

For calendar year 2017 or tax year beginning

, and ending

2949123702801 8

OMB No. 1545-0052

2017

Open to Public Inspection

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.

► Go to www.irs.gov/Form990PF for instructions and the latest information.

Name of foundation

ORAL HEALTH FOUNDATION OF THE
PIERRE FAUCHARD ACADEMY

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

11654 PLAZA AMERICA DRIVE

Room/suite

901

City or town, state or province, country, and ZIP or foreign postal code
RESTON, VA 20190G Check all that apply:
 Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name changeH Check type of organization:
 Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundationI Fair market value of all assets at end of year (from Part II, col. (c), line 16)
► \$ 8,381,535. J Accounting method:
 Cash Accrual
 Other (specify) _____

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))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		95,394.			
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B Interest on savings and temporary cash investments		136,542.	136,542.		
3 Dividends and interest from securities		112,969.	112,969.		
5a Gross rents b Net rental income or (loss)		176,061.	176,061.		
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a		525,607.			
7 Capital gain net income (from Part IV, line 2)					
8 Net short-term capital gain					
9 Income modifications Gross sales less returns and allowances					
10a Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total Add lines 1 through 11		520,966.	425,572.	0.	
13 Compensation of officers, directors, trustees, etc		90,000.	4,500.	0.	85,500.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees b Accounting fees STMT 1		10,341.	5,170.	0.	5,170.
c Other professional fees STMT 2		56,930.	56,930.	0.	0.
17 Interest					
18 Taxes STMT 3		15,639.	5,075.	0.	6,831.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		26,545.	6,564.	0.	19,981.
22 Printing and publications		3,166.	0.	0.	3,166.
23 Other expenses STMT 4		17,827.	0.	0.	14,933.
24 Total operating and administrative expenses. Add lines 13 through 23		220,448.	78,239.	0.	135,581.
25 Contributions, gifts, grants paid		347,250.			347,250.
26 Total expenses and disbursements. Add lines 24 and 25		567,698.	78,239.	0.	482,831.
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		-46,732.	347,333.	0.	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing	20,380.	72,329.	72,329.
	2	Savings and temporary cash investments	112,155.	132,986.	132,986.
	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			
	7	Other notes and loans receivable ►			
		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	STMT 5	2,069,288.	1,811,065.
	b	Investments - corporate stock	STMT 6	4,693,192.	5,799,396.
	c	Investments - corporate bonds	STMT 7	506,335.	514,908.
Liabilities	11	Investments - land, buildings, and equipment basis ►			
		Less accumulated depreciation ►			
	12	Investments - mortgage loans			
	13	Investments - other	STMT 8	51,234.	50,851.
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation ►			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		7,452,584.	8,381,535.
	17	Accounts payable and accrued expenses			42.
	18	Grants payable			
Net Assets or Fund Balances	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
	22	Other liabilities (describe ► BANK OVERDRAFT)		15,920.	0.
	23	Total liabilities (add lines 17 through 22)		15,920.	42.
	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
	and complete lines 24 through 26, and lines 30 and 31				
	24	Unrestricted		7,436,664.	8,381,493.
	25	Temporarily restricted			
	26	Permanently restricted			
Net Assets or Fund Balances	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/>				
	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		7,436,664.	8,381,493.
	31	Total liabilities and net assets/fund balances		7,452,584.	8,381,535.

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	7,436,664.
2	Enter amount from Part I, line 27a	2	-46,732.
3	Other increases not included in line 2 (itemize) ► <u>UNREALIZED GAIN ON INVESTMENTS</u>	3	991,561.
4	Add lines 1, 2, and 3	4	8,381,493.
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	8,381,493.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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 PUBLICLY TRADED SECURITIES				12/31/17	12/31/17
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
a 525,607.		349,546.	176,061.		
b			0.		
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a			176,061.		
b			0.		
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	176,061.	
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). If (loss), enter -0- in Part I, line 8			3	N/A	

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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	362,703.	7,335,174.	.049447
2015	328,131.	7,265,840.	.045161
2014	332,683.	7,175,724.	.046362
2013	292,336.	6,665,114.	.043861
2012	294,794.	6,145,491.	.047969

2 Total of line 1, column (d)

2 **.232800**

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years

3 **.046560**

4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5

4 **7,927,519.**

5 Multiply line 4 by line 3

5 **369,105.**

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 **3,473.**

7 Add lines 5 and 6

7 **372,578.**

8 Enter qualifying distributions from Part XII, line 4

8 **482,831.**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.

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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 ► <input type="checkbox"/> and enter "N/A" on line 1.	3,473.
	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 ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	
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-)	
3	Add lines 1 and 2	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	3,473.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	0.
6	Credits/Payments:	3,473.
a	2017 estimated tax payments and 2016 overpayment credited to 2017	0.
b	Exempt foreign organizations - tax withheld at source	0.
c	Tax paid with application for extension of time to file (Form 8868)	3,781.
d	Backup withholding erroneously withheld	0.
7	Total credits and payments. Add lines 6a through 6d	3,781.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	108.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	200.
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ► 200. Refunded ► 11. 0.	

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	X	
	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.		
1c	Did the foundation file Form 1120-POL for this year?	X	
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?	X	
	If "Yes," attach a detailed description of the activities.		
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	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		
	If "Yes," attach the statement required by <i>General Instruction T</i>		
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?		
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	N/A	
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 <i>General Instruction G</i> ? If "No," attach explanation		
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 tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		

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Part VII-A **Statements Regarding Activities (continued)**

	Yes	No
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	X
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	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.FOUNDATIONPFA.ORG</u>	13	X
14 The books are in care of ► <u>THE FOUNDATION, JENNIFER TEALE, ED</u> Telephone no. ► <u>703-217-1480</u> Located at ► <u>11654 PLAZA AMERICA DRIVE, NO. 901, RESTON, VA</u> ZIP+4 ► <u>20190</u>		
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	► N/A
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 the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	Yes X

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	X 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.)	<input type="checkbox"/> Yes	X 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 Organizations relying on a current notice regarding disaster assistance, check here	► 1b	X
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	X
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?	<input type="checkbox"/> Yes	X No
If "Yes," list the years ► _____, _____, _____, _____		
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.)	N/A	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. ► _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	X 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.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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	X

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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:	Yes	No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?			6b
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	7b
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		90,000.	0.	0.

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

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

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

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Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services. 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 NONE		
		0.
2		
3		
4		

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	►	0.

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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	8,004,995.
b Average of monthly cash balances	1b	43,248.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	8,048,243.
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	8,048,243.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	120,724.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,927,519.
6 Minimum investment return. Enter 5% of line 5	6	396,376.

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	396,376.
2a Tax on investment income for 2017 from Part VI, line 5	2a	3,473.
b Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	3,473.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	392,903.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	392,903.
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	392,903.

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	482,831.
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	482,831.
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	5	3,473.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	479,358.

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.

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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				392,903.
2 Undistributed income, if any, as of the end of 2017			0.	
a Enter amount for 2016 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016	2,976.			
f Total of lines 3a through e	2,976.			
4 Qualifying distributions for 2017 from Part XII, line 4: ► \$ 482,831.			0.	
a Applied to 2016, but not more than line 2a				
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				392,903.
e Remaining amount distributed out of corpus	89,928.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	92,904.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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 instr.				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	0.			
9 Excess distributions carryover to 2018 Subtract lines 7 and 8 from line 6a	92,904.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016	2,976.			
e Excess from 2017	89,928.			

ORAL HEALTH FOUNDATION OF THE
PIERRE FAUCHARD ACADEMY

Form 990-PF (2017)

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Part XV **Supplementary Information (continued)**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ALPHA OMEGA INTERNATIONAL DENTAL FRATERNITY 50 W. EDMONSTON DR., SUITE 206 ROCKVILLE, MD 20852	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
ARKANSAS MISSION OF MERCY 7480 HIGHWAY 107 SHERWOOD, AR 72120	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
ARIZONA SCHOOL OF DENTISTRY 5850 EAST STILL CIRCLE MESA, AZ 85206	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
BERKELEY FREE CLINIC 2339 DURANT AVENUE BERKELEY, CA 94709	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
BETHLEHEM HOUSE 2301 SOUTH 15TH ST. OMAHA, NE 68108	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
Total	SEE CONTINUATION SHEET (S)			► 3a 347,250.
b Approved for future payment				
NONE				
Total				► 3b 0.

Form 990-PF (2017)

723611 01-03-18

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		(e) Related or exempt function income
		(a) Business code	(b) Amount	
1 Program service revenue:				
a				
b				
c				
d				
e				
f				
g Fees and contracts from government agencies				
2 Membership dues and assessments				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities			14	136,542.
5 Net rental income or (loss) from real estate:			14	112,969.
a Debt-financed property				
b Not debt-financed property				
6 Net rental income or (loss) from personal property				
7 Other investment income				
8 Gain or (loss) from sales of assets other than inventory			18	176,061.
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.	425,572.
13 Total. Add line 12, columns (b), (d), and (e)			13	425,572.
(See worksheet in line 13 instructions to verify calculations.)				

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

ORAL HEALTH FOUNDATION OF THE
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Part XV | Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOSTON UNIVERSITY 100 EAST NEWTON STREET BOSTON, MA 02118	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
CALIFORNIA DENTAL ASSOCIATION FOUNDATION 600 CORPORATE DRIVE, SUITE 260 LADERA RANCH, CA 92694	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
CALIFORNIA DENTAL ASSOCIATION FOUNDATION 600 CORPORATE DRIVE, SUITE 260 LADERA RANCH, CA 92694	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 41406-4905	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
CD'S ORAL HEALTH FOUNDATION 9200 MONTGOMERY RD., SUITE 21-A CINCINNATI, OH 45242	NONE	PUBLIC CHARITY	DENTAL PROGRAM	9,000.
COLORADO MISSION OF MERCY 712 NINTH STREET PENROSE, CO 81240	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
COLUMBIA UNIVERSITY 630 WEST 168TH STREET NEW YORK, NY 10032	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA, NE 68178-0240	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
DENTAL LIFELINE NETWORK, LOUISIANA 1800 15TH ST., SUITE 100 DENVER, CO 80202	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
DENTAL LIFELINE NETWORK - RHODE ISLAND 67 JEFFERSON BLVD. WARWICK, RI 02888	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
Total from continuation sheets				316,250.

ORAL HEALTH FOUNDATION OF THE
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Part XV | Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
DENTAL LIFELINE NETWORK - TENNESSEE 1800 15TH ST., SUITE 100 <u>DENVER, CO 80202</u>	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
DOCTOR'S VOLUNTEER CLINIC OF ST. GEORGE 1063 E. RIVERSIDE DRIVE <u>ST. GEORGE, UT 84790</u>	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
EAST CAROLINA UNIVERSITY SCHOOL OF DENTAL MEDICINE 1851 MACGREGOR DOWNS ROAD, MAIL STOP <u>701 GREENVILLE, NC 27832-4354</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
FIRST HEALTH DENTAL CARE 105 PERRY DRIVE <u>SOUTHERN PINES, NC 37917</u>	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
FLORIDA DENTAL ASSOCIATION FOUNDATION 545 JOHN KNOX RD., SUITE 200 <u>TALLAHASSEE, FL 32308</u>	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
FUNDEVI PO BOX 025292 <u>MIAMI, FL 33102</u>	NONE	PUBLIC CHARITY	DENTAL PROGRAM	7,500.
GEORGIA DENTAL ASSOCIATION FOUNDATION FOR ORAL HEALTH 7000 PEACHTREE DUNWOODY RD, NE, SUITE <u>200, BUILDING 17 ATLANTA, GA 30328</u>	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
HARVARD UNIVERSITY 188 LONGWOOD AVENUE <u>BOSTON, MA 02115</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
HEALTH MISSION OUTREACH 1655 DUFFERIN STREET <u>TORONTO, ONTARIO, CANADA M6H 3L9</u>	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
HOWARD UNIVERSITY 600 "W" STREET, N.W. <u>WASHINGTON, DC 20059</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
Total from continuation sheets				

ORAL HEALTH FOUNDATION OF THE
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Part XV | Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ILLINOIS STATE DENTAL FOUNDATION PO BOX 217 SPRINGFIELD, IL 62705	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
I.M. SUTZBACHER CENTER FOR THE HOMELESS 611 EAST ADAMS STREET JACKSONVILLE, FL 32202	NONE	PUBLIC CHARITY	DENTAL PROGRAM	9,750.
INDIANA UNIVERSITY SCHOOL OF DENTISTRY 1121 WEST MICHIGAN STREET INDIANAPOLIS, IN 46202	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
IOWA DENTAL FOUNDATION PO BOX 31088 JOHNSTON, IA 50131	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
LECOM COLLEGE OF DENTAL MEDICINE 4800 LAKWOOD RANCH BLVD. BRADENTON, FL 34211	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
LOMA LINDA UNIVERSITY 11092 ANDERSON ST. LOMA LINDA, CA 92350	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
LOUISIANA STATE UNIVERSITY 1100 FLORIDA AVENUE NEW ORLEANS, LA 70119-2799	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
MANILA CENTRAL UNIVERSITY EPIFANIO DELOS SANTOS AVENUE(EDSA), MORNING BREEZE SUBDIVISION CALOOCAN, METRO MANILA, PHILIPPINES 1400	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	500.
MARQUETTE UNIVERSITY 1801 W. WISCONSIN AVENUE MILWAUKEE, WI 53233	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
MEDICAL UNIVERSITY OF SOUTH CAROLINA 173 ASHLEY AVE. MSC 507, PO BOX 250507 CHARLESTON, SC 29425-5070	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
Total from continuation sheets				

ORAL HEALTH FOUNDATION OF THE
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Part XV | Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MEDICAL UNIVERSITY OF WROCLAW REKTORAT WYBRZE?E LUDWIKA PASTEURA 1 WROCLAW, POLAND 50-367	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	500.
MEET EACH NEED WITH DIGNITY 10641 N. SAN FERNANDO ROAD PACOIMA, CA 91331	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
MEHARRY SCHOOL OF DENTISTRY 1005 D.B. TODD BLVD. NASHVILLE, TN 37208	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
MEMPHIS DENTAL SOCIETY CHARITABLE FUND 6250 POPLAR AVENUE MEMPHIS, TN 38119	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
MIDWESTERN UNIVERSITY 19555 N. 59TH AVE. GLENDALE, AZ 85308	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
MIDWESTERN UNIVERSITY - ILLINOIS 555 31ST STREET DOWNERS GROVE, IL 60515	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
MISSOURI DENTAL ASSOCIATION FOUNDATION 3340 AMERICAN AVE. JEFFERSON CITY, MO 65109	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
MISSOURI SCHOOL OF DENTISTRY AND ORAL HEALTH 800 W. JEFFERSON ST. KIRKSVILLE, MO 63501	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
NEW YORK UNIVERSITY 345 EAST 24TH STREET NEW YORK, NY 10010	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
NOVA SOUTHEASTERN UNIVERSITY 3200 S. UNIVERSITY DRIVE FORT LAUDERDALE, FL 33328	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
Total from continuation sheets				

ORAL HEALTH FOUNDATION OF THE
PIERRE FAUCHARD ACADEMY

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Part XV **Supplementary Information**

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OREGON HEALTH AND SCIENCE UNIVERSITY 611 SW CAMPUS DRIVE PORTLAND, OR 97239	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
PIERRE FAUCHARD ACADEMY (AUSTRALIA) PO BOX 950 MOSS VALE, AUSTRALIA NSW 2577	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	9,000.
PIERRE FAUCHARD ACADEMY (CANADA) 304-5885 COTE DES NEIGES MONTREAL, QUEBEC, CANADA H3S 2T2	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	10,000.
ROSEMAN UNIVERSITY 10920 S. RIVERFRONT PARK SOUTH JORDAN, UT 84095	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
SACRAMENTO DISTRICT DENTAL FOUNDATION 2035 HURLEY WAY, SUITE 200 SACRAMENTO, CA 95825	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
SHARE A SMILE 777 N. 500 W., SUITE 201 PROVO, UT 84601	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
SMILE FAITH 5400 SCHOOL ROAD NEW PORT RICHEY, FL 34652	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
SMILES FOREVER PO BOX 217 RENTON, WA 98054	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
SMILES INTERNATIONAL FOUNDATION 7668 EL CAMINO REAL, SUITE 104-502 CARLSBAD, CA 92009	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
SOUTHERN ILLINOIS UNIVERSITY 2800 COLLEGE AVENUE, BLDG 273/2300 ALTON, IL 62002	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
Total from continuation sheets				

ORAL HEALTH FOUNDATION OF THE
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Part XV | Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<u>SPEROWAY</u> 5230 SOUTH SERVICE RD., UNIT 202 <u>BURLINGTON, ONTARIO, CANADA L9L 1B9</u>	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
<u>STONY BROOK SCHOOL OF DENTAL MEDICINE</u> HEALTH SCIENCES CENTER; 154 ROCKLAND <u>HALL STONY BROOK, NY 11794-8700</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
<u>SYRIAN AMERICAN MEDICAL SOCIETY</u> 1012 14TH ST NW, SUITE 1500 <u>WASHINGTON, DC 20005</u>	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
<u>TEMPLE UNIVERSITY KORNBERG SCHOOL OF DENTISTRY</u> 3223 NORTH BROAD STREET <u>PHILADELPHIA, PA 19140</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
<u>TEXAS A&M UNIVERSITY</u> 3302 GASTON AVENUE <u>DALLAS, TX 75246</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
<u>THE DENTAL COLLEGE OF GEORGIA AT AUGUSTA UNIVERSITY</u> 1120 15TH STREET, RM AD 1119 <u>AUGUSTA, GA 30912-0200</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
<u>THE OHIO STATE UNIVERSITY</u> 305 WEST 12TH AVENUE <u>COLUMBUS, OH 43210-1267</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
<u>THE SALVATION ARMY</u> 180 E. OCEAN BLVD., SUITE 500 <u>LONG BEACH, CA 90802</u>	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
<u>THE UNIVERSITY OF IOWA</u> 100 DENTAL SCIENCE BLDG. <u>IOWA CITY, IA 52242</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
<u>TUFTS UNIVERSITY</u> ONE KNEELAND STREET <u>BOSTON, MA 02111</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
Total from continuation sheets				

ORAL HEALTH FOUNDATION OF THE
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Part XV | Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
UAB DENTISTRY CARES DAY 1720 2ND AVENUE SOUTH, SDB 214 <u>BIRMINGHAM, AL 32594</u>	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
UCLA SCHOOL OF DENTISTRY CENTER FOR HEALTH SCIENCE, RM 53-038, 10833 LE CONTE AVE LOS ANGELES, CA <u>90095-1668</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSIDAD CARDENAL HERRERA CARRER LLUOS VIVES 1 ALFARA DEL PATRIARCA, VALENCIA, SPAIN <u>46115</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	500.
UNIVERSITY OF ALABAMA 1530 3RD AVENUE S., SDB 406 <u>BIRMINGHAM, AL 35294-0007</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF BUFFALO 325 SQUIRE HALL, 3435 MAIN STREET <u>BUFFALO, NY 14214-3008</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 513 PARNASSUS AVE, S-630 <u>SAN FRANCISCO, CA 94143</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF COLORADO 13065 E. 17TH AVENUE, MAIL STOP F831 <u>AURORA, CO 80045</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF CONNECTICUT 263 FARMINGTON AVENUE <u>FARMINGTON, CT 06030-3915</u>	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF DETROIT MERCY 2700 MARTIN LUTHER KING JR. BLVD, (MB 98) DETROIT, MI 48208-2576	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF THE EAST 2219 CM RECTO AVENUE MANILA CITY, METRO MANILA, PHILIPPINES 1008	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	500.
Total from continuation sheets				

ORAL HEALTH FOUNDATION OF THE
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Part XV | Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF FLORIDA 1600 SW ARCHER RD., RM D4-6, P.O. BOX 100405 GAINESVILLE, FL 32610-0405	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF DENTISTRY 801 SOUTH PAULINA STREET, SUITE 102 CHICAGO, IL 60612	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF KENTUCKY 800 ROSE STREET, D 136 UKMC LEXINGTON, KY 40536-0297	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF LOUISVILLE 501 S. PRESTON STREET LOUISVILLE, KY 40292	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF MARYLAND 650 W. BALTIMORE STREET, BALTIMORE, MD 21201	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF MICHIGAN 1011 N. UNIVERSITY AVE. ANN ARBOR, MI 48109-1078	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF MINNESOTA ROOM 15-209 MOOS TOWER, 515 S.E. DELAWARE STREET MINNEAPOLIS, MN 55455	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET JACKSON, MS 39216-4505	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF MISSOURI 650 EAST 25TH STREET KANSAS CITY, MO 64108	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF NEBRASKA 40TH & HOLDREGE STREETS LINCOLN, NE 68583-0740	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
Total from continuation sheets				

ORAL HEALTH FOUNDATION OF THE
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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF NEVADA SHADOW LANE CAMPUS, 1001 SHADOW LANE, MS 7410 LAS VEGAS, NV 89106-4124	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF NEW ENGLAND 716 STEVENS AVE. PORTLAND, ME 04103	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF NORTH CAROLINA 385 S. COLUMBIA ST. CHAPEL HILL, NC 27599	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF OKLAHOMA 1201 N. STONEWALL AVENUE OKLAHOMA CITY, OK 73117	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF PENNSYLVANIA 240 SOUTH 40TH STREET; ROBERT SHATTNER CENTER PHILADELPHIA, PA 19104-6030	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF PITTSBURGH 3501 TERRACE STREET PITTSBURGH, PA 15261	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF SOUTHERN CALIFORNIA CENTER FOR HEALTH SCIENCE, RM 53-038, 10833 LE CONTE AVE LOS ANGELES, CA 90095-1668	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE, MAIL CODE 7914 SAN ANTONIO, TX 78284-7914	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF TEXAS SCHOOL OF DENTISTRY AT HOUSTON 7500 CAMBRIDGE STREET HOUSTON, TX 77054	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF THE PACIFIC ARTHUR A. DUGONI SCHOOL OF DENTISTRY 155 5TH STREET SAN FRANCISCO, CA 94103	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
Total from continuation sheets				

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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF UTAH 530 S WAKARA WAY SALT LAKE CITY, UT 84108	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
UNIVERSITY OF WASHINGTON D322 HEALTH SCIENCES BLDG., 1959 NE PACIFIC ST.; BOX 356365 SEATTLE, WA 98195	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 980566, 520 NORTH 12TH STREET, 450 LYONS BUILDING RICHMOND, VA 23298-0566	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
VIRGINIA DENTAL ASSOCIATION FOUNDATION 3460 MARYLAND CT, SUITE 110. RICHMOND, VA 23233	NONE	PUBLIC CHARITY	DENTAL PROGRAM	5,000.
VOLUNTEER MINISTRY CENTER 511 N. BROADWAY KNOXVILLE, TN 037917	NONE	PUBLIC CHARITY	DENTAL PROGRAM	10,000.
WEST VIRGINIA UNIVERSITY 1150 HSC NORTH/MEDICAL CENTER DRIVE; PO BOX 9400 MORGANTOWN, WV 26506-9400	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E. SECOND STREET POMONA, CA 91766-185	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
THE JAPANESE SOCIETY FOR BONE AND MINERAL RESERCH - SHINICHI SASAKI 2-348-302, RYOGAE-MACHI FUSHIMI-KU KYOTO, JAPAN 612-8082	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
THE JAPANESE SOCIETY FOR BONE AND MINERAL RESERCH - NANAMI OBARA 2-348-302, RYOGAE-MACHI FUSHIMI-KU KYOTO, JAPAN 612-8082	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	1,000.
THE INDIAN ASSOCIATION OF FORENSIC ODONTOLOGY - PRIYA MOHAN 24/12 C-1, LAKSHMIPURAM GANDHI ROAD SALEM, INDIA 636 007	NONE	PUBLIC CHARITY	STUDENT SCHOLARSHIP	500.
Total from continuation sheets				

ORAL HEALTH FOUNDATION OF THE
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Part XV **Supplementary Information**

3 Grants and Contributions Paid During the Year (Continuation)

Total from continuation sheets

723831
04-01-17

FORM 990-PF

ACCOUNTING FEES

STATEMENT

1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	ACCOUNTING	10,341.	5,170.	0.
TO FORM 990-PF, PG 1, LN 16B	10,341.	5,170.	0.	5,170.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT

2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	INVESTMENT FEES	56,930.	56,930.	0.
TO FORM 990-PF, PG 1, LN 16C	56,930.	56,930.	0.	0.

FORM 990-PF

TAXES

STATEMENT

3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	PAYROLL	6,927.	346.	0.
TAXES & LICENSES	250.	0.	0.	250.
EXCISE TAXES	3,733.	0.	0.	0.
FOREIGN TAXES	4,729.	4,729.	0.	0.
TO FORM 990-PF, PG 1, LN 18	15,639.	5,075.	0.	6,831.

FORM 990-PF

OTHER EXPENSES

STATEMENT

4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	4,208.	0.	0.	4,208.
PAYROLL SERVICE FEES	1,024.	0.	0.	1,024.
POSTAGE	2,147.	0.	0.	2,147.
FUNDRAISING SERVICE	2,894.	0.	0.	0.
BANK FEES	2,757.	0.	0.	2,757.
INSURANCE - DIRECTORS & OFFICERS	1,797.	0.	0.	1,797.
ADMINISTRATIVE FEE	3,000.	0.	0.	3,000.
TO FORM 990-PF, PG 1, LN 23	17,827.	0.	0.	14,933.

FORM 990-PF

U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

STATEMENT

5

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
GOVERNMENT SECURITIES	X		6,011.	6,011.
MUNICIPAL BONDS		X	1,805,054.	1,805,054.
TOTAL U.S. GOVERNMENT OBLIGATIONS			6,011.	6,011.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS			1,805,054.	1,805,054.
TOTAL TO FORM 990-PF, PART II, LINE 10A			1,811,065.	1,811,065.

FORM 990-PF

CORPORATE STOCK

STATEMENT

6

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	5,799,396.	5,799,396.
TOTAL TO FORM 990-PF, PART II, LINE 10B	5,799,396.	5,799,396.

FORM 990-PF	CORPORATE BONDS	STATEMENT	7
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	514,908.	514,908.
TOTAL TO FORM 990-PF, PART II, LINE 10C	514,908.	514,908.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OTHER	FMV	50,851.	50,851.
TOTAL TO FORM 990-PF, PART II, LINE 13		50,851.	50,851.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
HOWARD MARK, DMD 11654 PLAZA AMERICA DR. # 901 RESTON, VA 20190	PRESIDENT 10.00	0.	0.
GARY W. LOWDER, DDS 11654 PLAZA AMERICA DR. # 901 RESTON, VA 20190	IMMEDIATE PAST PRESIDENT 1.00	0.	0.
MICHAEL PERPICH, DDS 11654 PLAZA AMERICA DR. # 901 RESTON, VA 20190	VICE-PRESIDENT/TREASURER 1.00	0.	0.
STEVEN HEDLUND, DDS 11654 PLAZA AMERICA DR. # 901 RESTON, VA 20190	GRANTS CHAIRMAN 1.00	0.	0.
KEVIN L. ROACH, DDS 11654 PLAZA AMERICA DR. # 901 RESTON, VA 20190	TRUSTEE 1.00	0.	0.

ORAL HEALTH FOUNDATION OF THE PIERRE FA

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CHARLES G. ELLER, DDS 11654 PLAZA AMERICA DR. # 901 RESTON, VA 20190	TRUSTEE 1.00	0.	0.	0.
JOSEPH HARRIS, DDS 11654 PLAZA AMERICA DR. # 901 RESTON, VA 20190	TRUSTEE 1.00	0.	0.	0.
WILLIAM B. KORT, DDS 11654 PLAZA AMERICA DR. # 901 RESTON, VA 20190	TRUSTEE 1.00	0.	0.	0.
JAMES E. LONG, DDS 11654 PLAZA AMERICA DR. # 901 RESTON, VA 20190	TRUSTEE 1.00	0.	0.	0.
JENNIFER TEALE 11654 PLAZA AMERICA DR. # 901 RESTON, VA 20190	EXECUTIVE DIRECTOR 40.00	90,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		90,000.	0.	0.