GEORGE STREET YORK,PA 17403	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total  3a				1,985,000

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors	OMB No 1545-0047
	▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.	2013

Name of the organization DELTA DENTAL COMMUNITY CARE FOUNDATION	Employer identification number 37-1570764
---	---

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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 of \$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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization DELTA DENTAL COMMUNITY CARE FOUNDATION	Employer identification number 37-1570764
---	---

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
 ____	See Additional Data Table _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	_____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	_____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	_____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	_____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	_____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
 ____	_____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization DELTA DENTAL COMMUNITY CARE FOUNDATION	Employer identification number 37-1570764
---	---

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
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization DELTA DENTAL COMMUNITY CARE FOUNDATION	Employer identification number 37-1570764
---	---

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once See instructions) ▶ \$

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
—			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 37-1570764

Name: DELTA DENTAL COMMUNITY CARE FOUNDATION

Form 990 Schedule B, 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
<u>1</u>	DELTA DENTAL INSURANCE COMPANY 100 FIRST STREET SAN FRANCISCO, CA 94105 	\$ 284,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>2</u>	DELTA DENTAL OF DELAWARE INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 	\$ 17,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>3</u>	DELTA DENTAL OF NEW YORK INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 	\$ 70,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>4</u>	DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 	\$ 196,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>5</u>	DELTA DENTAL OF WEST VIRGINIA INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 	\$ 35,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>6</u>	DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 	\$ 13,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>7</u>	DELTA DENTAL OF CALIFORNIA 100 FIRST STREET SAN FRANCISCO, CA 94105 	\$ 135,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>8</u>	DELTA DENTAL INSURANCE COMPANY 100 FIRST STREET SAN FRANCISCO, CA 94105 	\$ 372,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>9</u>	DELTA DENTAL OF CALIFORNIA 100 FIRST STREET SAN FRANCISCO, CA 94105 	\$ 167,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>10</u>	DELTA DENTAL OF DELAWARE INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 	\$ 21,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>	DELTA DENTAL OF NEW YORK INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 	\$ 87,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>12</u>	DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 	\$ 247,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>13</u>	DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA 17055 	\$ 15,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
<u>14</u>	DELTA DENTAL OF WEST VIRGINIA INC ONE DELTA DRIVE MECHANICSBURG, PA 17055 	\$ 41,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

TY 2013 Substantial Contributors Schedule**Name:** DELTA DENTAL COMMUNITY CARE FOUNDATION**EIN:** 37-1570764

Name	Address
DELTA DENTAL INSURANCE COMPANY	100 FIRST STREET SAN FRANCISCO,CA 94105
DELTA DENTAL OF DELAWARE INC	ONE DELTA DRIVE MECHANICSBURG,PA 17055
DELTA DENTAL OF NEW YORK INC	ONE DELTA DRIVE MECHANICSBURG,PA 17055
DELTA DENTAL OF PENNSYLVANIA	ONE DELTA DRIVE MECHANICSBURG,PA 17055
DELTA DENTAL OF WEST VIRGINIA INC	ONE DELTA DRIVE MECHANICSBURG,PA 17055
DELTA DENTAL OF CALIFORNIA	100 FIRST STREET SAN FRANCISCO,CA 94105
DELTA DENTAL OF THE DISTRICT OF COLUMBIA	ONE DELTA DRIVE MECHANICSBURG,PA 17055