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

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

Room/suite

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 ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ 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)* ▶$ 970,884

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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)	4,024,668			
	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				
	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	4,024,668	0	0	
Operating and Administrative Expenses	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)	8,468	0	0	0
	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	8,468	0	0	0
	25 Contributions, gifts, grants paid	3,725,000			3,725,000
	26 **Total expenses and disbursements.** Add lines 24 and 25	3,733,468	0	0	3,725,000
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	291,200			
	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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1	Cash—non-interest-bearing	319,684	970,884	970,884
	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)	319,684	970,884	970,884
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable		360,000	
	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	360,000	
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	319,684	610,884	
	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 instructions)	319,684	610,884	
	31	**Total liabilities and net assets/fund balances** (see instructions)	319,684	970,884	

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	319,684
2	Enter amount from Part I, line 27a	2	291,200
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	610,884
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	610,884

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase **(b)** D—Donation	Date acquired **(c)** (mo , day, yr)	Date sold **(d)** (mo , day, yr)
1a			
b			
c			
d			
e			

	(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
	(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** 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 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))
2014	2,690,000	0	0 000000
2013	1,985,000	0	0 000000
2012	1,670,000	0	0 000000
2011	268,399	0	0 000000
2010	0	0	0 000000

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 2015 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**	3,725,000

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	2015 estimated tax payments and 2014 overpayment credited to 2015 — 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 2015 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
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		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*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.*			
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? *If "Yes," attach a detailed description of the activities.*	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? *If "Yes," attach a conformed copy of the changes*	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? *If "Yes," attach the statement required by General Instruction T.*	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? *If "Yes," complete Part II, col. (c), and Part XV.*	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? *If "No," attach explanation* .	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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	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?	13	Yes	

Website address ▶ HTTP //WWW DDCCF COM

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 2015, 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?	16		No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶

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 instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ 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 2015 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? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)*	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 2015?	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 4945(d)(4)(A)? (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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** 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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	Contributions to employee benefit plans and deferred **(d)** compensation	Expense account, **(e)** other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

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 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 2015 from Part VI, line 5	2a			
b	Income tax for 2015 (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	3,725,000
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	3,725,000
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	3,725,000

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010 181,250				
b From 2011 268,399				
c From 2012 1,670,000				
d From 2013 1,985,000				
e From 2014 2,690,000				
f **Total** of lines 3a through e	6,794,649			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $ 3,725,000				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2015 distributable amount				0
e Remaining amount distributed out of corpus	3,725,000			
5 Excess distributions carryover applied to 2015	0			0
(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	10,519,649			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
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		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	181,250			
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	10,338,399			
10 Analysis of line 9				
a Excess from 2011 268,399				
b Excess from 2012 1,670,000				
c Excess from 2013 1,985,000				
d Excess from 2014 2,690,000				
e Excess from 2015 3,725,000				

Part XIV Private 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 2015, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	**(b)** 2014	**(c)** 2013	**(d)** 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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 XV Supplementary 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 or email address 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 Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				3,725,000
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		0	0
13 **Total.** Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)				13	0

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

****** | 2016-04-26 | ******

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
CRAIG T WILLIAMS		2016-05-08		P00621386

Firm's name ▶ CBIZ MHM LLC

Firm's EIN ▶ 34-1851358

Firm's address ▶ 3625 CUMBERLAND BLVD STE 800 ATLANTA, GA 30082

Phone no (770) 858-4500

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

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

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK ROAD ABINGTON,PA 19001	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ACCESS FAMILY HEALTH SERVICES INC 60024 OLIVE ST SMITHVILLE,MS 38870	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ACCESS HEALTH LOUISIANA 843 MILLING AVE LULING,LA 70070	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ALACHUA COUNTY ORGANIZATION FOR RURAL NEEDS INC 23320 STATE ROAD 235 BROOKER,FL 32622	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ALBANY AREA PRIMARY HEALTH CARE INC 204 NORTH WESTOVER BLVD 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 RD PHILADELPHIA,PA 19141	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ALTA FAMILY HEALTH CLINIC INC 888 NORTH ALTA AVENUE DINUBA,CA 93618	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 620 HOWARD AVENUE 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 INC 102 WEST FREEDOM DRIVE 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 ST DOYLESTOWN,PA 18901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ANTHONY L JORDAN HEALTH CORPORATION 82 HOLLAND STREET ROCHESTER,NY 14605	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 ST LOS ANGELES,CA 90042	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND,CA 94607	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ASSISTANCE LEAGUE OF SAN PEDRO-SOUTH BAY 1441 WEST 8TH ST SAN PEDRO,CA 90732	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
ATASCOSA HEALTH CENTER INC 310 WEST OAKLAWN ROAD PLEASANTON,TX 78062	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ATASCOSA HEALTH CENTER INC 310 WEST OAKLAWN ROAD PLEASANTON,TX 78062	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
AVENAL COMMUNITY HEALTH CENTER 1000 SKYLINE BOULEVARD PO BOX 700 AVENAL,CA 93204	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BARNABAS CENTER INC 1303 JASMINE ST STE 101 FERNANDINA,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 INC 3066 E COMMERCE ST SAN ANTONIO,TX 78207	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
BEDFORD STUYVESANT FAMILY HEALTH CENTER INC 1456 FULTON STREET BROOKLYN,NY 11216	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BETANCES HEALTH CENTER 280 HENRY STREET NEW YORK,NY 10002	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BIRMINGHAM HEALTH CARE INC 1333 19TH ST NORTH BIRMINGHAM,AL 35020	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BOND COMMUNITY HEALTH CENTER 1720 S GADSDEN ST TALLAHASSEE,FL 32301	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BRADFORD COUNTY DENTAL INC 1 ELIZABETH STREET 6 TOWANDA,PA 18848	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BRANDON OUTREACH CLINIC INC 517 NORTH PARSONS AVE BRANDON,FL 33511	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BREAD FOR THE CITY INC 1525 7TH STREET NW WASHINGTON,DC 20001	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BREVARD HEALTH ALLIANCE 2120 SARNO ROAD MELBOURNE,FL 32935	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BROWNSVILLE COMMUNITY HEALTH CENTER 191 EAST PRICE ROAD BROWNSVILLE,TX 78521	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
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
BULLHOOK COMMUNITY HEALTH CENTER 521 4TH STREET HAVRE,MT 59501	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
CABIN CREEK HEALTH CENTER INC 107 KOONTZ AVE STE 200 CLENDENIN,WV 25045	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CAHABA VALLEY HEALTH CARE 4515 SOUTHLAKE PARKWAY SUITE 150 BIRMINGHAM,AL 35244	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CAMILLUS HEALTH CONCERN INC 336 NW 5TH STREET MIAMI,FL 33128	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CARIDAD CENTER INC 8645 WEST BOYNTON BEACH BOULEVARD BOYNTON BEACH,FL 33472	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
CATHOLIC CHARITIES OF CENTRAL FLORIDA INC 1819 NORTH SEMORAN BOULEVARD ORLANDO,FL 32807	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON INC 1618 MONROE ST NW WASHINGTON,DC 20017	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRAL CALIFORNIA DENTAL 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 FLORIDA HEALTH CARE INC 225 LINCOLN AVE LAKE WALES,FL 33853	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRAL MISSISSIPPI CIVIC IMPROVEMENT ASSOCIATION INC 3502 WEST NORTHSIDE DR JACKSON,MS 39213	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRAL TEXAS COMMUNITY HEALTH CENTERS 2115 KRAMER LANE SUITE 100 AUSTIN,TX 78758	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRAL TEXAS COMMUNITY HEALTH CENTERS 2115 KRAMER LANE SUITE 100 AUSTIN,TX 78758	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DR STE D STATE COLLEGE,PA 16803	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHARLES HENDERSON MEMORIAL ASSOCIATION 1300 HIGHWAY 231 SOUTH PO BOX 928 TROY,AL 36081	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHASE BREXTON HEALTH SERVICES INC 1111 NORTH CHARLES STREET BALTIMORE,MD 21201	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHESPENN HEALTH SERVICES 744 EAST LINCOLN HWY COATESVILLE,PA 19320	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHILDREN'S DENTAL FOUNDATION 455 EAST COLUMBIA STREET SUITE 32 LONG BEACH,CA 90806	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHILDRENS HOSPITAL 200 HENRY CLAY AVENUE NEW ORLEANS,LA 70118	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 2344 AUGUSTA,GA 30903	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHRIST LUTHERAN CHURCH 124 SOUTH 13TH STREET HARRISBURG,PA 17104	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 S WELLS ROAD 200 PO BOX 4669 VENTURA,CA 93004	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CLINTON COUNTY COMMUNITY DENTAL CLINIC 266 HOGAN BLVD STE 6 MILL HALL,PA 17751	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION STREET BILOXI,MS 39530	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION STREET BILOXI,MS 39530	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COASTSIDE MEDICAL DENTAL CLINICS INC 210 SAN MATEO RD SUITE 104 HALF MOON BAY,CA 94109	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY AIDS RESOURCE INC 3510 BISCAYNE BLVD SUITE 300 MIAMI,FL 33137	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
COMMUNITY DENTAL CLINIC INC 1008 WOODLAWN ST CLEARWATER,FL 33756	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY FREE DENTAL CLINIC 2227 DRAKE AVE STE 4 HUNTSVILLE,AL 35805	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH & DENTAL CARE INC 11 ROBINSON ST STE 100 POTTSTOWN,PA 19464	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH ALLIANCE OF PASADENA 837 S FAIR OAKS AVE 204 PASADENA,CA 91105	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH ALLIANCE 1450 RIDGEVIEW DR STE 200 RENO,NV 89519	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH ALLIANCE 1450 RIDGEVIEW DR STE 200 RENO,NV 89519	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH ALLIANCE 1450 RIDGEVIEW DR STE 200 RENO,NV 89519	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 ST STE 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 4485 N TOWN SQUARE SUITE 108 POWDER SPRINGS,GA 30127	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS INC 220 W 7200 SOUTH SUITE A MIDVALLE,UT 84047	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS INC 220 W 7200 SOUTH SUITE A MIDVALLE,UT 84047	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS INC 220 W 7200 SOUTH SUITE A MIDVALLE,UT 84047	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS INC 220 W 7200 SOUTH SUITE A MIDVALLE,UT 84047	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 SAINT GEORGE ST 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 934449123	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . ▶ **3a**				3,725,000

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
COMMUNITY HEALTH CENTERS INC 110 SOUTH WOODLAND ST 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 INC 943 FOURTH AVE NEW KENSINGTON,PA 15068	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 DR BUTLER,PA 16002	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CLINIC OLE 1141 PEAR TREE LANE STE 100 NAPA,CA 94558	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CONNECT 591 SOUTH STATE STREET PROVO,UT 84606	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH DEVELOPMENT INC 908 S EVANS ST 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 OUTREACH 5126 TIMUQUANA ROAD JACKSONVILLE,FL 32210	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 ST 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 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 MEDICAL CARE CENTER OF LEESBURG INC 1210 WEST MAIN STREET LEESBURG,FL 34748	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY OF HOPE INC 4 ATLANTIC STREET SW WASHINGTON,DC 20032	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COOPERATIVE HEALTH CENTER 1930 9TH AVE HELENA,MT 59601	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CORNERSTONE CARE INC 1227 SMITH TOWNSHIP STATE RD BURGETTWTOEN,PA 150212828	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COUNTY OF CASCADE 115 4TH STREET S GREAT FALLS,MT 59401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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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 ST 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 ST SAVANNAH,GA 31402	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CUSTER COUNTY COMMUNITY HEALTH CENTER 210 SOUTH WINCHESTER AVENUE MILES CITY,MT 59301	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DEKALB COUNTY BOARD OF HEALTH 440 WINN WAY ROOM 3107 DECATUR,GA 30031	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DELAWARE TECHNICAL COMMUNITY COLLEGE-GEORGE CAMPUS 333 SHIPLEY STREET WILMINGTON,DE 19801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DENTAL HEALTH ARLINGTON 201 NORTH EAST STREET ARLINGTON,TX 76004	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DFDD CLINICAL SERVICES 42-900 BOB HOPE DR STE 111 RANCHO MIRAGE,CA 92270	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
DOCTORS' 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
DR EARL R CRANE CHILDRENS DENTAL HEALTH CENTER 580 WEST 6TH STREET SAN BERNARDINO,CA 92410	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EAST CENTRAL MISSISSIPPI HEALTH CARE INC 1488 HWY 487 EAST PO BOX 142 SEABASTOPOL,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 ST SWAINSBORO,GA 30401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EAST HILL FAMILY MEDICAL INC 144 GENESEE STREET SUITE 500 AUBURN,NY 13021	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 RD PO BOX 632040 NACOGDOCHES,TX 75964	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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EBENEZER MEDICAL OUTREACH INC 1448 10TH AVE STE 100 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 77233	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ENTERPRISE VALLEY MEDICAL CLINIC INC 223 SOUTH 200 EAST ENTERPRISE,UT 84725	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ESCAMBIA COMMUNITY CLINICS INC 14 WEST JORDAN STREET PENSACOLA,FL 32501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ESPERANZA HEALTH CENTER 4417 N 6TH ST PHILADELPHIA,PA 19140	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EXCELTH INC 1111 NEWTON STREET SUITE 207 NEW ORLEANS,LA 70114	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY FIRST HEALTH CORPORATION 116 SOUTH GEORGE ST YORK,PA 17401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY HEALTH CARE CLINIC INC 1551 WEST GOVERNMENT STREET BRANDON,MS 39042	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY HEALTH CARE CLINIC INC 226 WHITE OAK AVENUE RALEIGH,MS 39153	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
FAMILY HEALTH NETWORK OF CENTRAL NEW YORK INC 17-29 MAIN ST STE 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 AND COUNSELING NETWORK 4700 WISSAHICKON AVE STE 118 PHILADELPHIA,PA 19144	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAYETTE CARE CLINIC INC 1260 HIGHWAY 54W SUITE 204 FAYETTEVILLE,GA 30214	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FINGER LAKES MIGRANT HEALTH CARE PROJECT INC 14 MAIDEN LANE PO BOX 423 PENN,NY 14527	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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FLATHEAD COMMUNITY HEALTH CENTER 1035 1ST AVENUE WEST KALISPELL,MT 59901	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 DR WEST PALM BEACH,FL 334073241	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FLORIDA DEPARTMENT OF HEALTH IN PASCO COUNTY 10841 LITTLE ROAD NEW PORT RICHEY,FL 34652	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FLORIDA DEPARTMENT OF HEALTH 1845 HOLSONBACK DRIVE DAYTONA BEACH,FL 32117	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FLORIDA DEPARTMENT OF HEALTH 3339 E TAMIAMI TRAIL SUITE 145 NAPLES,FL 34112	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FOURTH WARD CLINIC 190 HEIGHTS BOULEVARD HOUSTON,TX 77090	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FRANKLIN PRIMARY HEALTH CENTER INC 1303 DR MARTIN L KING JR AVE MOBILE,AL 36603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FRANKLIN PRIMARY HEALTH CENTER INC 3147 FIRST AVE LOXLEY,AL 36551	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FREDERICK MEMORIAL HOSPIAL INC 400 WEST 7TH STREET FREDERICK,MD 21701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FREE CLINIC OF SIMI VALLEY 2060 TAPO STREET SIMI VALLEY,CA 93063	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FULTON COUNTY PARTNERSHIP INC 22438 GREAT COVER RD STE 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 ST 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 780443397	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GEISINGER CLINIC 100 N ACADEMY AVE DANVILLE,PA 17822	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GEISINGER CLINIC 100 N ACADEMY AVE DANVILLE,PA 17822	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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GEORGIA HEALTH SCIENCES UNIVERSITY 1120 15TH ST GC-5024 AUGUSTA,GA 30912	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GEORGIA MOUNTAINS HEALTH SERVICES INC 165 BLUE RIDGE OVERLOOK BLUE RIDGE,GA 30513	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GFWC CORAL GABLE WOMAN'S CLUB INC 475 BILTMORE WAY 110 CORAL GABLES,FL 33134	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GLACIER COMMUNITY HEALTH CENTER INC 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
GLOBAL HEALTH RC INC 5621 SALMEN STREET HARAHAN,LA 70123	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GOLDEN VALLEY HEALTH CENTERS 737 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 NEWS CLINICS INC 810 PINE STREET GAINSVILLE,GA 30503	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GOOD SAMARITAN HEALTH CENTERS INC 268 HERBERT ST 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
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
GREENE AREA MEDICAL EXTENDERS INC 1616 WILLIAMS DRIVE LEAKESVILLE,MS 39451	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 RD STE 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 BLVD PORT ARTHUR,TX 77640	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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HAMILTON HEALTH CENTER 1650 WALNUT ST HARRISBURG,PA 17103	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALS INC 1100 MERIDIAN ST HUNTSVILLE,AL 35801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTH CARE ACCESS 723 WHEATLAND STREET STE 2C PHOENIXVILLE,PA 19460	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
HEALTH SERVICES INC 1845 CHERRY STREET PO BOX 70365 MONTGOMERY,AL 36107	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 RD SOUTHAMPTON,PA 18966	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTHY SMILES MOBILE DENTAL FOUNDATION 1275 WEST SHAW STE 101 FRESNO,CA 93711	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 INC 1600 PROVIDENCE DRIVE WACO,TX 76707	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEBRON COMMUNITY HEALTH CENTER INC PO BOX 1538 LAWRENCEVILLE,GA 30046	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HILL COUNTRY HEALTH & WELLNESS CENTER 29632 HIGHWAY 299 EAST PO BOX 288 MOUNTAIN,CA 96084	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HOPE CENTER INC 10274-A HIGHWAY 104 FAIRHOPE,AL 36532	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HOPE MEDICAL CLINIC INC 1125 FORREST AVENUE SUITE 201 DOVER,DE 19904	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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HOWARD UNIVERSITY COLLEGE OF DENTISTRY 600 W STREET NW SUITE 521 WASHINGTON,DC 20059	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HUDSON HEADWATERS HEALTH NETWORK 9 CAREY ROAD QUEENSBURY,NY 12804	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HYNDMAN AREA HEALTH CENTER INC 144 FIFTH AVENUE HYNDMAN,PA 15545	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HYNDMAN AREA HEALTH CENTER INC 144 FIFTH AVENUE HYNDMAN,PA 15545	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER 800 CHARITY STREET ABBEVILLE,LA 70510	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER 806 JEFFERSON TERRACE BLVD NEW IBERIA,LA 70560	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
IHC HEALTH SERVICES INC 100 NORTH MARIO CAPECCHI DRIVE SALT LAKE CITY,UT 84113	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
INLAND BEHAVIORAL & 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
INNIS COMMUNITY HEALTH CENTER INC 6450 LA HIGHWAY 1 SUITE B INNIS,LA 70747	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 BLVD MARRERO,LA 70070	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
JEFFERSON COUNTY DEPARTMENT OF HEALTH 1400 6TH AVE SOUTH BIRMINGHAM,AL 35233	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 ST 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 AVE STE B-3A CHAMBERSBURG,PA 17201	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
KIDS SMILES INC 2821 ISLAND AVE STE 210 PHILADELPHIA,PA 19153	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 AVE THIRD FLOOR 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 MAESTRA COMMUNITY HEALTH CENTERS 4060 FAIRMOUNT AVENUE SAN DIEGO,CA 92105	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 GEROGETOWN,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 ST LAFAYETTE,LA 70501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LAKELAND VOLUNTEERS IN MEDICINE 1021 LAKELAND HILLS BLVD 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 INC 320 EAST 2ND ST 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 AVE 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 BLVD DALLAS,TX 752124014	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LUTHERAN MEDICAL CENTER 5800 THIRD AVE BROOKLYN,NY 11220	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MACON VOLUNTEER CLINIC INC 376 ROGERS AVENUE MACON,GA 31204	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY,UT 84104	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
MANNA MINISTRIES INC 120 STREET A SUITE A PICAYUNE,MS 39466	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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MANOS DE CRISTO 4911 HARMON AVENUE AUSITN,TX 78751	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MANTACHIE RURAL HEALTH CARE INC 5681 HIGHWAY 363 PO BOX 40 MANTACHIE,MS 38855	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MARY'S CENTER FOR MATERNAL & CHILD CARE INC 2333 ONTARIO ROAD NW WASHINGTON,DC 200092627	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MEDSTAR-GEORGETOWN MEDICAL CENTER INC 1 MAIN HOSPITAL ADMINISTRATION 3800 RESERVOIR ROAD NW WASHINGTON,DC 20007	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
MERCY HEALTH CENTER INC 700 OGLETHORPE AVENUE SUITE C7 ATHENS,GA 30606	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MERIDIAN EDUCATION RESOURCE GROUP INC 1353 GEORGE W BRUMLEY WAY SE ATLANTA,GA 30317	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 BLVD STE 207 NORTH MIAMI,FL 33181	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MID-OHIO VALLEY BOARD OF HEALTH 211 SIXTH STREET PARKERSBURG,WV 26101	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MID-OHIO VALLEY BOARD OF HEALTH 211 SIXTH STREET PARKERSBURG,WV 26101	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 22 SOUTH STATE STREET SUITE 1007 CLEARFIELD,UT 84015	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 94401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MINNIE HAMILTON HEALTH CARE CENTER INC 186 HOSPITAL DRIVE GRANTSVILLE,WV 26147	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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MISSION FIRST INC 275 ROSENEATH PO BOX 250 JACKSON,MS 39205	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MISSION OF MERCY INC 22 SOUTH MARKET STREET SUITE 6D FREDERICK,MD 21701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MISSION OF MERCY INC 22 SOUTH MARKET STREET SUITE 6D FREDERICK,MD 21701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MOBILE COUNTY HEALTH DEPARTMENT 251 NORTH BAYOU ST BOX 2867 MOBILE,AL 36652	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MONONGALIA COUNTY HEALTH DEPARTMENT DENTISTRY 453 VAN VOORHIS ROAD MORGANTOWN,WV 26505	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 W BURNSIDE AVE BRONX,NY 10453	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MOUNTAIN VALLEYS 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
MOUNTAINLANDS COMMUNITY HEALTH CENTER 589 S STATE ST PROVO,UT 84606	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MT ENTERPRISE COMMUNITY HEALTH CLINIC PO BOX 489 ENTERPRISE,TX 75681	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MT 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 RD 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 INC 3325 RESEARCH WAY 2ND FLOOR CARSON CITY,NV 89706	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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NEVADA HEALTH CENTERS INC 3325 RESEARCH WAY 2ND FLOOR CARSON CITY,NV 89707	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEVADA HEALTH CENTERS INC 3325 RESEARCH WAY 2ND FLOOR CARSON CITY,NV 89708	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEW RIVER HEALTH ASSOCIATION INC 729 MAIN STREET MOUNT HOPE,WV 25880	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEW RIVER HEALTH ASSOCIATION INC 75 SPY ROCK LOOP ROAD LOOKOUT,WV 25868	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEW YORK UNIVERSITY COLLEGE OF DENTISTRY 345 EAST 24TH ST C/O ALYSON LEFFEL PATIENT ADVOCATE OFFICE CLINIC 3S S NEW YORK,NY 10010	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NOAIDS TASK FORCE 2601 TULANE AVENUE SUITE 500 NEW ORLEANS,LA 70119	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 INC 200 MARTIN LUTHER KING JR BLVD PO BOX 720 WICHITA FALLS,TX 76301	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH COUNTY HEALTH PROJECT INC 150 VALPREDA ROAD SAN MARCOS,CA 92069	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH EAST MEDICAL SERVICES 1520 STOCKTON ST 4TH FL DENTAL CLINIC SAN FRANCISCO,CA 941333354	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH FLORIDA MEDICAL CENTERS 2804 REMINGTON DRIVE CIRCLE STE 4 TALLAHASSEE,FL 323081550	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH GEORGIA HEALTHCARE CENTER PO BOX 729 RINGGOLD,GA 30736	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH SIDE CHRISTIAN HEALTH CENTER 816 MIDDLE STREET PITTSBURGH,PA 15212	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTHEAST VALLEY HEALTH CORP 1172 NORTH MACLAY AVE 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 ST PULASKI,NY 13142	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTHWEST ALABAMA COMMUNITY HEALTH ASSOCIATION 309 B HANDY HOMES FLORENCE,AL 35630	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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OAK ORCHARD COMMUNITY HEALTH CENTER INC 300 WEST AVENUE BROCKPORT,NY 14420	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 ST OSSINING,NY 10562	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
OUTPATIENT MEDICAL CENTER INC 1640 BREAZEALE SPRINGS ST NATCHITOCHES,LA 71457	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
OUTREACH HEALTH SERVICES INC 130 NORTH HIGH STREET SHUBUTA,MS 39360	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
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
PANCARE OF FLORIDA INC 431 OAK AVE PANAMA CITY,FL 32401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PARTNERSHIP FOR THE CHILDREN OF SLO COUNTY 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
PARTNERSHIP HEALTH CENTER 323 WEST ALDER STREET MISSOULA,MT 59802	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PASADENA HEALTH CENTER INC 908 E SOUTHMORE AVE STE 100 PASADENA,TX 77502	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PEACH TREE CLINIC 5730 PACKARD AVE STE 600 MARYSVILLE,CA 95901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PEDIATRIC & FAMILY MEDICAL CENTER 1530 OLIVE ST LOS ANGELES,CA 90015	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PETALUMA HEALTH CENTER-DENTAL CLINIC 1179 N MCDOWELL BLVD PETALUMA,CA 94954	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
PRESTON-TAYLOR COMMUNITY HEALTH CENTERS INC 711 NORTH PIKE STREET GRAFTON,WV 26354	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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PRIMARY CARE COALITION OF MONTGOMERY COUNTY MD INC 8757 GEORGIA AVE 10TH FLR 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 FELICIANA INC 11990 JACKSON ST PO BOX 395 CLINTON,LA 70722	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA INC 11990 JACKSON ST PO BOX 395 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 ST TRENTON,GA 30752	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY HEALTH NETWORK 100 SHENANGO AVE PO BOX 716 SHARON,PA 16146	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY HEALTH NETWORK 1302 7TH AVENUE SHARON,PA 16146	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA,PA 19130	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
QUALITY OF LIFE HEALTH SERVICES INC 1411 PIEDMONT CUT-OFF PO BOX 97 GADSDEN,AL 35902	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
QUEENSCARE HEALTH CENTERS 1300 NORTH VERMONT AVE STE 1002 LOS ANGELES,CA 90027	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
REGENCE HEALTH NETWORK INC 125 WEST PARK AVENUE HEREFORD,TX 79045	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
REGENCE HEALTH NETWORK INC 2801 WEST 8TH STREET PLAINVIEW,TX 79072	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
REGENCE HEALTH NETWORK INC 850 MARTIN ROAD AMARILLO,TX 79107	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 PA 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
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RURAL HEALTH CORPORATION OF NORTHEASTERN PA 75 PINEAPPLE STREET NUREMBERG,PA 18241	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 367022213	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
RYANCHELSEA-CLINTON COMMUNITY HEALTH CENTER 645 TENTH AVENUE NEW YORK,NY 10036	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SACRAMENTO NATIVE AMERICAN HEALTH CENTER INC 2020 J STREET SACRAMENTO,CA 95811	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SADLER HEALTH CENTER CORPORATION 100 NORTH HANOVER STREET CARLISLE,PA 17013	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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
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
SAMARITAN'S TOUCH CARE CENTER INC 3015 HERRING AVENUE SEBRING,FL 33870	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 ST STE 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 915 N MILPAS STREET 2ND FL SANTA BARBARA,CA 93103	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SANTA BARBARA NEIGHBORHOOD CLINICS 915 NORTH MILPAS STREET 2ND FLOOR SANTA BARBARA,CA 93103	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SANTA ROSA CHILDREN'S HOSPITAL FOUNDATION 100 NE LOOP 410 SAN ANTONIO,TX 78216	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
SAVANNAH VOLUNTEER DENTAL CLINIC 5302 FREDERICK STREET SUITE 101 SAVANNAH,GA 31405	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SCHENECTADY FAMILY HEALTH SERVICES 1044 STATE ST 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
SHENANDOAH VALLEY MEDICAL SYSTEM INC 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
SMILEFAITH FOUNDATION 8125 US HIGHWAY 19 PORT RICHEY,FL 34668	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTH BAY FAMILY HEALTH CARE 23430 HAWTHORNE BLVD STE 210 TORRANCE,CA 90505	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTH CENTRAL FAMILY HEALTH CENTER 3410 SOUTH HOOPER AVENUE LOS ANGELES,CA 90011	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTH COUNTY COMMUNITY CLINIC 101 PINE MANOR DRIVE OAK RIDGE NORTH,TX 77385	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTH COUNTY COMMUNITY HEALTH CENTER INC 1885 BAY ROAD EAST PALO ALTO,CA 94303	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHBRIDGE MEDICAL ADVISORY COUNCIL INC 601 NEW CASTLE AVE 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 ST 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 ST 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 INC 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 GEORGIA HEALTH CARE INC 804 EAST 16TH AVENUE CORDELE,GA 31015	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
SOUTHWEST UTAH COMMUNITY HEALTH CENTER INC 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
ST JEANNE DE LESTONNAC FREE CLINIC 1215 E CHAPMAN AVENUE ORANGE,CA 92866	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST JOSEPH HOSPITAL OF ORANGE 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
ST JOSEPH MEDICAL CENTER PO BOX 316 READING,PA 196030316	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST JOSEPHS NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER,NY 14620	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 ST 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 DENTAL CLINIC 1608 WALNUT ST ERIE,PA 16502	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST GABRIEL HEALTH CLINIC INC 5760 MONTICELLO ST ST GABRIEL,LA 70776	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST JOHN'S WELL CHILD AND FAMILY CENTER INC 808 WEST 58TH STREET LOS ANGELES,CA 90037	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
START CORPORATION 420 MAGNOLIA STREET HOUMA,LA 70361	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
STEPHEN F AUSTIN COMMUNITY HEALTH CENTER INC 1111 WEST ADOUE STREET ALVIN,TX 77511	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 SCHOOL OF DENTAL MEDICINE/DENTAL CARE CNTR TONY BROOK UNIVERSITY STONY BROOK,NY 117948704	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SULLIVAN COUNTY ACTION INC PO BOX 1 LAPORTE,PA 18626	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SUNCOAST COMMUNITY HEALTH CENTERS INC 13110 ELK MOUNTAIN DR RIVERVIEW,FL 33579	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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Recipient Name and address (home or business)	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
a *Paid during the year*				
SUSAN DEW HOFF MEMORIAL CLINIC INC 925 LIBERTY ST 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 & DENTAL CLINIC INC 469-471 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 1 SUNBURY,PA 17801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SWLA CENTER FOR HEALTH SERVICES 112 NORTH SIXTH STREET OBERLIN,LA 70655	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SWLA CENTER FOR HEALTH SERVICES 2000 OPELOUSAS STREET LAKE CHARLES,LA 70601	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SWLA CENTER FOR HEALTH SERVICES 500 PATTERSON STREET LAFAYETTE,LA 70501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SWLA CENTER FOR HEALTH SERVICES 613 JOHN F KENNEDY DRIVE CROWLEY,LA 70627	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TEMPLE COMMUNITY FREE CLINIC INC 1905 CURTIS B ELLIOT DR TEMPLE,TX 76501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TEXAS COMMUNITY HEALTH NETWORK INC 8235 AGORA PARKWAY SUITE 111 BOX 393 SELMA,TX 781541335	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 RD 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 ST BERWICK,PA 18603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE FOOD BANK OF COVINGTON LOUISIANA INC 840 NORTH COLUMBIA COVINGTON,LA 70433	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE GARY CENTER 341 SOUTH HILLCREST ST 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 STE 10 CORNWALL,NY 12518	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE HENRY W GRADY HEALTH SYSTEM FOUNDATION INC 191 PEACHTREE STREET NE SUITE 820 ATLANTA,GA 30303	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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Recipient Name and address (home or business)	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
a *Paid during the year*				
THE MINISTRY OF CARING INC 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
THE WEST ANNISTON MEDICAL CLINIC INC 501 RIVERCHASE PARKWAY EAST SUITE 100 HOOVER, AL 35244	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THREE LOWER COUNTIES COMMUNITY SERVICES INC 32033 BEAVER RUN DRIVE SALISBURY, MD 21804	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TIBURCIO VASQUEZ HEALTH CENTER INC 22331 MISSION BLVD HAYWARD, CA 94541	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TREASURE COAST COMMUNITY HEALTH INC 2182 PONCE DE LEON CIRCLE VERO BEACH, FL 32960	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TRENTON MEDICAL CENTER INC 23343 NW CR 236 HIGH SPRINGS, FL 32643	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TRINITY COUNTY SUPERINTENDENT OF SCHOOLS PO BOX 1256 WEAVERVILLE, CA 96093	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 FOUNDATION 1101 NORTHAMPTON STREET STE 101 EASTON, PA 18042	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNITED CEREBRAL PALSY ASSOCIATION OF THE NORTH COUNTRY INC 4 COMMERCE LANE CANTON, NY 13617	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 VALLEY 650 ZEDIKER AVE PO BOX 790 PARLIER, CA 93648	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNITY HEALTH CARE INC 1220 12TH STREET SE SUITE 120 WASHINGTON, DC 20003	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNITY HEALTH CARE INC 1220 12TH STREET SE SUITE 120 WASHINGTON, DC 20003	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNITY HEALTH CARE INC 1220 12TH STREET SE SUITE 120 WASHINGTON, DC 20003	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNIVERSITY AT BUFFALO FOUNDATION INC 901 KIMBALL TOWER BUFFALO, NY 14214	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . ▶ **3a**				3,725,000

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UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC 650 WEST BALTIMORE ST ROOM 6207 BALTIMORE,MD 21201	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION UNLV SCHOOL OF DENTAL MEDICINE 1001 SHADOW LANE MS 7423 LAS VEGAS,NV 89106	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR MAIL CODE 7966 SAN ANTONIO,TX 782293900	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNIVERSITY OF UTAH 530 SOUTH WAKARA WAY SALT LAKE CITY,UT 84108	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	5,000
VMSN INC 4770 HARRISON DRIVE LAS VEGAS,NV 89121	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
WASATCH HOMELESS HEALTH CARE INC 409 WEST 400 SOUTH SALT LAKE CITY,UT 84101	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WATER STREET HEALTH SERVICES 210 S PRINCE ST LANCASTER,PA 17603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WAYNE COMMUNITY HEALTH CENTERS INC PO BOX 303 BICKNELL,UT 84715	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 ST 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 INC G110 HEALTH SCIENCES NORTH PO BOX 9415 MORGANTOWN,WV 265069415	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 200 WILMINGTON,DE 19801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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WESTSIDE FAMILY HEALTHCARE INC 300 WATER STREET 200 WILMINGTON,DE 19802	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WHATLEY HEALTH SERVICES INC 2731 MARTIN LUTHER KING JR BLVD PO BOX 2400 TUSCALOOSA,AL 35403	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WHATLEY HEALTH SERVICES INC 2731 MARTIN LUTHER KING JR BLVD PO BOX 2400 TUSCALOOSA,AL 35403	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WHEELING HEALTH RIGHT INC 61-29TH STREET WHEELING,WV 26003	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WHEELING HEALTH RIGHT INC 61-29TH STREET WHEELING,WV 26003	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WHITMAN-WALKER CLINIC INC 1701 14TH STREET NW WASHINGTON,DC 20009	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
WILLIAM F RYAN COMMUNITY HEALTH CENTER 110 WEST 97TH STREET NEW YORK,NY 10025	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WILLIAMSON HEALTH & WELLNESS CENTER 184 EAST 2ND AVENUE SUITE 210 WILLIAMSON,WV 25661	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WILMINGTON COMMUNITY CLINIC 1009 NORTH AVALON BOULEVARD WILMINGTON,CA 90744	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WORKING PEOPLE'S FREE CLINIC INC 1543 MCGINNIS STREET ALEXANDRIA,LA 71301	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
YORK HOSPITAL C/O YORK HEALTH FOUNDATION 912 SOUTH GEORGE ST YORK,PA 17403	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
YOUNG MENS CHRISTIAN ASSOCIATION INC 1000 NORTH MARKET STREET FREDERICK,MD 21701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ **3a**				3,725,000

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TY 2015 Accounting Fees Schedule

Name: DELTA DENTAL COMMUNITY CARE FOUNDATION

EIN: 37-1570764

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING AND LEGAL FEES	8,468	0	0	0

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TY 2015 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
DR CHRISTOPHER KOTCHICK	300 COMMUNITY DRIVE TOBYHANNA,PA 18466

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Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ 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 www.irs.gov/form990.

OMB No 1545-0047

2015

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, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

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

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

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

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

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Part I **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
____	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)

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Part II Noncash Property
(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	DONATED ACCOUNTING AND LEGAL SERVICES	$ 8,468	2015-06-30
		$	
		$	
		$	
		$	
		$	

Name of organization
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this 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
1	DELTA DENTAL INSURANCE COMPANY 100 FIRST STREET SAN FRANCISCO, CA 94105	$ 2,050,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	DELTA DENTAL OF DELAWARE INC ONE DELTA DRIVE MECHANICSBURG, PA 17055	$ 89,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	DELTA DENTAL OF NEW YORK INC ONE DELTA DRIVE MECHANICSBURG, PA 17055	$ 342,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
4	DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA 17055	$ 671,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	DELTA DENTAL OF WEST VIRGINIA INC ONE DELTA DRIVE MECHANICSBURG, PA 17055	$ 139,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA 17055	$ 114,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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
7	DELTA DENTAL OF CALIFORNIA 100 FIRST STREET SAN FRANCISCO, CA 94105	$ 595,000	Person ☑ Payroll ☐ Noncash (Complete Part II for noncash contribution)
8	DELTA DENTAL OF CALIFORNIA 100 FIRST STREET SAN FRANCISCO, CA 94105	$ 8,468	Person ☐ Payroll ☑ Noncash (Complete Part II for noncash contribution)
9	DR CHRISTOPHER KOTCHICK 300 COMMUNITY DRIVE TOBYHANNA, PA 18466	$ 16,200	Person ☑ Payroll ☐ Noncash (Complete Part II for noncash contribution)