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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

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017

Name of foundation
DENTAQUEST FOUNDATION INC

A Employer identification number
04-3265080

Number and street (or P O box number if mail is not delivered to street address)
465 MEDFORD STREET

Room/suite

B Telephone number (see instructions)
(617) 886-1700

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02129

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)* ▶$ 36,311,826

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)	1,050			
	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	653,675	653,675		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	1,263,724			
	b	Gross sales price for all assets on line 6a 15,086,400				
	7	Capital gain net income (from Part IV, line 2)		1,263,724		
	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	1,918,449	1,917,399		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages	1,005,360	0		755,663
	15	Pension plans, employee benefits	241,458	0		241,458
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	15,000	0		15,000
	c	Other professional fees (attach schedule)	2,734,324	58,388		2,675,936
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	154,000	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings	1,658,885	0		1,658,885
	22	Printing and publications	16,888	0		16,888
	23	Other expenses (attach schedule)	230,365	0		230,365
	24	**Total operating and administrative expenses.** Add lines 13 through 23	6,056,280	58,388		5,594,195
	25	Contributions, gifts, grants paid	14,580,777			14,580,777
	26	**Total expenses and disbursements.** Add lines 24 and 25	20,637,057	58,388		20,174,972
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-18,718,608			
	b	**Net investment income** (if negative, enter -0-)		1,859,011		
	c	**Adjusted net income**(if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	5,683,670	3,122,133	3,122,133
	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)	42,546,103	33,189,650	33,189,650
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	7,996,945	0	0
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	66,117	43	43
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	56,292,835	36,311,826	36,311,826
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	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	0	
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	56,292,835	36,311,826	
	25 Temporarily restricted			
	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)	56,292,835	36,311,826	
	31 **Total liabilities and net assets/fund balances** (see instructions)	56,292,835	36,311,826	

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	56,292,835
2	Enter amount from Part I, line 27a	2	-18,718,608
3	Other increases not included in line 2 (itemize) ▶	3	4,911
4	Add lines 1, 2, and 3	4	37,579,138
5	Decreases not included in line 2 (itemize) ▶	5	1,267,312
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	36,311,826

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	TIFF PRIVATE EQUITY PARTNERS 2011	P	2011-05-27	2017-01-03
b	ABERDEEN GLOBAL PARTNERS, L P	P	2013-07-15	2017-01-03
c	THE WEATHERLOW OFFSHORE FUND I, LTD CLASS IIA	P	2012-11-01	2017-06-19
d	BAIRD SHORT TERM BOND FUND	P	2016-12-23	2017-09-08
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	1,525,952		1,237,608	288,344
b	1,626,616		1,220,683	405,933
c	1,933,847		1,420,932	512,915
d	9,999,985		9,943,453	56,532
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
a				288,344
b				405,933
c				512,915
d				56,532
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	1,263,724
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))
2016	21,513,488	62,944,284	0 341786
2015	17,450,612	72,264,810	0 241481
2014	16,457,364	82,155,924	0 200319
2013	16,541,226	81,382,362	0 203253
2012	12,785,226	68,587,005	0 186409

2	**Total** of line 1, column (d)	2	1 173248
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 234650
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	44,432,831
5	Multiply line 4 by line 3	5	10,426,164
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	18,590
7	Add lines 5 and 6	7	10,444,754
8	Enter qualifying distributions from Part XII, line 4	8	20,174,972

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 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	18,590
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	18,590
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	18,590
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a: 217,391		
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: 0		
7	Total credits and payments Add lines 6a through 6d	7	217,391
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	198,801
11	Enter the amount of line 10 to be **Credited to 2018 estimated tax** ▶ 9,296 **Refunded** ▶	11	189,505

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) ▶ MA			
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 2017 or the taxable year beginning in 2017 (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		No

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 //DENTAQUESTFOUNDATION ORG

14 The books are in care of ▶ GREGORY P WINN Telephone no ▶ (617) 886-1700

Located at ▶ 465 MEDFORD STREET BOSTON MA ZIP+4 ▶ 02129

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 2017, 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?		Yes	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 ▶	16		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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		No
	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 2017?	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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ 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 2017 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 2017).*	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 2017?	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	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MICHAEL MONOPOLI 465 MEDFORD STREET BOSTON, MA 02129	EXECUTIVE DIRECTOR 40 00	317,192	53,926	0
GRANDY CODY 465 MEDFORD STREET BOSTON, MA 02129	MANAGING DIRECTOR, I 40 00	109,888	23,170	0
MATTHEW BOND 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR OF NETWORK 40 00	100,433	16,759	0
TRENAE SIMPSON 465 MEDFORD STREET BOSTON, MA 02129	MANAGER, GRANTS & PR 40 00	74,973	25,847	0
KATHLEEN LEONARD 465 MEDFORD STREET BOSTON, MA 02129	COMMUNICATIONS MANAG 40 00	83,256	14,071	0
Total number of other employees paid over $50,000. ▶				4

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
HARDER & COMPANY COMMUNITY RESEARCH 299 KANSAS ST SAN FRANCISCO, CA 94103	ORGANIZATIONAL DEVELOPMENT SERVICES	450,000
INTERACTION INSTITUTE FOR SOCIAL CHANGE 89 SOUTH ST STE 405 BOSTON, MA 02111	STRATEGIC PLANNING SERVICES	217,991
NAOMI FRIED 661 COMMONWEALTH AVE NEWTON, MA 02459	INNOVATION PROGRAM CONSULTING SERVICES	123,690
ARGUS COMMUNICATIONS INC 75 CENTRAL STREET BOSTON, MA 02109	MARKETING AND GRAPHICAL DESIGN SERVICES	81,598
MARCIA BRAND 2611 SWAN POND ROAD MARTINBURG, WV 25404	ORAL HEALTH PROGRAMMIC CONSULTING SERVICES	69,247
Total number of others receiving over $50,000 for professional services. ▶		2

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	39,030,314
b	Average of monthly cash balances	1b	6,079,159
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	45,109,473
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	45,109,473
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	676,642
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	44,432,831
6	**Minimum investment return.** Enter 5% of line 5	6	2,221,642

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	2,221,642
2a	Tax on investment income for 2017 from Part VI, line 5	2a	18,590		
b	Income tax for 2017 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	18,590
3	Distributable amount before adjustments Subtract line 2c from line 1			3	2,203,052
4	Recoveries of amounts treated as qualifying distributions			4	4,911
5	Add lines 3 and 4			5	2,207,963
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	2,207,963

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	20,174,972
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	20,174,972
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	18,590
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	20,156,382

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				2,207,963
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012. 9,407,286				
b From 2013. 12,525,994				
c From 2014. 12,414,647				
d From 2015. 13,919,806				
e From 2016. 18,316,399				
f Total of lines 3a through e.	66,584,132			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 20,174,972				
a Applied to 2016, 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 2017 distributable amount.				2,207,963
e Remaining amount distributed out of corpus	17,967,009			
5 Excess distributions carryover applied to 2017	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	84,551,141			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions) . . .	9,407,286			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	75,143,855			
10 Analysis of line 9				
a Excess from 2013. . . . 12,525,994				
b Excess from 2014. . . . 12,414,647				
c Excess from 2015. . . . 13,919,806				
d Excess from 2016. . . . 18,316,399				
e Excess from 2017. . . . 17,967,009				

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 2017, 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) 2017	(b) 2016	(c) 2015	(d) 2014	
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))

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 e-mail address of the person to whom applications should be addressed

TRENAE SIMPSON
465 MEDFORD ST
BOSTON, MA 02129
(617) 886-1700

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

DENTAQUEST FOUNDATION USES A SPECIFIC ONLINE APPLICATION PROCESS CONSISTING OF EASY-TO-FOLLOW STEPS FOR GRANT SEEKERS INCLUDING ONLINE DATA ENTRY, THE PREPARATION OF STANDARDIZED FORMS, ADDING REQUIRED ATTACHMENTS AND SAVING AN UNFINISHED APPLICATION TO RETURN TO IT LATER FOR COMPLETION AND SUBMISSION

c Any submission deadlines

APPLICATIONS ARE ACCEPTED ON AN ONGOING BASIS, AND DECISIONS ARE MADE WITHIN 6 WEEKS OF RECEIPT

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

THE FOUNDATION INVITES GRANT APPLICATIONS FROM NON-PROFIT ORGANIZATIONS THAT QUALIFY AS TAX EXEMPT UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND ARE CATEGORIZED AS PUBLIC CHARITIES OR GOVERNMENTAL PROGRAMS GRANT REQUESTS FOR THE FOLLOWING WILL NOT BE CONSIDERED BUILDING OR ENDOWMENT CAMPAIGNS, INDIVIDUALS, DIRECT CARE FOR AN INDIVIDUAL, INDIVIDUALLY-OWNED PROJECTS, DIRECT INDIVIDUAL SCHOLARSHIPS, GENERAL OVERHEAD OR INDIRECT COSTS ALONE, PREVIOUSLY INCURRED EXPENSES OR TO ELIMINATE BAD DEBT, CLINICAL OR BIO-MEDICAL LAB RESEARCH, PROMULGATION OF RELIGIOUS BELIEFS OR PRACTICES, AND POLITICAL CAMPAIGNS

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**				14,580,777
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. . . .			14	653,675	
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			18	1,263,724	
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		1,917,399	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	1,917,399

(See worksheet in line 13 instructions to verify calculations)

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

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?		Yes	No
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)	Yes	
(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
1b(4)	3,417	DENTAL SERVICES OF MASSACHUSETTS INC	THE FOUNDATION REIMBURSES DENTAL SERVICES OF MASSACHUSETTS, INC FOR THE COST OF EMPLOYEE BENEFITS SUCH AS HEALTH AND DENTAL INSURANCE, ETC

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
DENTAL SERVICES OF MASSACHUSETTS INC	501(C)(4)CORPORATION	DENTAL SERVICES OF MASSACHUSETTS, INC IS THE SOLE MEMBER OF THE CORPORATION

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

******	2018-11-13	******
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
SCOTT KAPLOWITCH		2018-11-12		P00002440

Firm's name ▶ EDELSTEIN AND COMPANY LLP — Firm's EIN ▶ 04-2442519

Firm's address ▶ 160 FEDERAL STREET 9TH FLOOR BOSTON, MA 02110 — Phone no (617) 227-6161

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
SARITA ARTEAGA DMD MAGD 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
THOMAS J GALLIGAN III 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
JAMES E COLLINS 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
LESLIE E GRANT DDS MSPA 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
CASWELL A EVANS JR DDS MPH 465 MEDFORD STREET BOSTON, MA 02129	CHAIR/DIRECTOR 1 00	0	0	0
SCOTT HARSHBARGER 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
BRIAN SOUZA 465 MEDFORD STREET BOSTON, MA 02129	PRESIDENT 40 00	0	0	0
SANDRA OWENS LAWSON 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
MARY VALLIER KAPLAN 465 MEDFORD STREET BOSTON, MA 02129	VICE CHAIR/DIRECTOR 1 00	0	0	0
ROBERT J WEYANT DDS 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
GREGORY P WINN 465 MEDFORD STREET BOSTON, MA 02129	TREASURER 1 00	0	0	0
JAMES HAWKINS 465 MEDFORD STREET BOSTON, MA 02129	SECRETARY 1 00	0	0	0
JAMES R KNICKMAN 465 MEDFORD STREET BOSTON, MA 02129	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*				
CHILDREN'S VOLUNTEER HEALTH NETWORK 82 LYNN DRIVE SANTA ROSA BEACH, FL 32459	N/A	PC	TO IMPROVE ORAL HEALTH	21,898
HEALTHLINK DENTAL CLINIC 1775 STREET ROAD SOUTHAMPTON, PA 18966	N/A	PC	TO IMPROVE ORAL HEALTH	6,600
INDIANA DENTAL ASSOCIATION FOUNDATION FOR DENTAL HEALTH 1319 E STOP 10 RD INDIANAPOLIS, IN 46227	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
Total . . . . . ▶ **3a**				14,580,777

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*				
WEST VIRGINIA HEALTH RIGHT INC 1520 WASHINGTON STREET EAST CHARLESTON, WV 25311	N/A	PC	TO IMPROVE ORAL HEALTH	20,264
SOUTH PLAINS RURAL HEALTH 1000 FM 300 LEVELLAND, TX 79336	N/A	PC	TO IMPROVE ORAL HEALTH	14,039
MISSOURI DENTAL FOUNDATION 3340 AMERICAN AVE JEFFERSON CITY, MO 65109	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
Total . . . . . ▶ 3a				14,580,777

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*				
CENTRAL ARIZONA DENTAL SOCIETY FOUNDATION 3193 N DRINKWATER BLVD SCOTTSDALE, AZ 852516491	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
SOUTH CAROLINA MISSION OF MERCY 120 STONEMARK LANE COLUMBIA, SC 29210	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
HEALTHY CONNECTIONS 136 HEALTH PARK DRIVE MENA, AR 71953	N/A	PC	TO IMPROVE ORAL HEALTH	7,978
Total . . . . . ▶ 3a				14,580,777

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*				
MSDA CHARITABLE AND EDUCATIONAL FOUNDATION 8901 HERRMANN DRIVE COLUMBIA, MD 21045	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
CALIFORNIA DENTAL ASSOCIATION FOUNDATION 1201 K STREET SUITE 1511 SACRAMENTO, CA 958143925	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
THE FLOATING HOSPITAL GRAND CENTRAL STATION NEW YORK, NY 10163	N/A	PC	TO IMPROVE ORAL HEALTH	12,435
Total . . . . . ▶ **3a**				14,580,777

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*				
THE CHILDREN'S PARTNERSHIP 811 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90017	N/A	PC	TO IMPROVE ORAL HEALTH	222,325
ARIZONA ALLIANCE FOR COMMUNITY HEALTH CENTERS 700 EAST JEFFERSON STREET PHOENIX, AR 85034	N/A	PC	TO IMPROVE ORAL HEALTH	166,717
MISSOURI COALIATION FOR ORAL HEALTH 606 E CAPITOL AVE JEFFERSON CTY, MI 651013010	N/A	PC	TO IMPROVE ORAL HEALTH	106,682
Total . . . . . ▶ **3a**				14,580,777

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*				
STUDENT HEALTH SUPPORT SVCS DBA LOS ANGELES TRUST FOR CHILDREN'S HEALTH 333 S BEAUDRY AVE 29TH FLOOR LOS ANGELES, CA 900170000	N/A	PC	TO IMPROVE ORAL HEALTH	227,000
CRITICAL LEARNING SYSTEMS INC 5548 CRAFTWOOD DR CANE RIDGE, TN 370134882	N/A	PC	TO IMPROVE ORAL HEALTH	208,691
ALASKA PRIMARY CARE ASSOCIATION (NOHIIN) 1231 GAMBELL ST SUITE 200 ANCHORAGE, AK 99501	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
Total . . . . . ▶ **3a**				14,580,777

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*				
ARIZONA ALLIANCE FOR COMMUNITY HEALTH CENTERS (NOHIIN) 700 EAST JEFFERSON STREET PHOENIX, AZ 85034	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
BI-STATE PRIMARY CARE ASSOCIATION (NOHIIN) 525 CLINTON STREET BOW, NH 033044609	N/A	PC	TO IMPROVE ORAL HEALTH	73,343
CALIFORNIA PRIMARY CARE ASSOCIATION (NOHIIN) 1231 I STREET 4TH FLOOR SACRAMENTO, CA 958143946	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
Total 3a . . . . . ▶				14,580,777

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*				
ILLINOIS PRIMARY HEALTH CARE ASSOCIATION (NOHIIN) 500 NORTH NINTH STREET SPRINGFIELD, IL 62701	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
IOWA PRIMARY CARE ASSOCIATION (NOHIIN) 9943 HICKMAN ROAD SUITE 103 URBANDALE, IA 503225304	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
GEORGIA ASSOCIATION FOR PRIMARY HEALTH CARE (NOHIIN) 315 WEST PONCE DE LEON AVENUE - SUITE 1000 DECATUR, GA 300302400	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
Total . . . . . 3a ▶				14,580,777

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*				
KANSAS ASSOCIATION FOR THE MEDICALLY UNDERSERVED (NOHIIN) 1129 S KANSAS AVE STE B TOPEKA, KS 666121185	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
MICHIGAN PRIMARY CARE ASSOCIATION (NOHIIN) 7215 WESTSHIRE DR LANSING, MI 489179764	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION (NOHIIN) 6400 LAKEOVER RD STE A JACKSON, MS 392138020	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
Total . . . . . ▶ 3a				14,580,777

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*				
OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS (NOHIIN) 2109 STELLA COURT COLUMBUS, OH 43215	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
OREGON PRIMARY CARE ASSOCIATION (NOHIIN) 310 SW 4TH AVE STE 200 PORTLAND, OR 972042320	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (NOHIIN) 1035 MUMMA ROAD WORMLEYSBURG, PA 17043	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
Total . . . . . 3a ▶				14,580,777

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*				
TENNESSEE PRIMARY CARE ASSOCIATION (NOHIIN) 710 SPENCE LANE NASHVILLE, TN 37217	N/A	PC	TO IMPROVE ORAL HEALTH	92,675
STATE UNIVERSITY OF IOWA PO BOX 4550 IOWA CITY, IA 522444550	N/A	PC	TO IMPROVE ORAL HEALTH	184,005
UNIVERSITY OF COLORADO SCHOOL OF DENTAL MEDICINE (REGENTS) 13065 EAST 17TH AVENUE AURORA CO, CO 80045	N/A	PC	TO IMPROVE ORAL HEALTH	157,875
Total . . . . . ▶ **3a**				14,580,777

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*				
VIRIGINIA ORAL HEALTH COALITION 4200 INNSLAKE DR SUITE 103 GLEN ALLEN, VA 23060	N/A	PC	TO IMPROVE ORAL HEALTH	205,409
SCHOOL-BASED HEALTH ALLIANCE 1010 VERMONT AVE NW STE 600 WASHINGTON, DC 200054958	N/A	PC	TO IMPROVE ORAL HEALTH	365,421
CHILDREN'S DENTAL HEALTH PROJECT 1020 19TH STREET NW SUITE 400 WASHINGTON, DC 20036	N/A	PC	TO IMPROVE ORAL HEALTH	393,884
Total . . . . . ▶ 3a				14,580,777

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*				
CHILDREN NOW 1404 FRANKLIN STREET SUITE 700 OAKLAND, CA 946123232	N/A	PC	TO IMPROVE ORAL HEALTH	200,000
CENTER FOR ORAL HEALTH 309 EAST SECOND STREET POMONA, CA 917661854	N/A	PC	TO IMPROVE ORAL HEALTH	250,030
YOUTH EMPOWERED SOLUTIONS 4021 CARYA DRIVE RALEIGH, NC 27610	N/A	PC	TO IMPROVE ORAL HEALTH	154,300
Total . . . . . ▶ 3a				14,580,777

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*				
SONOMA COUNTY DEPARTMENT OF HEALTH 490 MENDOCINO AVENUE SUITE 205 SANTA ROSA, CA 95404	N/A	PC	TO IMPROVE ORAL HEALTH	169,945
ARIZONA AMERICAN INDIAN ORAL HEALTH INITIATIVE 3193 N DRINKWATER BLVD SCOTTSDALE, AZ 85251	N/A	PC	TO IMPROVE ORAL HEALTH	92,500
MICHIGAN ORAL HEALTH COALITION 7215 WESTSHIRE DRIVE LANSING, MI 489179764	N/A	PC	TO IMPROVE ORAL HEALTH	280,768
Total . . . . . ▶ 3a				14,580,777

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*				
MICHIGAN ORAL HEALTH COALITION 7215 WESTSHIRE DRIVE LANSING, MI 489179764	N/A	PC	TO IMPROVE ORAL HEALTH	280,768
NATIONAL CONFERENCE OF STATE LEGISLATURES 7700 EAST FIRST PLACE DENVER, CO 80230	N/A	PC	TO IMPROVE ORAL HEALTH	167,874
CHILDREN NOW (NETWORK REPRESENATIVE) 1404 FRANKLIN STREET SUITE 700 OAKLAND, CA 946123232	N/A	PC	TO IMPROVE ORAL HEALTH	127,760
Total . . . . . ▶ **3a**				14,580,777

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*				
LA TRUST (NETWORK REPRESENATIVE) 333 S BEAUDRY AVE 29TH FLOOR LOS ANGELES, CA 900170000	N/A	PC	TO IMPROVE ORAL HEALTH	116,767
VIRGINIA ORAL HEALTH COALITION (NETWORK REPRESENATIVE) 4200 INNSLAKE DR SUITE 103 GLEN ALLEN, VA 23060	N/A	PC	TO IMPROVE ORAL HEALTH	119,766
NEW YORK UNIVERSITY COLLEGE OF NURSING 433 FIRST AVE NEW YORK, NY 10010	N/A	PC	TO IMPROVE ORAL HEALTH	352,602
Total . . . . . ▶ **3a**				14,580,777

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*				
CALIFORNIA PAN-ETHNIC HEALTH NETWORK 1221 PRESERVATION PARK WAY SUITE 200 OAKLAND, CA 946121277	N/A	PC	TO IMPROVE ORAL HEALTH	150,800
COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT (NOHIIN) 1484 HIGHLAND AVENUE SUITE 2 CHESHIRE, CT 06410	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
COMMUNITY HEALTHCARE ASSOCIATION OF THE DAKOTAS (NOHIIN) 300 S PHILLIPS AVENUE SIOUX FALLS, SD 57104	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
Total . . . . . ▶ 3a				14,580,777

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*				
FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS (NOHIIN) 2340 HANSEN LANE TALLAHASSEE, FL 32301	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
INDIANA PRIMARY HEALTH CARE ASSOCIATION (NOHIIN) 429 N PENNSYLVANIA ST INDIANAPOLIS, IN 46204	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
KENTUCKY PRIMARY CARE ASSOCIATION (NOHIIN) PO BOX 751 FRANKFORT, KY 40601	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
Total . . . . . ▶ **3a**				14,580,777

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*				
LOUISIANA PRIMARY CARE ASSOCIATION (NOHIIN) 503 COLONIAL DRIVE BATON ROUGE, LA 70806	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
MAINE PRIMARY CARE ASSOCIATION (NOHIIN) 73 WINTHROP STREET AUGUSTA, ME 04330	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
MISSOURI PRIMARY CARE ASSOCIATION (NOHIIN) 3325 EMERALD LN JEFFERSON CTY, MO 651096879	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
Total . . . . . ▶ 3a				14,580,777

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*				
MONTANA PRIMARY CARE ASSOCIATION (NOHIIN) 1805 EUCLID AVE HELENA, MT 596011906	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
NEW JERSEY PRIMARY CARE ASSOCIATION (NOHIIN) 3836 QUAKERBRIDGE ROAD SUITE 201 HAMILTON, NJ 086192320	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
RHODE ISLAND HEALTH CENTER ASSOCIATION (NOHIIN) 235 PROMENADE ST RM 455 PROVIDENCE, RI 029085762	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
Total . . . . . ▶ 3a				14,580,777

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*				
DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION (NOHIIN) 1620 I STREET NW WASHINGTON, DC 20006	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
OKLAHOMA PRIMARY CARE ASSOCIATION (NOHIIN) 6501 N BROADWAY EXTENSION SUITE 200 OKLAHOMA CITY, OK 73116	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
COLORADO COMMUNITY HEALTH NETWORK (NOHIIN) 600 GRANT ST STE 800 DENVER, CO 802033528	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
Total . . . . . 3a ▶				14,580,777

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*				
WISCONSIN PRIMARY CARE ASSOCIATION (NOHIIN) 5202 EASTPARK BLVD SUITE 109 MADISON, WI 53718	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
HEALTH CENTER ASSOCIATION OF NEBRASKA (NOHIIN) 3929 S 147TH ST STE 100A OMAHA, NE 681445529	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
IDAHO PRIMARY CARE ASSOCIATION (NOHIIN) 1087 W RIVER ST STE 160 BOISE, ID 837027024	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
Total . . . . . ▶ 3a				14,580,777

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*				
MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS (NOHIIN) 4319 FORBES BLVD LANHAM, MD 20706	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
SOUTH CAROLINA PRIMARY HEALTH CARE ASSOCIATION (NOHIIN) 3 TECHNOLOGY CIRCLE COLUMBIA, SC 292039591	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
WASHINGTON ASSOCIATION OF COMMUNITY & MIGRANT HEALTH CENTERS (NOHIIN) 101 CAPITOL WAY N OLYMPIA, WA 98501	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
Total . . . . . 3a ▶				14,580,777

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*				
MEDICAIDCHIP DENTAL ASSOCIATION (2ND INSTALLMENT) 2 GROVE STREET SANDWICH, MA 02563	N/A	PC	TO IMPROVE ORAL HEALTH	193,172
ORAL HEALTH AMERICA 180 N MICHIGAN AVENUE SUITE 1150 CHICAGO, IL 60601	N/A	PC	TO IMPROVE ORAL HEALTH	309,110
ORAL HEALTH AMERICA 180 N MICHIGAN AVENUE SUITE 1150 CHICAGO, IL 60601	N/A	PC	TO IMPROVE ORAL HEALTH	309,110
Total . . . . . ▶ 3a				14,580,777

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*				
PENNSYLVANYIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS 1400 N PROVIDENCE RD ROSE TREE CORPORATE CENTER II MEDIA, PA 19063	N/A	PC	TO IMPROVE ORAL HEALTH	256,050
PENNSYLVANYIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS 1400 N PROVIDENCE RD ROSE TREE CORPORATE CENTER II MEDIA, PA 19063	N/A	PC	TO IMPROVE ORAL HEALTH	256,049
NORTH DAKOTA DEPARTMENT OF HEALTH 600 E BOULEVARD AVE DEPT 301 BISMARCK, ND 585050200	N/A	PC	TO IMPROVE ORAL HEALTH	65,000
Total . . . . . ▶ 3a				14,580,777

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*				
TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY SCHOOL OF DENTAL MEDICINE ONE KNEELAND STREET BOSTON, MA 02111	N/A	PC	TO IMPROVE ORAL HEALTH	72,793
TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY SCHOOL OF DENTAL MEDICINE ONE KNEELAND STREET BOSTON, MA 02111	N/A	PC	TO IMPROVE ORAL HEALTH	72,792
FAMILIES USA 1201 NEW YORK AVENUE NW WASHINGTON, DC 20005	N/A	PC	TO IMPROVE ORAL HEALTH	318,249
Total . . . . . ▶ 3a				14,580,777

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*				
FAMILIES USA 1201 NEW YORK AVENUE NW WASHINGTON, DC 20005	N/A	PC	TO IMPROVE ORAL HEALTH	318,249
FAMILIES USA 1201 NEW YORK AVENUE NW WASHINGTON, DC 20005	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
UNITED WAY OF ROANOKE VALLEY INC 325 CAMPBELL AVENUE ROANOKE, VA 24016	N/A	PC	TO IMPROVE ORAL HEALTH	100,002
Total . . . . . ▶ 3a				14,580,777

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*				
NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE STE 600 PHOENIX, AZ 850121848	N/A	PC	TO IMPROVE ORAL HEALTH	100,590
ASIAN PACIFIC COMMUNITY IN ACTION 4520 N CENTRAL AVE STE380 PHOENIX, AZ 85012	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
ASIAN AMERICANS ADVANCING JUSTICE- LOS ANGELES 1145 WILSHIRE BLVD 2ND FLOOR LOS ANGELES, CA 900171900	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
Total . . . . . ▶ 3a				14,580,777

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*				
CALIFORNIA PAN-ETHNIC HEALTH NETWORK 1221 PRESERVATION PARK WAY SUITE 200 OAKLAND, CA 946121277	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
STRATEGIC CONCEPTS IN ORGANIZING AND POLICY EDUCATION 1715 W FLORENCE AVE 2ND FLOOR LOS ANGELES, CA 900472220	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
TIDES CENTERLATINO COALITION FOR A HEALTHY CALIFORNIA 1225 8TH STREET SUITE 375 SACRAMENTO, CA 95814	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
Total . . . . . ▶ 3a				14,580,777

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*				
VISION Y COMPROMISO 2536 EDWARDS AVE EL CERRITO, CA 945301471	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
CENTRAL VALLEY HEALTH POLIC INSTITUTE- CALIFORNIA STATE UNIV FRESNO FDN 490 NORTH CHESTNUT AVE FRESNO, CA 93726	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
CATALYST MIAMI1900 BISCAYNE BLVD MIAMI, FL 33132	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
Total . . . . . ▶ 3a				14,580,777

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*				
TAMPA BAY HEALTHCARE COLLABORATIVE PO BOX 2252 DUNEDIN, FL 34697	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
HEALTH NET OF WEST MICHIGAN 620 CENTURY AVE SW STE 210 GRAND RAPIDS, MI 495034977	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
ACHIEVATHE ARC OF GREATER PITTSBURGH 711 BINGHAM ST PITTSBURGH, PA 152031007	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
Total . . . . . ▶ **3a**				14,580,777

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*				
PWCVIRGINIA COMMONWEALTH UNIVERSITY 830 EAST MAIN STREET RICHMOND, VA 23298	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
SMART BEGINNINGS VIRGINIA PENISULA 320 MAIN STREET NEWPORT NEWS, VA 23601	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
232-HELP INC1005 JEFFERSON ST LAFAYETTE, LA 70501	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
Total . . . . . ▶ 3a				14,580,777

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*				
ALASKA PRIMARY CARE ASSOCIATION 1231 GAMBELL ST SUITE 200 ANCHORAGE, AK 99501	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
APPLE TREE DENTAL 8960 SPRINGBROOK DRIVE NW MINNEAPOLIS, MN 55433	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
ARIZONA ALLIANCE FOR COMMUNITY HEALTH CENTERS 700 EAST JEFFERSON STREET PHOENIX, AZ 85034	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ 3a				14,580,777

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*				
BRIDGEPORT CHILD ADVOCACY COAILITION 2470 FAIRFIELD AVE BRIDGEPORT, CT 06605	N/A	PC	TO IMPROVE ORAL HEALTH	6,000
BETTER ORAL HEALTH FOR MASSACHUSETTS COALITION 40 COURT ST 10TH FLOOR BOSTON, MA 02108	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
CENTER FOR ORAL HEALTH 309 EAST SECOND STREET POMONA, CA 917661854	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ **3a**				14,580,777

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*				
CHILDREN'S HOSPITAL OF WISCONSIN 6737 W WASHINGTON ST WEST ALLIS, WI 53214	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
FOUNDATION FOR HEALTHY COMMUNITIES 125 AIRPORT ROAD CONCORD, NH 033016313	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
HAWAII PUBLIC HEALTH ASSOCIATION 7192 KALANIANAOLE HWY HONOLULU, HI 96825	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ 3a				14,580,777

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*				
HAWAII PUBLIC HEALTH ASSOCIATION 7192 KALANIANAOLE HWY HONOLULU, HI 96825	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
HEARTLAND HEALTH OUTREACH INC 1015 W LAWRENCE AVE 2ND FLOOR CHICAGO, IL 60640	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
INDIANA DENTAL ASSOCIATION FOR DENTAL HEALTH INC 1319 E STOP 10 RD INDIANAPOLIS, IN 46142	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
Total . . . . . ▶ 3a				14,580,777

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*				
KENTUCKY YOUTH ADVOCATES INC 11001 BLUEGRASS PARKWAY SUITE 100 LOUISVILLE, KY 402992368	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
KENTUCKY YOUTH ADVOCATES INC 11001 BLUEGRASS PARKWAY SUITE 100 LOUISVILLE, KY 402992368	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
LEE COUNTY HEALTH DEPARTMENT 2218 AVE H FORT MADISON, IA 52627	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
Total . . . . . ▶ 3a				14,580,777

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*				
MARSHALL UNIVERSITY RESEARCH CORPORATION ONE JOHN MARSHALL DR HUNTINGTON, WV 25755	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
MARSHALL UNIVERSITY RESEARCH CORPORATION ONE JOHN MARSHALL DR HUNTINGTON, WV 25755	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
MARSHALL UNIVERSITY RESEARCH CORPORATION ONE JOHN MARSHALL DR HUNTINGTON, WV 25755	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
Total . . . . . ▶ 3a				14,580,777

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*				
MICHIGAN ORAL HEALTH COALITION 7215 WESTSHIRE DRIVE LANSING, MI 489179764	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
MILWAUKEE AREA HEALTH EDUCATION CENTER 2224 W KILBOURN AVE MILWAUKEE, WI 53233	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
MISSISSIPPI ORAL HEALTH COMMUNITY ALLIANCE (MOHCA) P O BOX 11504 JACKSON, MS 39283	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
Total . . . . . ▶ **3a**				14,580,777

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*				
MISSOURI COALITION FOR ORAL HEALTH INC 213 ADAMS STREET JEFFERSON CITY, MO 651013203	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
MISSOURI COALITION FOR PRIMARY HEALTH CARE 3325 EMERALD LN JEFFERSON CTY, MO 651096879	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
MONTANA PRIMARY CARE ASSOCIATION INC 1805 EUCLID AVE HELENA, MT 596011906	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ **3a**				14,580,777

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*				
NATIONAL ECONOMICS AND SOCIAL RIGHTS INITIATIVE 5424 CATHARINE ST PHILADELPHIA, PA 19143	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT 422 E DOUGLAS ST ONEILL, NE 68763	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS 2109 STELLA COURT COLUMBUS, OH 43215	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
Total 3a . . . . . ▶				14,580,777

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*				
OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS 2109 STELLA COURT COLUMBUS, OH 43215	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
ORAL HEALTH AMERICA 180 N MICHIGAN AVENUE SUITE 1150 CHICAGO, IL 60601	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
ORAL HEALTH COLORADO 2519 11TH AVE UNIT A PMB 200 GREELEY, CO 80631	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ 3a				14,580,777

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*				
SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY 540 BROADWAY ALBANY, NY 12211	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
SOUTH CAROLINA STATE OFFICE OF RURAL HEALTH INC 107 SALUDA POINTE DRIVE LEXINGTON, SC 29072	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
SOUTHERN PLAINS TRIBAL HEALTH BOARD EDUCATION FOUNDATION 9705 NORTH BROADWAY EXTENSION OKLAHOMA CITY, OK 73114	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
Total . . . . . ▶ 3a				14,580,777

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*				
SOUTHSIDE COMMUNITY HEALTH SERVICES INC 4342 4TH AVE S MINNEAPOLIS, MN 55409	N/A	PC	TO IMPROVE ORAL HEALTH	6,000
TAMPA BAY HEALTHCARE COLLABORATIVE PO BOX 2252 DUNEDIN, FL 34697	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
TENNESSEE PRIMARY CARE ASSOCIATION 710 SPENCE LANE NASHVILLE, TN 37217	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ 3a				14,580,777

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*				
TEXAS HEALTH INSTITUTE 8501 N MOPAC EXPRESSWAY SUITE 170 AUSTIN, TX 78759	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
THE HEALTH ENRICHMENT NETWORK PO BOX 566 OAKDALE, LA 71463	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
VIRGINIA ORAL HEALTH COALITION 4200 INNSLAKE DR SUITE 103 GLEN ALLEN, VA 23060	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ 3a				14,580,777

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*				
VIRGINIA ORAL HEALTH COALITION 4200 INNSLAKE DR SUITE 103 GLEN ALLEN, VA 23060	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
VOICES FOR UTAH CHILDREN 747 E SOUTH TEMPLE ST SALT LAKE CITY, UT 84102	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
YOUTH EMPOWERED SOLUTIONS (YES) 4021 CARYA DRIVE RALEIGH, NC 27610	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ 3a				14,580,777

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*				
OAKHURST MEDICAL CENTERS INC 5582 MEMORIAL DRIVE STONE MOUNTAIN, GA 30083	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
AMERICAN ACADEMY OF PEDIATRICSNJ CHAPTER 50 MILLSTONE ROAD BLDG 200 SUITE 130 EAST WINDSOR, NJ 08520	N/A	PC	TO IMPROVE ORAL HEALTH	50,000
COMMUNITY CATALYST ONE FEDERAL STREET BOSTON, MA 02110	N/A	PC	TO IMPROVE ORAL HEALTH	155,400
Total . . . . . ▶ 3a				14,580,777

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*				
NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS 7501 WISCONSIN AVE SUITE 1100W BETHESDA, MD 208144811	N/A	PC	TO IMPROVE ORAL HEALTH	87,900
NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS 7501 WISCONSIN AVE SUITE 1100W BETHESDA, MD 208144811	N/A	PC	TO IMPROVE ORAL HEALTH	87,900
CHILDREN'S ACTION ALLIANCE (GRASSROOTS ENGAGEMENT STRATEGY) 4001 N 3RD ST STE 160 PHOENIX, AZ 850122062	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
Total . . . . . 3a ▶				14,580,777

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*				
ASSOCIATION OF STATE & TERRITORIAL DENTAL DIRECTORS 3858 CASHILL BLVD RENO, NV 89509	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
AWARE INC1600 TEXAS AVE BUTTE, MT 59701	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
CATALYST MIAMI1900 BISCAYNE BLVD MIAMI, FL 33132	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
Total . . . . . ▶ 3a				14,580,777

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*				
CENTER FOR HEALTH CARE STRATEGIES INC 200 AMERICAN METRO BLVD STE 119 HAMILTON, NJ 086192320	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
CENTER FOR HEALTH CARE STRATEGIES INC 200 AMERICAN METRO BLVD STE 119 HAMILTON, NJ 086192320	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
CHILDREN NOW 1404 FRANKLIN STREET SUITE 700 OAKLAND, CA 946123232	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
Total . . . . . ▶ **3a**				14,580,777

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*				
CONNECTICUT ORAL HEALTH INITIATIVE 175 MAIN ST HARTFORD, CT 061061818	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
CRITICAL LEARNING SYSTEMS INC 5548 CRAFTWOOD DR CANE RIDGE, TN 370134882	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
ORAL HEALTH FORUM 1015 W LAWRENCE AVE 2ND FLOOR CHICAGO, IL 60640	N/A	PC	TO IMPROVE ORAL HEALTH	231,450
Total 3a . . . . . ▶				14,580,777

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*				
RONALD MCDONALD HOUSE CHARITIES OF BISMARCK MD PO BOX 7323 BISMARCK, ND 585077323	N/A	PC	TO IMPROVE ORAL HEALTH	3,000
BRIDGING THE DENTAL GAP 1223 S 12TH STREET BISMARCK, ND 58504	N/A	PC	TO IMPROVE ORAL HEALTH	3,000
NORTH DAKOTA DENTAL FOUNDATION 4141 28TH AVE S FARGO, ND 58104	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
Total . . . . . ▶ 3a				14,580,777

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*				
OAKHURST MEDICAL CENTERS 5582 MEMORIAL DR STONE MOUNTAIN, GA 30083	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
KINDERSMILE FOUNDATION 10 BROAD STREET BLOOMFIELD, NJ 07003	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
HARRISON COUNTY BOARD OF EDUCATION EB SAUNDERS WAY CLARKSBURG, WV 26301	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
Total . . . . . ▶ 3a				14,580,777

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*				
STRATEGIC CONCEPTS IN ORGANIZING AND POLICY EDUCATION 1715 W FLORENCE AVE 2ND FLOOR LOS ANGELES, CA 900472220	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
FUTURE SMILES3074 ARVILLE STREET LAS VEGAS, NV 89102	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
SOUTHERN VERMONT AREA HEALTH EDUCATION CENTER 55 CLINTON STREET SPRINGFIELD, VT 05156	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
Total . . . . . ▶ 3a				14,580,777

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*				
ORAL HEALTH COLORADO 2519 11TH AVE UNIT A PMB 200 GREELEY, CO 80631	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
OREGON CHILD DEVELOPMENT COALITION 9140 SW PIONEER CT SUITE E WILSONVILLE, OR 97070	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
WYOMING PRIMARY CARE ASSOCIATION 1816 CENTRAL AVENUE CHEYENNE, WY 82001	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ **3a**				14,580,777

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*				
INDIANA DENTAL ASSOCIATION FOR DENTAL HEALTH INC 1319 E STOP 10 RD INDIANAPOLIS, IN 46142	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
UTAH DENTAL HYGENISTS' ASSOCIATION PO BOX 571406 MURRAY, UT 841571406	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
NORTH DAKOTA DEPARTMENT OF HEALTH 600 E BOULEVARD AVE DEPT 301 BISMARCK, ND 585050200	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ 3a				14,580,777

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*				
GEORGIA ASSOCIATION FOR PRIMARY HEALTH CARE 315 WEST PONCE DE LEON AVENUE - SUITE 1000 DECATUR, GA 300302400	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
OKLAHOMA UNIVERSITY COLLEGE OF DENTISTRY 1201 NORTH STONEWALL AVENUE OKLAHOMA CITY, OK 73117	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
MEDICAL UNIVERSITY OF SOUTH CAROLINA 173 ASHLEY AVENUE CHARLESTON, SC 29209	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ 3a				14,580,777

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*				
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFICE OF ORAL HEALTH 201 WEST PRESTON STREET 3RD FLOOR BALTIMORE, MD 21201	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
FAMILY FIRST HEALTH 116 SOUTH GEORGE ST YORK, PA 17401	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
IDAHO DEPARTMENT OF HEALTH AND WELFARE 450 W STATE STREET BOISE, ID 83702	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total 3a . . . . . ▶				14,580,777

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*				
ORAL HEALTH NEVADA INC PO BOX 10281 RENO, NV 89510	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
DELTA DENTAL OF SOUTH DAKOTA 804 N EUCLID AVE PIERRE, SD 57501	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
MISSISSIPPI ORAL HEALTH COMMUNITY ALLIANCE (MOHCA) P O BOX 11504 JACKSON, MS 39283	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ 3a				14,580,777

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*				
ARKANSAS CHILDREN'S HOSPITAL 1 CHILDRENS WAY SLOT 608 LITTLE ROCK, AR 72202	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
MAKE THE ROAD NEW YORK 92-10 ROOSEVELT AVE JACKSON HEIGHTS, NY 11372	N/A	PC	TO IMPROVE ORAL HEALTH	6,000
KANSAS ADVOCATES FOR BETTER CARE 915 TENNESSEE LAWRENCE, KS 66044	N/A	PC	TO IMPROVE ORAL HEALTH	6,000
Total . . . . . ▶ 3a				14,580,777

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*				
UNITED HEALTH ORGANIZATION 16823 WESTMORELAND RD DETROIT, MI 48219	N/A	PC	TO IMPROVE ORAL HEALTH	6,000
ORAL HEALTH KANSAS INC 800 SW JACKSON STREET SUITE 1120 TOPEKA, KS 666121216	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
CHILDREN NOW 1404 FRANKLIN STREET SUITE 700 OAKLAND, CA 946123232	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
Total . . . . . ▶ 3a				14,580,777

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*				
VIRGINIA ORAL HEALTH COALITION 4200 INNSLAKE DR SUITE 103 GLEN ALLEN, VA 23060	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF DENTISTRY 467 BRAUER HALL CHAPEL HILL, NC 27312	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
NORTH DAKOTA DEPARTMENT OF HEALTH 600 E BOULEVARD AVE DEPT 301 BISMARCK, ND 585050200	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
Total . . . . . ▶ 3a				14,580,777

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*				
NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION 4 PARK ST STE 403 CONCORD, NH 033016313	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
VOICES OF DETROIT INITIATIVE 4201 SAINT ANTOINE ST DETROIT, MI 482012153	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
VISION Y COMPROMISO 2536 EDWARDS AVE EL CERRITO, CA 945301471	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
Total . . . . . ▶ 3a				14,580,777

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*				
AMERICAN ACADEMY OF PEDIATRICSNJ CHAPTER 50 MILLSTONE ROAD BLDG 200 SUITE 130 EAST WINDSOR, NJ 08520	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
THE STONY BROOK FOUNDATION INC 230 ADMINISTRATION STONY BROOK, NY 117941188	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
UNIVERSITY OF PACIFIC 3601 PACIFIC AVENUE STOCKTON, CA 952110110	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
Total . . . . . ▶ 3a				14,580,777

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*				
PWCVIRGINIA COMMONWEALTH UNIVERSITY 830 EAST MAIN STREET RICHMOND, VA 23298	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
ORAL HEALTH COLORADO 2519 11TH AVE UNIT A PMB 200 GREELEY, CO 80631	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
THE ORAL HEALTH FORUM 1015 W LAWRENCE AVE 2ND FLOOR CHICAGO, IL 60640	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
Total . . . . . ▶ 3a				14,580,777

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*				
DISABILITY OPTIONS NETWORK 831 HARRISON STREET NEW CASTLE, PA 16101	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS 7501 WISCONSIN AVE SUITE 1100W BETHESDA, MD 208144811	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
IDAHO DEPARTMENT OF HEALTH AND WELFARE 450 W STATE STREET BOISE, ID 83702	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
Total . . . . . ▶ **3a**				14,580,777

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*				
AMERICAN DENTAL ASSOCIATION 211 E CHICAGO AVE CHICAGO, IL 606112637	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
ORAL HEALTH COLORADO 2519 11TH AVE UNIT A PMB 200 GREELEY, CO 80631	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
CHILDREN'S NATIONAL MEDICAL CENTER (DC PEDIATRIC ORAL HEALTH COALITION) 111 MICHIGAN AVENUE NW WASHINGTON, DC 20019	N/A	PC	TO IMPROVE ORAL HEALTH	11,200
Total . . . . . ▶ 3a				14,580,777

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*				
STUDENT HEALTH SUPPORT SVCS DBA LOS ANGELES TRUST FOR CHILDREN'S HEALTH 333 S BEAUDRY AVE 29TH FLOOR LOS ANGELES, CA 900170000	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
MICHIGAN ORAL HEALTH COALITION 7215 WESTSHIRE DRIVE LANSING, MI 489179764	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
ORAL HEALTH KANSAS INC 800 SW JACKSON STREET SUITE 1120 TOPEKA, KS 666121216	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
Total 3a . . . . . ▶				14,580,777

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*				
THE ORAL HEALTH FORUM 1015 W LAWRENCE AVE 2ND FLOOR CHICAGO, IL 60640	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
TENNESSEE PRIMARY CARE ASSOCIATION 710 SPENCE LANE NASHVILLE, TN 37217	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
TEXAS ORAL HEALTH COALITION INC 4614 BOWIE DR MIDLAND, TX 79703	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
Total . . . . . ▶ 3a				14,580,777

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*				
MARSHALL UNIVERSITY RESEARCH CORPORATION ONE JOHN MARSHALL DR HUNTINGTON, WV 25755	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
VIRGINIA ORAL HEALTH COALITION 4200 INNSLAKE DR SUITE 103 GLEN ALLEN, VA 23060	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
THE CHILDREN'S PARTNERSHIP 811 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, DC 90017	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
Total . . . . . ▶ 3a				14,580,777

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*				
UNIVERSITY OF COLORADO 13065 EAST 17TH AVENUE AURORA CO, CO 80045	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
MEDICAL CARE DEVELOPMENT INC (MAINE ORAL HEALTH COALITION) C/O MEDICAL CARE DEVELOPMENT INC AUGUSTA, ME 04330	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
SOUTHERN KENNEBEC CHILD DEVELOPMENT CORP 337 MAINE STREET FARMINGDALE, ME 04344	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
Total . . . . . ▶ **3a**				14,580,777

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*				
SCHOOL BASED HEALTH ALLIANCE OF ARKANSAS 3074 ARVILLE STREET LAS VEGAS, NV 89102	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM 3100 CHANNEL DRIVE JUNEAU, AK 99801	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
STATE OF ARIZONA (FIRST THINGS FIRST) 4000 N CENTRAL AVE PHOENIX, AZ 85012	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
Total . . . . . ▶ 3a				14,580,777

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*				
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OFFICE OF ORAL HEALTH 201 WEST PRESTON STREET 3RD FLOOR BALTIMORE, MD 21201	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
BERKS COUNTY COMMUNITY FOUNDATION 237 COURT ST READING, PA 196013924	N/A	PC	TO IMPROVE ORAL HEALTH	50,025
BERKS COUNTY COMMUNITY FOUNDATION 237 COURT ST READING, PA 196013924	N/A	PC	TO IMPROVE ORAL HEALTH	50,025
Total . . . . . ▶ 3a				14,580,777

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*				
ORAL HEALTH COLORADO PO BOX 150668 LAKEWOOD, CO 80215	N/A	PC	TO IMPROVE ORAL HEALTH	74,170
ORAL HEALTH COLORADO PO BOX 150668 LAKEWOOD, CO 80215	N/A	PC	TO IMPROVE ORAL HEALTH	74,170
ORAL HEALTH COLORADO PO BOX 150668 LAKEWOOD, CO 80215	N/A	PC	TO IMPROVE ORAL HEALTH	76,350
Total . . . . . ▶ 3a				14,580,777

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*				
ORAL HEALTH COLORADO PO BOX 150668 LAKEWOOD, CO 80215	N/A	PC	TO IMPROVE ORAL HEALTH	76,350
NATIONAL NETWORK FOR ORAL HEALTH ACCESS 118 E 56TH AVENUE DENVER, CO 80216	N/A	PC	TO IMPROVE ORAL HEALTH	67,518
SMART BEGINNINGS VIRGINIA PENISULA 320 MAIN STREET NEWPORT NEWS, VA 23601	N/A	PC	TO IMPROVE ORAL HEALTH	50,400
Total . . . . . ▶ 3a				14,580,777

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*				
SMART BEGINNINGS VIRGINIA PENISULA 320 MAIN STREET NEWPORT NEWS, VA 23601	N/A	PC	TO IMPROVE ORAL HEALTH	50,400
CENTER FOR HEALTH CARE STRATEGIES INC 200 AMERICAN METRO BLVD STE 119 HAMILTON, NJ 086192320	N/A	PC	TO IMPROVE ORAL HEALTH	133,468
QUEST IN AIAN CHILDREN 278 SANBORN RD WHITE SALMON, WA 986728222	N/A	PC	TO IMPROVE ORAL HEALTH	54,650
Total . . . . . ▶ 3a				14,580,777

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*				
NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION (NH ORAL HEALTH COALITION) 4 PARK ST STE 403 CONCORD, NH 033016313	N/A	PC	TO IMPROVE ORAL HEALTH	51,934
CENTER FOR HEALTH POLICY DEVPMT DBA NAT'L ACADEMY FOR STATE HEALTH POLICY 10 FREE STREET 2ND FLOOR PORTLAND, ME 041014865	N/A	PC	TO IMPROVE ORAL HEALTH	59,655
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE VILLAGE, IL 60007	N/A	PC	TO IMPROVE ORAL HEALTH	112,496
Total . . . . . ▶ 3a				14,580,777

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*				
HEALTH CARE FOR ALL 1 FEDERAL STREET 5TH FLOOR BOSTON, MA 02110	N/A	PC	TO IMPROVE ORAL HEALTH	150,111
TEXAS HEALTH INSTITUTE 8501 N MOPAC EXPRESSWAY SUITE 170 AUSTIN, TX 78759	N/A	PC	TO IMPROVE ORAL HEALTH	83,650
ORAL HEALTH KANSAS INC 800 SW JACKSON STREET SUITE 1120 TOPEKA, KS 666121216	N/A	PC	TO IMPROVE ORAL HEALTH	282,963
Total . . . . . ▶ 3a				14,580,777

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*				
TAMPA BAY HEALTHCARE COLLABORATIVE PO BOX 2252 DUNEDIN, FL 34697	N/A	PC	TO IMPROVE ORAL HEALTH	3,100
NEW MEXICO HEALTH RESOURCES 300 SAN MATEO BOULEVARD NE ALBUQUERQUE, NM 87122	N/A	PC	TO IMPROVE ORAL HEALTH	5,302
RESOURCES FOR DEVELOPMENT INC 5424 CATHARINE ST PHILADELPHIA, PA 19143	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
Total . . . . . ▶ 3a				14,580,777

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*				
VOICES OF DETROIT INITIATIVE 4201 SAINT ANTOINE ST DETROIT, MI 482012153	N/A	PC	TO IMPROVE ORAL HEALTH	50,395
VOICES OF DETROIT INITIATIVE 4201 SAINT ANTOINE ST DETROIT, MI 482012153	N/A	PC	TO IMPROVE ORAL HEALTH	50,395
FLORIDA PUBLIC HEALTH INSTITUTE 2701 N AUSTRALIAN AVE STE 204 WEST PALM BEACH, FL 334074525	N/A	PC	TO IMPROVE ORAL HEALTH	72,867
Total . . . . . ▶ 3a				14,580,777

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*				
FPHA FOUNDATION 14646 NW 151ST BLVD ALCHUA, FL 32616	N/A	PC	TO IMPROVE ORAL HEALTH	81,466
MASS LEAGUE OF COMMUNITY HEALTH CENTERS 40 COURT STREET 10TH FLOOR BOSTON, MA 02108	N/A	PC	TO IMPROVE ORAL HEALTH	90,000
CENTER FOR MEDICARE ADVOCACY INC 1025 CONNECTICUT AVE NW WASHINGTON, DC 20036	N/A	PC	TO IMPROVE ORAL HEALTH	83,903
Total . . . . . ▶ 3a				14,580,777

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*				
ARCORA FOUNDATION 400 FAIRVIEW AVE N SEATTLE, WA 98109	N/A	PC	TO IMPROVE ORAL HEALTH	232,320
RHODE ISLAND KIDS COUNT 1 UNION STATION PROVIDENCE, RI 029031758	N/A	PC	TO IMPROVE ORAL HEALTH	50,400
MEDICAIDMEDICARECHIP SERVICE DENTAL ASSOCIATION 2 GROVE STREET SANDWICH, MA 02563	N/A	PC	TO IMPROVE ORAL HEALTH	81,400
Total . . . . . ▶ 3a				14,580,777

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*				
CHILDREN NOW 1404 FRANKLIN STREET SUITE 700 OAKLAND, CA 946123232	N/A	PC	TO IMPROVE ORAL HEALTH	700
LA TRUST (STUDENT HEALTH SUPPORTS SVCS) 333 S BEAUDRY AVE 29TH FLOOR LOS ANGELES, CA 900170000	N/A	PC	TO IMPROVE ORAL HEALTH	700
MARYMOUNT UNIVERSITY 1000 NORTH GLEBE ROAD ARLINGTON, VA 22201	N/A	PC	TO IMPROVE ORAL HEALTH	1,325
Total . . . . . ▶ 3a				14,580,777

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*				
TEXAS HEALTH INSTITUTE 8501 N MOPAC EXPRESSWAY SUITE 170 AUSTIN, TX 78759	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
CAMBRIDGE HEALTH ALLIANCE 1493 CAMBRIDGE ST CAMBRIDGE, MA 02139	N/A	PC	TO IMPROVE ORAL HEALTH	1,500
MISSOURI COALITION FOR ORAL HEALTH 213 ADAMS STREET JEFFERSON CITY, MO 651013203	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
Total . . . . . ▶ 3a				14,580,777

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*				
AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY 3085 STEVENSON DRIVE SUITE 200 SPRINGFIELD, IL 627034270	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY 10602 CHAPMAN AVE GARDEN GROVE, CA 92840	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
ASTDD (MINNESOTA ORAL HEALTH PROJECT) 3858 CASHILL BLVD RENO, NV 89509	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
Total . . . . . ▶ 3a				14,580,777

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*				
TEXAS HEALTH INSTITUTE 8501 N MOPAC EXPRESSWAY SUITE 170 AUSTIN, TX 78759	N/A	PC	TO IMPROVE ORAL HEALTH	24,552
NATIONAL MEDICAL FELLOWSHIPS INC 347 FIFTH AVENUE SUITE 510 NEW YORK NY 10016 NEW YORK, NY 10016	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE BOSTON, MA 021182340	N/A	PC	TO IMPROVE ORAL HEALTH	850
Total 3a . . . . . ▶				14,580,777

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*				
NATIONAL ASSOCIATION OF MEDICAID DIRECTORS 444 N CAPITOL STREET NW WASHINGTON, DC 20001	N/A	PC	TO IMPROVE ORAL HEALTH	1,000
HEALTH CARE FOR ALL 1 FEDERAL STREET 5TH FLOOR BOSTON, MA 02110	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
NATIONAL DENTAL ASSOCIATION 6411 IVY LANE STE 703 GREENBELT, MD 207701411	N/A	PC	TO IMPROVE ORAL HEALTH	50,000
Total . . . . . ▶ 3a				14,580,777

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*				
AMERICAN NETWORK OF ORAL HEALTH COALITIONS 800 SW JACKSON SUITE 1120 TOPEKA, KS 66612	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
NEW ENGLAND RURAL ORAL HEALTH ROUNDTABLE 10 BENNING STREET WEST LEBANON, NH 037843402	N/A	PC	TO IMPROVE ORAL HEALTH	1,500
BOSTON UNIVERSITY 85 EAST NEWTON STREET M-921 BOSTON, MA 021182340	N/A	PC	TO IMPROVE ORAL HEALTH	500
Total . . . . . ▶ 3a				14,580,777

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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*				
BRANDEIS UNIVERSITYPO BOX 9110 WALTHAM, MA 024549110	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
AMERICAN ACADEMY OF CARIOLOGY 208 S LASALLE STREET CHICAGO, IL 60604	N/A	PC	TO IMPROVE ORAL HEALTH	35,000
AMERICAN DENTAL EDUCATION ASSOCIATION 655 K STREET NW WASHINGTON, DC 20001	N/A	PC	TO IMPROVE ORAL HEALTH	35,000
Total . . . . . ▶ 3a				14,580,777

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*				
ALABAMA CHAPTER AMERICAN ACADEMY OF PEDIATRICS 19 S JACKSON STREET MONTGOMERY, AL 36104	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
OREGON ORAL HEALTH COALITION POBOX 3132 WILSONVILLE, OR 97070	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
BETTER ORAL HEALTH FOR MASSACHUSETTS COALITION (BOHMAC) 40 COURT ST 10TH FLOOR BOSTON, MA 02108	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
Total . . . . . ▶ 3a				14,580,777

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*				
PA CHAPTER- AMERICAN ACADEMY OF PEDIATRICS 1400 N PROVIDENCE RD ROSE TREE CORPORATE CENTER II MEDIA, PA 19063	N/A	PC	TO IMPROVE ORAL HEALTH	50,000
ORAL HEALTH AMERICA 180 N MICHIGAN AVENUE SUITE 1150 CHICAGO, IL 60601	N/A	PC	TO IMPROVE ORAL HEALTH	50,000
THE ORAL HEALTH FORUM (HEARTLAND HEALTH OUTREACH) 1015 W LAWRENCE AVE 2ND FLOOR CHICAGO, IL 60640	N/A	PC	TO IMPROVE ORAL HEALTH	35,000
Total 3a . . . . . ▶				14,580,777

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*				
SACRAMENTO NATIVE AMERICAN HEALTH CENTER 2020 J STREET SACRAMENTO, CA 95811	N/A	PC	TO IMPROVE ORAL HEALTH	26,230
WHITTIER STREET HEALTH CENTER 1290 TREMONT ST ROXBURY ROXBURY, MA 02120	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
ARIZONA ALLIANCE OF COMMUNITY HEALTH CENTERS 700 EAST JEFFERSON STREET PHOENIX, AZ 85034	N/A	PC	TO IMPROVE ORAL HEALTH	12,000
Total . . . . . ▶ **3a**				14,580,777

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*				
FIRST THINGS FIRST (STATE OF ARIZONA) 4000 N CENTRAL AVE PHOENIX, AZ 85012	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
CHILDREN NOW 1404 FRANKLIN STREET SUITE 700 OAKLAND, CA 946123232	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
OREGON ORAL HEALTH COALITION POBOX 3132 WILSONVILLE, OR 97070	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
Total . . . . . ▶ 3a				14,580,777

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*				
THE THEATRE OFFENSIVE 565 BOYLSTON STREET 3RD FLOOR BOSTON, MA 02116	N/A	PC	TO IMPROVE ORAL HEALTH	1,000
Total . . . . . ▶ 3a				14,580,777

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TY 2017 Accounting Fees Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING EXPENSE	15,000	0		15,000

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TY 2017 Investments Corporate Bonds Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BAIRD SHORT-TERM BOND FUND	33,189,650	33,189,650

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TY 2017 Other Assets Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE FROM AFFILIATE	66,117	43	43

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TY 2017 Other Decreases Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	1,267,312

TY 2017 Other Expenses Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES & EXPENSES	19,041	0		19,041
SUBSCRIPTIONS AND DUES	35,457	0		35,457
TELEPHONE	8,493	0		8,493
PUBLIC RELATIONS	34,950	0		34,950
SOFTWARE LEASE	113,370	0		113,370
TRAINING AND EDUCATION	13,855	0		13,855
POSTAGE	5,199	0		5,199

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TY 2017 Other Increases Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Description	Amount
RETURN OF UNEXPENDED GRANT FUNDS	4,911

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TY 2017 Other Professional Fees Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING EXPENSE	2,670,898	0		2,670,898
INVESTMENT MANAGEMENT FEES	58,388	58,388		0
PAYROLL PROCESSING FEES	5,038	0		5,038

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TY 2017 Taxes Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	154,000	0		0