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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
DELTA DENTAL COMMUNITY CARE FOUNDATION

A Employer identification number
37-1570764

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

Room/suite

B Telephone number (see instructions)
(415) 972-8300

City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94105

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 10,991,644

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)	15,460,375			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	15,460,375	0	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0	0	0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	146,875	0	0	0
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)				
	24	**Total operating and administrative expenses.** Add lines 13 through 23	146,875	0	0	0
	25	Contributions, gifts, grants paid	6,017,020			6,017,020
	26	**Total expenses and disbursements.** Add lines 24 and 25	6,163,895	0	0	6,017,020
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	9,296,480			
	b	**Net investment income** (if negative, enter -0-)		0		
	c	**Adjusted net income**(if negative, enter -0-)			0	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	898,684	10,991,644	10,991,644
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	898,684	10,991,644	10,991,644
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable		796,480	
	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	796,480	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted	898,684	10,195,164	
	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)	898,684	10,195,164	
	31 **Total liabilities and net assets/fund balances** (see instructions)	898,684	10,991,644	

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	898,684
2	Enter amount from Part I, line 27a	2	9,296,480
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	10,195,164
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	10,195,164

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

1 Enter the appropriate amount in each column for each year, see 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	3,802,053	1,183,003	3 213900
2015	3,725,000	0	0 000000
2014	2,690,000	0	0 000000
2013	1,985,000	0	0 000000
2012	1,670,000	0	0 000000

2	**Total** of line 1, column (d)	2	3 213900
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 642780
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	1,765,032
5	Multiply line 4 by line 3	5	1,134,527
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	1,134,527
8	Enter qualifying distributions from Part XII, line 4	8	6,017,020

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	0
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0
3	Add lines 1 and 2		3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-		5	0
6	Credits/Payments			
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a: 0		
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	0
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	0
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	
11	Enter the amount of line 10 to be **Credited to 2018 estimated tax** ▶ **Refunded** ▶		11	

Part VII-A **Statements Regarding Activities**

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

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ HTTP //WWW DDCCF COM

14 The books are in care of ▶ MICHAEL J CASTRO TREASURER Telephone no ▶ (415) 972-8300

Located at ▶ 100 FIRST STREET SAN FRANCISCO CA ZIP+4 ▶ 94105

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 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? 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		
	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
NONE				

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services. . . . . ▶ 0

Part IX-A Summary of Direct Charitable Activities

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

Part IX-B Summary of Program-Related Investments (see instructions)

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	1,791,911
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	1,791,911
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	1,791,911
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	26,879
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,765,032
6	**Minimum investment return.** Enter 5% of line 5	6	88,252

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	88,252
2a	Tax on investment income for 2017 from Part VI, line 5 — 2a:		
b	Income tax for 2017 (This does not include the tax from Part VI) — 2b:		
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	88,252
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	88,252
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	88,252

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	6,017,020
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	6,017,020
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	6,017,020

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				88,252
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. 1,670,000				
b From 2013. 1,985,000				
c From 2014. 2,690,000				
d From 2015. 3,725,000				
e From 2016. 3,742,903				
f Total of lines 3a through e.	13,812,903			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 6,017,020				
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.				88,252
e Remaining amount distributed out of corpus	5,928,768			
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	19,741,671			
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) . . .	1,670,000			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	18,071,671			
10 Analysis of line 9				
a Excess from 2013. . . . 1,985,000				
b Excess from 2014. . . . 2,690,000				
c Excess from 2015. . . . 3,725,000				
d Excess from 2016. . . . 3,742,903				
e Excess from 2017. . . . 5,928,768				

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 email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				6,017,020
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

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

(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**

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2018-03-19	******
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
KELLIE A LANFORD		2018-03-20		P00538614

Firm's name ▶ CBIZ MHM LLC	Firm's EIN ▶34-1851358
Firm's address ▶ 530 HOWELL ROAD SUITE 209 GREENVILLE, SC 29615	Phone no (864) 241-2001

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
ANTHONY S BARTH 100 FIRST STREET 15TH FLOOR SAN FRANCISCO, CA 94105	PRESIDENT / CEO 1 00	0	0	0
MICHAEL J CASTRO 100 FIRST STREET 15TH FLOOR SAN FRANCISCO, CA 94105	TREASURER / CFO 1 00	0	0	0
MICHAEL G HANKINSON ESQ 100 FIRST STREET 15TH FLOOR SAN FRANCISCO, CA 94105	SECRETARY 1 00	0	0	0
KAREN L ROBINSON ONE DELTA DRIVE MECHANICSBURG, PA 17055	ASSISTANT SECRETARY 1 00	0	0	0
ASHLEY C SINGER 100 FIRST STREET 15TH FLOOR SAN FRANCISCO, CA 94105	ASSISTANT SECRETARY 1 00	0	0	0
JOHN M YAMAMOTO DDS 100 FIRST STREET 15TH FLOOR SAN FRANCISCO, CA 94105	DIRECTOR 1 00	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK RD ABINGTON, PA 190013720	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ACCESS HEALTH LOUISIANA 2900 INDIANA AVENUE KENNER, LA 70065	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
ALACHUA COUNTY ORGANIZATION FOR RURAL NEEDS INC 23320 N STATE ROAD 235 BROOKER, FL 326225266	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ALBANY AREA PRIMARY HEALTH CARE INC 204 N WESTOVER BLVD ALBANY, GA 317072983	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	35,903
ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK RD PHILADELPHIA, PA 19141	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
ALTA FAMILY HEALTH CLINIC INC 888 N ALTA AVE DINUBA, CA 936183001	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
AMITE COUNTY MEDICAL SERVICES INC PO BOX 511 LIBERTY, MS 396450511	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 W STATE ST DOYLESTOWN, PA 189012554	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ANTHONY L JORDAN HEALTH CORPORATION 82 HOLLAND ST ROCHESTER, NY 146052131	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
APPLE TREE DENTAL CALIFORNIA INC 430 NORTH EL CAMINO REAL SAN MATEO, CA 94401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
Total . . . . . ▶ 3a				6,017,020

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*				
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND, CA 94607	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
ASSISTANCE LEAGUE OF SAN PEDRO SOUTH BAY 1441 W 8TH ST SAN PEDRO, CA 907323803	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON, TX 780644033	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
AVENAL COMMUNITY HEALTH CENTER PO BOX 700 AVENAL, CA 932040700	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	28,976
BARNABAS CENTER INC 1303 JASMINE ST STE 101 FERNANDINA, FL 320342991	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
BARRIO COMPREHENSIVE FAMILY HEALTH CARE CENTER INC 3066 E COMMERCE ST SAN ANTONIO, TX 782201013	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BEAR LAKE COMMUNITY HEALTH CENTER 325 W LOGAN HIGHWAY GARDEN CITY, UT 64028	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BECKLEY HEALTH RIGHT INC 111 RANDOLPH ST BECKLEY, WV 25801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BIGHORN VALLEY HEALTH CENTER INCORPORATED PO BOX 408 HARDIN, MT 590340408	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,369
BLOSS MEMORIAL HEALTHCARE DISTRICT 3605 HOSPITAL ROAD ATWATER, CA 95301	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
Total . . . . . ▶ 3a				6,017,020

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*				
BRADFORD COUNTY DENTAL INC 1 ELIZABETH ST STE 6 TOWANDA, PA 188481629	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	7,000
BREAD FOR THE CITY INC 1525 7TH ST NW WASHINGTON, DC 200013201	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BREVARD HEALTH ALLIANCE INC 2120 SARNO RD MELBOURNE, FL 329353084	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
BROWNSVILLE COMMUNITY DEVELOPMENT CORPORATION 592 ROCKAWAY AVE BROOKLYN, NY 112125539	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BULLHOOK COMMUNITY HEALTH CENTER INC 521 4TH ST HAVRE, MT 595013649	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
BUTTE SILVER BOW PRIMARY HEALTH CARE CLINIC INC 445 CENTENNIAL AVE BUTTE, MT 597012870	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CABIN CREEK HEALTH CENTER INC 107 KOONTZ AVENUE SUITE 200 CLENDENIN, WV 25045	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CAHABA VALLEY HEALTH CARE INC 1515 6TH AVE S BIRMINGHAM, AL 352331601	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CALAVERAS COUNTY OFFICE OF EDUCATION 185 S MAIN STREET ANGELS CAMP, CA 95222	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CAMILLUS HEALTH CONCERN INC 336 NW 5TH STREET MIAMI, FL 33128	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	15,000
Total 3a			▶	6,017,020

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*				
CARE RESOURCE 3510 BISCAYNE BLVD STE 300 MIAMI, CA 95370	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CARIDAD CENTER INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 334724415	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON INC 924 G ST NW WASHINGTON, DC 200014532	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	15,000
CENTRAL COUNTY FOUNDATION INC 12866 MAIN ST STE 100 GARDEN GROVE, WV 25045	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRAL MISSISSIPPI CIVIC IMPROVEMENT ASSOCIATION INC DBA JACKSON-HINDS COM 3502 WEST NORTHSIDE DR JACKSON, MS 39213	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
Total . . . . . ▶ 3a				6,017,020

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 TEXAS COMMUNITY HEALTH CENTERS 2115 KRAMER STE 100 AUSTIN, TX 787584013	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	43,222
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE SUITE D STATE COLLEGE, PA 168032300	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRO DE SALUD LA COMUNIDAD DE SAN YSIDRO INC 1275 30TH STREET 2ND FLOOR SAN DIEGO, CA 921543476	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
CHARLES HENDERSON MEMORIAL ASSOCIATION FRANKLIN DR 231BYPASS TROY, AL 360810000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHASE BREXTON HEALTH SERVICES INC 1111 N CHARLES ST BALTIMORE, MD 212015505	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
CHESPENN HEALTH SERVICES 2600 W 9TH ST 2 NORTH CHESTER, PA 190132040	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHILDRENS DENTAL FOUNDATION 455 EAST COLUMBIA STREET STE 32 LONG BEACH, CA 908061620	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHILDRENS MEDICAL CENTER FOUNDATION 1935 MEDICAL DISTRICT DR DALLAS, TX 752357701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA INC PO BOX 2344 AUGUSTA, GA 30903	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHRIST LUTHERAN CHURCH 124 SOUTH 13TH STREET HARRISBURG, PA 17104	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
CLAY-BATTELLE HEALTH SERVICES ASSOCIATION 5861 MASON DIXON HIGHWAY BLACKSVILLE, WV 265210000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CLINICAS DEL CAMINO REAL INC PO BOX 4566 VENTURA, CA 930074566	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	31,632
CLINTON COUNTY HEALTHY COMMUNITIES 266 HOGAN BLVD STE 6 MILL HALL, PA 177511928	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CMS MEDICAL CARE CORPORATION 211 N 12TH ST LEHIGHTON, PA 182351138	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION ST BILOXI, MS 395302935	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
COLLIER HEALTH SERVICES INC 1454 MADISON AVE W IMMOKALEE, FL 341422200	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
COMMUNITY COLLEGE OF BALTIMORE COUNTY FOUNDATION INC 7200 SOLLERS POINT RD BALTIMORE, MD 212224649	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY DENTAL CLINIC INC 1000 PINELLAS ST CLEARWATER, FL 337563433	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH ALLIANCE OF PASADENA 455 W MONTANA ST PASADENA, CA 911031327	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH ALLIANCE 680 SOUTH ROCK BLVD RENO, NV 89502	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
Total . . . . . ▶ 3a				6,017,020

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HEALTH CARE CENTER INC 115 4TH STREET SOUTH GREAT FALLS, MT 59401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTER OF LUBBOCK INC 1610 5TH ST LUBBOCK, TX 794012622	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTER INC 4485 NORTH TOWN SQUARE SUITE 108 POWDER SPRINGS, GA 30127	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS INC 220 WEST 7200 SOUTH SUITE A MIDVALE, UT 840471043	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	40,000
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST INC 150 TEJAS PL NIPOMO, CA 934449123	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HEALTH CLINIC INC 943 4TH AVE NEW KENSINGTN, PA 150686409	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CLINIC OF BUTLERCOUNTY INC 103 BONNIE DR BUTLER, PA 160028503	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CONNECT 591 S STATE ST PROVO, UT 846065056	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH DEVELOPMENT INC 908 EVANS ST STE A UVALDE, TX 788016052	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH SERVICE AGENCY INC 4500 WESLEY ST GREENVILLE, TX 754015644	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
Total . . . . . ▶ 3a				6,017,020

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY MEDICAL CARE CENTER INC 1210 W MAIN ST LEESBURG, FL 347484935	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY MEDICAL CENTERS INC PO BOX 779 STOCKTON, CA 952010779	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	45,836
COMMUNITY OF HOPE INC 4 ATLANTIC ST SW WASHINGTON, DC 200322350	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
COMPREHENSIVE COMMUNITY HEALTH CENTERS INC 801 S CHEVY CHASE DR STE 20 GLENDALE, CA 912054437	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	50,000
CORNERSTONE CARE INC OLD GLASSWORKS RD GREENSBORO, PA 153380000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total 3a			▶	6,017,020

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*				
CORNERSTONE FAMILY HEALTHCARE 2570 ROUTE 9W NO 10 CORNWALL, NY 125181370	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CURTIS V COOPER PRIMARY HEALTH CARE INC PO BOX 2024 SAVANNAH, GA 314022024	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DADE COUNTY DENTAL RESEARCH CLINIC 750 NW 20TH STREET BLDG G 150 MIAMI, FL 331274618	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
DEKALB COUNTY BOARD OF HEALTH 440 WINN WAY RM 3107 DECATUR, CA 95370	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DELAWARE TECHNICAL COMMUNITY COLLEGE GEORGE CAMPUS DBA DENTAL HEALTH CENTER 300 NORTH GEORGE ST WILMINGTON, DE 19801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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

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a *Paid during the year*				
DELIVER THE DREAM 3223 NW 10TH TERRACE FORT LAUDERDALE, FL 33309	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	2,500
DENTAL HEALTH CLINIC 107 S MARKET STREET BERWICK, PA 186034824	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DENTAL HEALTH FOR ARLINGTON INC PO BOX 1542 ARLINGTON, TX 760041542	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 950651819	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DISTRICT CLINIC HOLDINGS INC 902 CLINT MOORE ROAD SUITE 138 BOCA RATON, AL 35233	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	68,152
Total . . . . . ▶ 3a				6,017,020

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*				
DOCTORS VOLUNTEER CLINIC OF ST GEORGE 45 N 300 E ST GEORGE, UT 847702916	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DR EARL R CRANE CHILDRENS DENTAL HEALTH CENTER 580 WEST 6TH ST SAN BERNARDINO, CA 92410	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EAST CENTRAL MISSISSIPPI HEALTH CARE INC PO BOX 142 SEBASTOPOL, MS 393590142	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EAST GEORGIA HEALTHCARE CENTER INC 215 N COLEMAN ST SWAINSBORO, GA 304013530	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EAST HILL FAMILY MEDICAL INC 144 GENESEE STREET AUBURN, NY 130213503	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . 3a ▶				6,017,020

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

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a *Paid during the year*				
EAST TEXAS COMMUNITY HEALTH SERVICES INC PO BOX 632040 NACOGDOCHES, TX 759632040	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 772230209	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ENTERPRISE VALLEY MEDICAL CLINIC INC PO BOX 370 ENTERPRISE, UT 847250370	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ESCAMBIA COMMUNITY CLINICS INC 14 WEST JORDAN STREET PENSACOLA, FL 325011736	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ESPERANZA HEALTH CENTER INC 4417 N 6TH ST PHILADELPHIA, PA 191402319	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
Total . . . . . ▶ 3a				6,017,020

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*				
EXCELTH INC 1515 POYDRAS ST STE 1070 NEW ORLEANS, LA 701124520	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY FIRST HEALTH CORPORATION 116 S GEORGE ST YORK, PA 174011474	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY HEALTH CARE CLINIC INC 1551 WEST GOVERNMENT STREET BRANDON, UT 84104	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA INC PO BOX 1357 FT MYERS, FL 339021357	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY HEALTH NETWORK OF CENTRAL NEW YORK INC 17 MAIN ST STE 302 CORTLAND, NY 130456615	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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

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a *Paid during the year*				
FAMILY HEALTHCARE NETWORK 305 E CENTER AVE VISALIA, CA 932916331	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
FAYETTE CARE CLINIC INC 1260 HIGHWAY 54 W FAYETTEVILLE, GA 302144514	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FINGER LAKES MIGRANT HEALTH CARE PROJECT INC 14 MAIDEN LN PENN YAN, NY 145271208	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FIRST BAPTIST DENTON MINISTRY CENTER 1701 BROADWAY ST DENTON, TX 762012501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FLATHEAD COMMUNITY HEALTH CENTER 1035 1ST AVENUE WEST KALISPELL, MT 59901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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 COMMUNITY HEALTH CENTERS INC 5827 CORPORATE WAY WEST PALM BEACH, FL 334072000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FLORIDA DENTAL HEALTH FOUNDATION INC 1111 E TENNESSEE ST TALLAHASSEE, FL 32308	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
FLORIDA DEPARTMENT OF HEALTH IN COLLIER COUNTY 3339 EAST TAMIAMI TRAIL SUITE 145 NAPLES, FL 34112	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FLORIDA DEPARTMENT OF HEALTH PASCO COUNTY 10841 LITTLE ROAD BUILDING A NEW PORT RICHEY, FL 34654	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FLORIDA DEPARTMENT OF HEALTH 601 EAST UNIVERSITY BOULEVARD MELBOURNE, FL 32901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
FRANKLIN PRIMARY HEALTH CENTER INC 1303 DR MARTIN LUTHER KING JR MOBILE, AL 366030000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	50,000
FREDERICK MEMORIAL HOSPITAL INC 516 TRAIL AVENUE SUITE 13 FREDERICK, MD 21701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FREE CLINIC OF SIMI VALLEY 2060 TAPO ST SIMI VALLEY, CA 930633417	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FULTON COUNTY FAMILY PARTNERSHIP INC 22438 GREAT COVE ROAD MCCONNELLSBURG, PA 172338367	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GA CARMICHAEL FAMILY HEALTH CENTER 1668 WEST PEACE ST CANTON, UT 84104	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	-5,000
Total . . . . . ▶ 3a				6,017,020

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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*				
GATEWAY COMMUNITY HEALTH CENTER INC 1515 PAPPAS ST LAREDO, TX 780411705	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GEORGIA MOUNTAINS HEALTH SERVICES INC PO BOX 540 MORGANTON, GA 305600540	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GFWC CORAL GABLES WOMANS CLUB INC 1001 E PONCE DE LEON BLVD CORAL GABLES, FL 331343313	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GLACIER COMMUNITY HEALTH CENTER INC 519 E MAIN ST CUT BANK, MT 594273015	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GLOBAL HEALTH RC INCPO BOX 23623 NEW ORLEANS, LA 701830623	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	193,000
Total . . . . . ▶ 3a				6,017,020

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*				
GOOD NEWS CLINICS INC810 PINE ST GAINESVILLE, GA 305016754	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GOOD SAMARITAN HEALTH CENTERS INC 268 HERBERT ST ST AUGUSTINE, FL 320844000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GREATER BADEN MEDICAL SERVICE INCORPORATED 7450 ALBERT ROAD THIRD FLOOR BRANDYWINE, MD 206133035	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
GREATER MERIDIAN HEALTH CLINIC INC 2701 DAVIS STREET MERIDIAN, MS 39301	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
GREATER PHILADELPHIA HEALTH ACTION 1401 S 31ST ST 2ND FLOOR PHILADELPHIA, PA 191463506	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
Total . . . . . ▶ 3a				6,017,020

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a *Paid during the year*				
GREEN RIVER MEDICAL CENTER INC PO BOX 417 GREEN RIVER, UT 845250417	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GULF COAST DENTAL OUTREACH INC 4812 LONGWATER WAY TAMPA, FL 336154216	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HARBOR COMMUNITY CLINIC INC 593 W 6H ST SAN PEDRO, CA 907310000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HARRISBURG ROTARY FOUNDATION 3211 NORTH FRONT ST HARRISBURG, PA 17110	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	2,000
HEALS INC1100 MERIDIAN ST N HUNTSVILLE, AL 358014636	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	7,000
Total . . . . . ▶ 3a				6,017,020

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a *Paid during the year*				
HEALTH CARE ACCESSPO BOX 591 PHOENIXVILLE, PA 194600591	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTH PARTNERS INCPO BOX 1865 WALDORF, MD 206041865	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
HEALTH SERVICES INCPO BOX 70365 MONTGOMERY, AL 361070365	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTHLINK DENTAL CLINIC INC 1775 STREET RD SOUTHAMPTON, PA 189664564	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY 2101 E 4TH ST STE 220 SANTA ANA, CA 92705	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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HEALTHY SMILES MOBILE DENTAL FOUNDATION 4186 W SWIFT AVENUE FRESNO, CA 937226322	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEART OF TEXAS COMMUNITY HEALTH CENTER INC 1600 PROVIDENCE DR WACO, TX 767072261	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
HILL COUNTRY COMMUNITY CLINIC PO BOX 228 ROUND MTN, CA 960840228	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HOMETOWN HEALTH1044 STATE ST SCHENECTADY, NY 123071508	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HOPE CENTER INC 10274-A HIGHWAY 104 FAIRHOPE, AL 36532	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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a *Paid during the year*				
HOPE MEDICAL CLINIC INC 1125 FORREST AVE STE 202 DOVER, DE 199043483	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HOSPITAL SERVICE DISTRICT NO 1-A OF THE PARISH OF RICHLAND STATE OF LA 407 CINCINNATI STREET DELHI, LA 71232	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HOWARD UNIVERSITY 2244 10TH STREET ROOM 302 WASHINGTON, DC 200590001	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	100,000
HUDSON HEADWATERS HEALTH NETWORK 9 CAREY RD QUEENSBURY, NY 128047880	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
I WILL SURVIVE INC 5879 NEW PEACHTREE RD STE D ATLANTA, GA 303401037	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total 3a . . . . . ▶				6,017,020

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a *Paid during the year*				
IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER 806 JEFFERSON TER NEW IBERIA, LA 705605727	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
INDIAN RIVER VOLUNTEERS IN MEDICINE INC 2555 JUDGE FRAN JAMIESON WAY MELBOURNE, FL 329405998	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
INLAND BEHAVIORAL AND HEALTH SERVICES INC 1963 N E ST SN BERNRDNO, CA 924053919	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
INNIS COMMUNITY HEALTH CENTER INC 6450 LA HWY 1 INNIS, LA 707470000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,500
JEFFERSON COMPREHENSIVE HEALTH CENTER INC 225 COMMUNITY DRIVE FAYETTE, MS 39069	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
Total . . . . . ▶ 3a				6,017,020

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a *Paid during the year*				
JEFFERSON COUNTY DEPARTMENT OF HEALTH 1400 6TH AVE SOUTH BIRMINGHAM, AL 35233	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
JESSIE TRICE COMMUNITY HEALTH CENTER INC 5607 NW 27TH AVENUE SUITE STE 1 MIAMI, FL 331422826	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
KANAWHA COUNTY DENTAL HEALTH COUNCIL INC 100 FLORIDA ST CHARLESTON, WV 253021131	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
KEYSTONE RURAL HEALTH CENTER 22 ST PAUL DR SUITE 200 CHAMBERSBURG, PA 172014223	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	12,000
KIDS SMILES INC 3751 ISLAND AVE STE 2 PHILADELPHIA, PA 191533237	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
Total . . . . . ▶ 3a				6,017,020

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 CLINICA DE LA RAZA INC PO BOX 22210 OAKLAND, CA 946232210	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
LA ESPERANZA CLINIC INC 2029 W BEAUREGARD AVE SAN ANGELO, TX 769013812	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LA MAESTRA FAMILY CLINIC INC 4060 FAIRMOUNT AVE SAN DIEGO, CA 921051608	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LA RED HEALTH CENTER INC 21444 CARMEAN WAY GEORGETOWN, DE 199474572	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
LAFAYETTE GENERAL FOUNDATION INC 1214 COOLIDGE BLVD LAFAYETTE, LA 705032621	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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a *Paid during the year*				
LAKELAND VOLUNTEERS IN MEDICINE INC 1021 LAKELAND HILLS BLVD LAKELAND, FL 338054672	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LIFELONG MEDICAL CAREPO BOX 11247 BERKELEY, CA 947122247	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LONE STAR CIRCLE OF CARE 205 E UNIVERSITY AVE STE 200 GEORGETOWN, TX 786266821	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
LOS BARRIOS UNIDOS COMMUNITY CLINIC INC 809 SINGLETON BLVD DALLAS, TX 752124014	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LOURDES FOUNDATION INC 4801 AMBASSADOR CAFFERY PKWY LAFAYETTE, CA 95370	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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a *Paid during the year*				
MACON VOLUNTEER CLINIC INC 376 ROGERS AVE MACON, GA 312042506	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MANATEE COUNTY RURAL HEALTH SERVICES INC 700 8TH AVE W STE 101 PALMETTO, FL 342214737	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MANNA MINISTERIES INC 120 STREET A SUITE A PICAYUNE, MS 394665466	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	15,000
MANOS DE CRISTO INC 4911 HARMON AVE AUSTIN, TX 787512710	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MARILLAC COMMUNITY HEALTH CENTERS 3201 S CARROLLTON AVE NEW ORLEANS, LA 701184307	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
Total . . . . . ▶ 3a				6,017,020

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a *Paid during the year*				
MARYS CENTER FOR MATERNAL AND CHILD CARE INC 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,418
MENDOCINO COAST CLINICS INC 205 SOUTH ST FORT BRAGG, CA 954375540	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	23,370
MENDOCINO COMMUNITY HEALTH CLINIC INC 333 LAWS AVE UKIAH, CA 954826540	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MERCY HEALTH CENTER INC 700 OGLETHORPE AVE ATHENS, GA 306062221	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MERIDIAN EDUCATION RESOURCE GROUP INC 1353 GEORGE W BRUMLEY WAY SE ATLANTA, GA 303171743	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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a *Paid during the year*				
MIAMI BEACH COMMUNITY HEALTH CENTER INC 11645 BISCAYNE BLVD STE 207 MIAMI, FL 331813138	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MID-OHIO VALLEY BOARD OF HEALTH 211 SIXTH STREET PARKERSBURG, WV 26101	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MIDTOWN COMMUNITY HEALTH CENTER INC 2240 ADAMS AVE OGDEN, UT 844011511	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
MINISTRY OF CARING INC 115 E 14TH ST WILMINGTON, DE 198013209	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MINNIE HAMILTON HEALTH CARE CENTER 186 HOSPITAL DR GRANTSVILLE, WV 261477100	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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a *Paid during the year*				
MISSION FIRST INCPO BOX 250 JACKSON, MS 392050250	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MISSION OF MERCY INC 103 W MIDDLE ST GETTYSBURG, PA 173252109	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	50,000
MOBILE COUNTY HEALTH DEPARTMENT 251 NORTH BAYOU ST MOBILE, UT 84104	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MOM-N-PA420 EAST ORANGE ST SHIPPENSBURG, PA 17257	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MONONGALIA COUNTY HEALTH DEPARTMENT DENTISTRY 453 VAN VOORHIS ROAD MORGANTOWN, WV 26505	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	192,500
Total . . . . . ▶ 3a				6,017,020

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a *Paid during the year*				
MORRIS HEIGHTS HEALTH CENTER INC 85 W BURNSIDE AVE BRONX, NY 104534015	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MOUNTAIN VALLEYS HEALTH CENTERS PO BOX 277 BIEBER, CA 960090277	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MOUNTAINLANDS COMMUNITY HEALTH CENTER INC 589 S STATE ST PROVO, UT 846065056	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MT ENTERPRISE COMMUNITY HEALTH CLINIC 106 W RUSK ST MT ENTERPRISE, TX 756817581	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEIGHBORHOOD HEALTHCARE 425 N DATE ST ESCONDIDO, CA 920253413	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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NEVADA HEALTH CENTERS INC 3325 RESEARCH WAY CARSON CITY, NV 897067913	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
NEW RIVER HEALTH ASSOCIATION INC PO BOX 337 SCARBRO, WV 259170337	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	35,000
NO AIDS TASK FORCE 2601 TULANE AVE STE 500 NEW ORLEANS, LA 701197400	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH COUNTY HEALTH PROJECT INC 150 VALPREDA RD SAN MARCOS, CA 920692973	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH EAST MEDICAL SERVICES 1520 STOCKTON ST SAN FRANCISCO, CA 941333354	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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NORTH FLORIDA MEDICAL CENTERS INC 2804 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 323088707	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
NORTH GEORGIA HEALTHCARE CENTER PO BOX 729 RINGGOLD, GA 307360729	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH SIDE CHRISTIAN HEALTH CENTER 816 MIDDLE ST PITTSBURGH, PA 152124915	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTHEAST VALLEY HEALTH CORPORATION 1172 N MACLAY AVE SAN FERNANDO, CA 913401328	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	9,501
NORTHERN OSWEGO COUNTY HEALTH SERVICES INC 61 DELANO ST PULASKI, NY 131421400	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	15,000
Total . . . . . ▶ 3a				6,017,020

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NORTHWEST ALABAMA COMMUNITY HEALTH ASSOCIATION 309B HANDY HOMES FLORENCE, AL 356305274	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTHWEST BUFFALO COMMUNITY HEALTH CARE CENTER INC 155 LAWN AVE BUFFALO, NY 142071816	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
OAK ORCHARD COMMUNITY INC 300 WEST AVE BROCKPORT, NY 144201118	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ODYSSEY HOUSE LOUISIANA INC 1125 N TONTI ST NEW ORLEANS, LA 701193549	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
OLE HEALTH1100 TRANCAS ST STE 300 NAPA, CA 945582921	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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OPEN DOOR FAMILY MEDICAL CENTER INC 165 MAIN ST OSSINING, NY 105624702	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
OUTREACH HEALTH SERVICES INC PO BOX 527 SHUBUTA, MS 393600527	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PARTNERSHIP FOR THE CHILDREN OF SAN LUIS OBISPO COUNTY 717 WALNUT DRIVE PASO ROBLES, CA 93446	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PARTNERSHIP HEALTH CENTER INC 323 W ALDER ST MISSOULA, MT 598024123	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	14,000
PASADENA HEALTH CENTER INC 908 SOUTHMORE AVE STE 100 PASADENA, TX 775021120	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	79,414
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PEDIATRIC AND FAMILY MEDICAL CENTER 1530 SOUTH OLIVE ST 6TH FLOOR LOS ANGELES, CA 900153023	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PETALUMA HEALTH CENTER 1179 N MCDOWELL BLVD PETALUMA, CA 949546559	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PREMIER COMMUNITY HEALTHCARE GROUP INC PO BOX 232 DADE CITY, FL 335260232	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRESTON-TAYLOR COMMUNITY HEALTH CENTERS INCORPORATED PO BOX 399 GRAFTON, WV 263540399	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY CARE COALITION OF MONTGOMERY COUNTY MD INC 8757 GEORGIA AVE 10TH FL SILVERSPRING, MD 209103737	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total 3a			▶	6,017,020

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PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANA INC PO BOX 395 CLINTON, LA 70722	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY HEALTH CARE CENTER OF DADE INC 106 E WITHERS SREET LAFAYETTE, GA 307280000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
PRIMARY HEALTH NETWORKPO BOX 176 SHARON, PA 161460000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	70,000
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
QUEENSCARE HEALTH CENTERS 950 SOUTH GRAND AVE 2ND FL S LOS ANGELES, CA 900154202	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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REDWOODS RURAL HEALTH CENTER INC PO BOX 769 REDWAY, CA 955600769	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
REGENCE HEALTH NETWORK INC 2801 W 8TH ST PLAINVIEW, TX 790726737	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK UB COMMONS STE 211 BUFFALO, NY 14228	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
RESOURCES FOR HUMAN DEVELOPMENT INC 4700 WISSAHICKON AVE STE 126 PHILADELPHIA, PA 191444248	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
ROCHESTER PRIMARY CARE NETWORK INC 259 MONROE AVE BSMT B ROCHESTER, NY 146073632	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
Total . . . . . ▶ 3a				6,017,020

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RURAL HEALTH CORPORATION OF NORTHEASTERN PENNSYLVANIA 1084 ROUTE 315 WILKES BARRE, PA 187020000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
RURAL HEALTH MEDICAL PROGRAM INC 713 J L CHESTNUT BLVD SELMA, AL 367010000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	15,000
RYAN-CHELSEA CLINTON COMMUNITY HEALTH CENTER 110 W 97TH ST NEW YORK, NY 100256450	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SACRAMENTO NATIVE AMERICAN HEALTHCENTER INC 2020 J ST SACRAMENTO, CA 958113120	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
SADLER HEALTH CENTER CORPORATION 100 N HANOVER ST CARLISLE, PA 170132421	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total 3a			▶	6,017,020

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SALT LAKE DONATED DENTAL SERVICES 1383 S 900 W STE 128 SALT LAKE CTY, UT 841041652	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SALUD PARA LA GENTE 195 AVIATION WAY STE 200 WATSONVILLE, UT 84104	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
SAMARITANS TOUCH CARE CENTER INC 3015 HERRING AVE SEBRING, FL 338701067	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	15,000
SAN FERNANDO COMMUNITY HOSPITAL 732 MOTT ST STE 100 SAN FERNANDO, CA 913404240	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HEALTH PO BOX 99 TEMPLE CITY, CA 917800099	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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SANTA BARBARA NEIGHBORHOOD CLINICS 915 N MILPAS ST 2ND FL SANTA BARBARA, CA 931032331	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
SANTA ROSA CHILDRENS HOSPITAL FOUNDATION 1 INTL CENTER 100 NE LOOP 410 NO 706 SAN ANTONIO, TX 782160000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SAVANNAH VOLUNTEER DENTAL CLINIC 5302 FREDERICK ST STE 101 SAVANNAH, GA 314054822	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SCRANTON PRIMARY HEALTH CARE CENTER INC 959 WYOMING AVE SCRANTON, PA 185093023	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SECOND MILE MISSON CENTER 1135 HIGHWAY 90 A MISSOURI CITY, TX 774891229	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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SHENANDOAH VALLEY MEDICAL SYSTEM INC DBA HEALTHY SMILES COMMUNITY ORAL HEAL 99 TAVERN RD MARTINSBURG, WV 25401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BLVD STE 210 TORRANCE, CA 905054732	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTH CENTRAL HOUSTON ACTION COUNCIL INC PO BOX 300345 HOUSTON, TX 772300345	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
SOUTH COUNTY COMMUNITY CLINIC 101 PINE MANOR DR OAK RIDGE N, TX 773859059	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTH COUNTY COMMUNITY HEALTH CENTER INC 1885 BAY RD E PALO ALTO, CA 943031312	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
SOUTHBRIDGE MEDICAL ADVISORY CONCIL INC 601 NEW CASTLE AVE WILMINGTON, DE 198015821	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	8,394
SOUTHEAST COMMUNITY HEALTH SYSTEMS PO BOX 770 ZACHARY, LA 707910770	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHEAST LANCASTER HEALTH SERVICES INC 333 N ARCH ST LANCASTER, PA 176032928	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	25,000
SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE INC PO BOX 1729 HATTIESBURG, MS 394031729	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHWEST GEORGIA HEALTH CARE INC PO BOX 357 RICHLAND, GA 318250357	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total 3a			▶	6,017,020

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST UTAH COMMUNITY HEALTH CENTER 25 N 100 E STE 102 ST GEORGE, UT 847707369	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	15,000
ST JEANNE DE LESTONNAC FREE CLINIC 1215 E CHAPMAN AVE ORANGE, CA 928662237	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
ST JOHNS WELL CHILD AND FAMILY CENTER INC 808 W 58TH ST LOS ANGELES, CA 900373632	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST JOSEPHS NEIGHBORHOOD CENTER INC 417 SOUTH AVE ROCHESTER, NY 146201009	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST LUKES HOSPITAL 801 OSTRUM STREET BETHLEHEM, PA 180151000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
Total . . . . . ▶ 3a				6,017,020

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*				
ST PAULS NEIGHBORHOOD FREE MEDICAL CLINIC INC 1608 WALNUT ST ERIE, PA 165021750	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	13,015
STEPHEN F AUSTIN COMMUNITY HEALTH CENTER INC 1111 W ADOUE ST ALVIN, TX 775112718	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
STONY BROOK UNIVERSITY SCHOOL OF DENTAL MEDICINE DENTAL CARE CENTER STONY BROOK, NY 11794	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
STO-ROX NEIGHBORHOOD HEALTH COUNCIL INC 710 THOMPSON AVE MCKEES ROCKS, PA 151363808	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SULLIVAN COUNTY ACTION INC PO BOX 1 LAPORTE, PA 186260001	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
SUNCOAST COMMUNITY HEALTH CENTERS INC 13110 ELK MOUNTAIN DR RIVERVIEW, FL 335797182	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	60,000
SUSAN DEW HOFF MEMORIAL CLINIC INC 925 LIBERTY AVENUE WEST MILFORD, WV 264510000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC INC 471 HEPBURN ST WILLIAMSPORT, PA 177016122	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC 335 MARKET ST STE 1 SUNBURY, PA 178013411	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SWLA CENTER FOR HEALTH SERVICES PO BOX 19010 LAKE CHARLES, LA 706169010	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	226,000
Total 3a			▶	6,017,020

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*				
TALBOT HOUSE MINISTRIES OF LAKELAND INC 814 NORTH KENTUCKY AVENUE LAKELAND, FL 338011706	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TEMPLE COMMUNITY FREE CLINIC INC PO BOX 92 TEMPLE, TX 765030092	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TEXAS SMILES FOUNDATION 1946 S IH 35 STE 300 AUSTIN, TX 78704	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE FOODBANK OF COVINGTON LOUISIANA INC 840 N COLUMBIA ST COVINGTON, LA 704332108	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE HENRY W GRADY HEALTH SYSTEM FOUNDATION INC 191 PEACHTREE ST NE STE 820 ATLANTA, GA 303031755	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
THREE LOWER COUNTIES COMMUNITY SERVICES INC PO BOX 1978 SALISBURY, MD 218021978	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TIBURCIO VASQUEZ HEALTH CENTER INC 22331 MISSION BLVD HAYWARD, CA 945413911	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	11,796
TREASURE COAST COMMUNITY HEALTH INC 12196 COUNTY ROAD 512 FELLSMERE, FL 329485463	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
TRENTON MEDICAL CENTER INC 23343 NW COUNTY ROAD 236 HIGH SPRINGS, FL 326439669	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TRINITY COUNTY SUPERINTENDENT OF SCHOOLS PO BOX 1256 WEAVERVILLE, CA 96093	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
TUG RIVER HEALTH ASSOCIATION INC PO BOX 507 GARY, WV 248360507	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TUOLUMNE COUNTY SCHOOLSSMILE KEEPERS 175 FAIRVIEW LANE SONORA, CA 95370	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TWO RIVERS HEALTH & WELLNESS FOUNDATION 1101 NORTHAMPTON STREET STE 101 EASTON, PA 18042	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UCLA SCHOOL OF DENTISTRY 10833 LE CONTE AVE 53-038 CHS LOS ANGELES, CA 90405	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	796,480
UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY 650 S ZEDIKER AVE BLDG 3 PARLIER, CA 936482667	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
Total . . . . . ▶ 3a				6,017,020

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*				
UNITY HEALTH CARE INC 1220 12TH ST SE STE 120 WASHINGTON, DC 200033733	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
UNIVERSITY OF LOUISIANA AT MONROE 700 UNIVERSITY AVENUE MONROE, LA 71209	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION 4505 S MARYLAND PKWY LAS VEGAS, CA 95370	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST STE 901 HOUSTON, TX 77030	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR MSC 7828 SAN ANTONIO, AL 35233	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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 UTAH SCHOOL OF DENTISTRY 201 SOUTH PRESIDENTS CIRCLE RM 406 SALT LAKE CITY, UT 84104	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UTAH PARTNERS FOR HEALTH 7651 S MAIN STREET MIDVALE, UT 840477101	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
VALLEY HEALTHCARE SYSTEM INC 1600 FORT BENNING RD COLUMBUS, GA 319032834	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	18,742
VIA CARE COMMUNITY HEALTH CENTER 507 S ATLANTIC BLVD LOS ANGELES, CA 900222621	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
VISTA COMMUNITY CLINIC 1000 VALE TERRACE DR VISTA, CA 920845218	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
VMSN INC4770 HARRISON RD 105 LAS VEGAS, NV 891215540	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WALNUT STREET COMMUNITY HEALTH CENTER INC 201 SOUTH CLEVELAND AVENUE HAGERSTOWN, MD 217405745	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WASATCH HOMELESS HEALTH CARE INC 409 W 400 S SALT LAKE CTY, UT 841011135	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WATER STREET HEALTH SERVICES PO BOX 7267 LANCASTER, PA 176047267	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WAYNE COMMUNITY HEALTH CENTERS INC PO BOX 303 BICKNELL, UT 847150303	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
Total . . . . . ▶ 3a				6,017,020

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*				
WELLSPAN HEALTHPO BOX 2767 YORK, PA 174052767	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	18,000
WEST VIRGINIA HEALTH RIGHT INC 1520 WASHINGTON ST E CHARLESTON, WV 253112511	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WEST VIRGINIA UNIVERSITY SCHOOL OF DENTISTRY PO BOX 1650 MORGANTOWN, WV 26507	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	40,000
WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E 2ND ST POMONA, CA 917661854	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
WESTJAX OUTREACH INC 5126 TIMUQUANA RD JACKSONVILLE, FL 322100000	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total 3a			▶	6,017,020

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*				
WESTMINSTER FREE CLINIC 5560 E NAPOLEON AVE OAK PARK, CA 913774746	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
WESTSIDE FAMILY HEALTHCARE INC 300 WATER ST STE 200 WILMINGTON, DE 198015043	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	30,000
WHATLEY HEALTH SERVICES INC 2731 ML KING JR BLVD TUSCALOOSA, AL 354015235	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	32,300
WHEELING HEALTH RIGHT INC 61 29TH ST WHEELING, WV 260034161	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WHITMAN-WALKER CLINIC INC DBA WHITMAN-WALKER HEALTH 1701 14TH STREET NW WASHINGTON, UT 84104	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

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*				
WHITNEY M YOUNG JR HEALTH CENTER INC 920 LARK DR ALBANY, NY 122071300	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WILLIAM F RYAN COMMUNITY HEALTH CENTER INC 110 W 97TH ST NEW YORK, NY 100256450	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WILLIAMSON HEALTH & WELLNESS CENTER INC PO BOX 2080 WILLIAMSON, WV 256612080	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	20,000
WILMINGTON COMMUNITY CLINIC 1009 N AVALON BLVD WILMINGTON, CA 907444505	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WINN COMMUNITY HEALTH CENTER INC PO BOX 1288 WINNFIELD, LA 714831288	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total 3a			▶	6,017,020

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*				
WORKING PEOPLES FREE CLINIC INC 1543 MCGINNIS ST ALEXANDRIA, LA 713016249	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total . . . . . ▶ 3a				6,017,020

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491079005008

TY 2017 Accounting Fees Schedule

Name: DELTA DENTAL COMMUNITY CARE FOUNDATION

EIN: 37-1570764

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GRANT MANAGEMENT, ACCOUNTING AND LEGAL FEES	146,875	0	0	0

TY 2017 Substantial Contributors Schedule

Name: DELTA DENTAL COMMUNITY CARE FOUNDATION

EIN: 37-1570764

Name	Address
DELTA DENTAL INSURANCE COMPANY	100 FIRST STREET SAN FRANCISCO, CA 94105
DELTA DENTAL OF DELAWARE INC	ONE DELTA DRIVE MECHANICSBURG, PA 17055
DELTA DENTAL OF NEW YORK INC	ONE DELTA DRIVE MECHANICSBURG, PA 17055
DELTA DENTAL OF PENNSYLVANIA	ONE DELTA DRIVE MECHANICSBURG, PA 17055
DELTA DENTAL OF WEST VIRGINIA INC	ONE DELTA DRIVE MECHANICSBURG, PA 17055
DELTA DENTAL OF CALIFORNIA	100 FIRST STREET SAN FRANCISCO, CA 94105
DELTA DENTAL OF THE DISTRICT OF COLUMBIA	ONE DELTA DRIVE MECHANICSBURG, PA 17055
DR CHRISTOPHER KOTCHICK	300 COMMUNITY DRIVE TOBYHANNA, PA 18466

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491079005008

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

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2017

Name of the organization
DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number
37-1570764

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

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

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

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

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
____	See Additional Data Table	$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
____		$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
____		$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
____		$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
____		$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
____		$ ____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
8	DONATED GRANT MANAGEMENT, ACCOUNTING AND LEGAL SERVICES	$ 146,875	2017-06-30
		$	
		$	
		$	
		$	
		$	

Name of organization
DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number
37-1570764

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ ____________

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Software ID:

Software Version:

EIN: 37-1570764

Name: DELTA DENTAL COMMUNITY CARE FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DELTA DENTAL INSURANCE COMPANY 100 FIRST STREET SAN FRANCISCO, CA94105	$ 5,193,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	DELTA DENTAL OF DELAWARE INC ONE DELTA DRIVE MECHANICSBURG, PA17055	$ 75,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	DELTA DENTAL OF NEW YORK INC ONE DELTA DRIVE MECHANICSBURG, PA17055	$ 912,250	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
4	DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA17055	$ 2,405,250	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	DELTA DENTAL OF WEST VIRGINIA INC ONE DELTA DRIVE MECHANICSBURG, PA17055	$ 182,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA17055	$ 118,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DELTA DENTAL OF CALIFORNIA 100 FIRST STREET SAN FRANCISCO, CA94105	$ 6,410,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
8	DELTA DENTAL OF CALIFORNIA 100 FIRST STREET SAN FRANCISCO, CA94105	$ 146,875	Person ☑ Payroll ☐ Noncash ☑ (Complete Part II for noncash contribution)
9	DR CHRISTOPHER KOTCHICK 300 COMMUNITY DRIVE TOBYHANNA, PA18466	$ 17,400	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)