29491348004059

EXTENDED TO NOVEMBER 15, 2019

Form 990-PF 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.

OMB No 1545-0052

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or tax year beginning , and ending

Name of foundation
DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT, INC.

A Employer identification number
04-3265080

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

B Telephone number
(617)886-1700

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

C If exemption application is pending check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐

2 Foreign organizations meeting the 85% test check here and attach computation ▶ ☐

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

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

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶$ 20,508,524.

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))

		(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	2,000.		N/A	
	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	497,830.	497,830.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-174,921.			
	b Gross sales price for all assets on line 6a 14,999,985.				
	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)				
	11 Other income				
	12 Total Add lines 1 through 11	324,909.	497,830.		
Operating and Administrative Expenses	13 Compensation of officers directors, trustees etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 2	16,806.	0.		16,806.
	c Other professional fees STMT 3	1,353,549.	9,217.		1,344,332.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy	7,983.	0.		7,983.
	21 Travel, conferences, and meetings	1,359,581.	0.		1,359,581.
	22 Printing and publications	862.	0.		862.
	23 Other expenses STMT 4	63,585.	0.		63,015.
	24 Total operating and administrative expenses. Add lines 13 through 23	2,802,366.	9,217.		2,792,579.
	25 Contributions, gifts, grants paid	13,684,844.			13,348,344.
	26 Total expenses and disbursements Add lines 24 and 25	16,487,210.	9,217.		16,140,923.
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-16,162,301.			
	b Net investment income (if negative enter -0-)		488,613.		
	c Adjusted net income (if negative enter -0-)			N/A	

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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			
	2 Savings and temporary cash investments	3,122,133.	2,000,666.	2,000,666.
	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			
	b Investments - corporate stock			
	c Investments - corporate bonds STMT 6	33,189,650.	18,507,858.	18,507,858.
	11 Investments - land buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶ DUE FROM AFFILIATE)	43.	0.	0.
	16 **Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	36,311,826.	20,508,524.	20,508,524.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors trustees and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ DUE TO AFFILIATE)	0.	8,076.	
	23 **Total liabilities** (add lines 17 through 22)	0.	8,076.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26, and lines 30 and 31.**			
	24 Unrestricted	36,311,826.	20,500,448.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances**	36,311,826.	20,500,448.	
	31 **Total liabilities and net assets/fund balances**	36,311,826.	20,508,524.	

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	36,311,826.
2	Enter amount from Part I, line 27a	2	-16,162,301.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 5	3	406,026.
4	Add lines 1, 2, and 3	4	20,555,551.
5	Decreases not included in line 2 (itemize) ▶ UNREALIZED LOSS ON INVESTMENTS	5	55,103.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	20,500,448.

Form **990-PF** (2018)

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	BAIRD SHORT TERM BOND FUND	P	12/01/16	08/15/18
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	14,999,985.		15,174,906.	-174,921.
b				
c				
d				
e				

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

	(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				-174,921.
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	-174,921.
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))
2017	20,156,382.	44,432,831.	.453637
2016	21,513,488.	62,944,284.	.341786
2015	17,450,612.	72,264,810.	.241481
2014	16,457,364.	82,155,924.	.200319
2013	16,541,226.	81,382,362.	.203253

2	**Total** of line 1, column (d)	2	1.440476
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	.288095
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	26,346,365.
5	Multiply line 4 by line 3	5	7,590,256.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	4,886.
7	Add lines 5 and 6	7	7,595,142.
8	Enter qualifying distributions from Part XII, line 4	8	16,140,923.

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 ▶ [X] and enter 1% of Part I, line 27b		1	4,886.
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	4,886.
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	4,886.
6	Credits/Payments			
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a 9,296.		
b	Exempt foreign organizations - tax withheld at source	6b 0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d	Backup withholding erroneously withheld	6d 0.		
7	Total credits and payments Add lines 6a through 6d		7	9,296.
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached		8	0.
9	**Tax due** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	4,410.
11	Enter the amount of line 10 to be **Credited to 2019 estimated tax** ▶ 4,410. **Refunded** ▶		11	0.

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		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		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? If "Yes," attach a detailed description of the activities.	2		X
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	X	
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? STMT 7 If "Yes," attach the statement required by *General Instruction T*	5	X	
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	X	
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	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation	8b	X	
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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

2

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?	13	X	

Website address ▶ WWW.DENTAQUESTFOUNDATION.ORG

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

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

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2018, 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		X

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		X
	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 2018?	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☒ 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? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2018 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 2018.) 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 2018?	4b		X

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

			Yes	No
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	X	
	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? SEE STATEMENT 9	☒ 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		X
	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? N/A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	☐ Yes ☒ No		

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 8		0.	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 ▶ 0

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
CSC HOLDINGS, LLC - ATTN:STELLA HELMS 740 CENTERE VIEW BLVD, CRESTVIEW HILLS, KY	MANAGEMENT CONSULTING SERVICES	432,250.
OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS 4150 INDIANAOLA AVE, COLUMBUS, OH 43214	DENTAL CLINIC CONSULTING SERVICES	83,700.
MARIANNE HUGHES 52 WALDECK ST., DORCHESTER, MA 02124	SENIOR ADVISORY CONSULTING SERVICES	75,600.
OREGON PRIMARY CARE ASSOCIATION - 310 SW 4TH AVENUE SUITE 200, PORTLAND, OR 97204	CONSULTING SERVICES	75,000.
ALBERT YEE 5 FAIRWAY DRIVE, WEST NEWTON, MA 02465	ORAL HEALTH 2020 GRASSROOTS INITIATIV	68,750.
Total number of others receiving over $50,000 for professional services ▶		1

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 N/A	
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.

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	23,835,625.
b	Average of monthly cash balances	1b	2,911,954.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	26,747,579.
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	26,747,579.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	401,214.
5	**Net value of noncharitable-use assets** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	26,346,365.
6	**Minimum investment return.** Enter 5% of line 5	6	1,317,318.

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	1,317,318.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	4,886.		
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	4,886.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	1,312,432.
4	Recoveries of amounts treated as qualifying distributions			4	216,521.
5	Add lines 3 and 4			5	1,528,953.
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	1,528,953.

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	16,140,923.
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	16,140,923.
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	4,886.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	16,136,037.

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				1,528,953.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2018				
a From 2013 12,525,994.				
b From 2014 12,414,647.				
c From 2015 13,919,806.				
d From 2016 18,316,399.				
e From 2017 17,967,009.				
f **Total** of lines 3a through e	75,143,855.			
4 Qualifying distributions for 2018 from Part XII, line 4. ▶ $ 16,140,923.				
a Applied to 2017, 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 2018 distributable amount				1,528,953.
e Remaining amount distributed out of corpus	14,611,970.			
5 Excess distributions carryover applied to 2018 (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.**				
a Corpus Add lines 3f 4c and 4e Subtract line 5	89,755,825.			
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 2017 Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7	12,525,994.			
9 **Excess distributions carryover to 2019** Subtract lines 7 and 8 from line 6a	77,229,831.			
10 Analysis of line 9				
a Excess from 2014 12,414,647.				
b Excess from 2015 13,919,806.				
c Excess from 2016 18,316,399.				
d Excess from 2017 17,967,009.				
e Excess from 2018 14,611,970.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
2 a 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 foundation 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).)

NONE

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.

NONE

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 , 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*

SEE STATEMENT 10

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*				
ACHIEVA/ THE ARC OF GREATER PITTSBURGH 711 BINGHAM ST PITTSBURGH, PA 15203	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	111,125.
ADVOCATES FOR CHILDREN OF NEW JERSEY 35 HALSEY STREET NEWARK, NJ 07102	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
ALASKA PRIMARY CARE ASSOCIATION 1231 GAMBELL ST. SUITE 200 ANCHORAGE, AK 99501	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	83,700.
AMERICAN ACADEMY OF CARIOLOGY 208 S. LASALLE STREET CHICAGO, IL 60604	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	35,000.
AMERICAN ACADEMY OF PEDIATRICS/NEW JERSEY CHAPTER 50 MILLSTONE ROAD, BLDG 200, SUITE 130 EAST WINDSOR, NJ 08520	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	148,096.
Total SEE CONTINUATION SHEET(S)			▶ 3a	13,684,844.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

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
AMERICAN DENTAL ASSOCIATION 211 E CHICAGO AVE CHICAGO, IL 60611	NONE	501(C)(6) ORGANIZATION	TO IMPROVE ORAL HEALTH	35,600.
AMERICAN NETWORK OF ORAL HEALTH COALITIONS 800 SW JACKSON, SUITE 1120 TOPEKA, KS 66612	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	109,000.
APPALACHIA FUNDERS NETWORK C/O MACED 433 CHESTNUT STREET BEREA, KY 40403	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	12,960.
APPLE TREE DENTAL 8960 SPRINGBROOK DRIVE NW MINNEAPOLIS, MN 55433	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
ARCORA FOUNDATION 400 FAIRVIEW AVE N SEATTLE, WA 98109	NONE	501(C)(4)	TO IMPROVE ORAL HEALTH	263,500.
ARIZONA ALLIANCE FOR COMMUNITY HEALTH CENTERS 700 EAST JEFFERSON STREET PHOENIX, AZ 85034	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	105,600.
ARIZONA DENTAL FOUNDATION 3193 NORTH DRINKWATER BOULEVARD SCOTTSDALE, AZ 85251	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	92,500.
ARIZONA STATE UNIVERSITY 550 N 3RD STREET PHOENIX, AZ 85004	NONE	GOVERNMENT	TO IMPROVE ORAL HEALTH	20,000.
ASIAN AMERICANS ADVANCING JUSTICE - LOS ANGELES 1145 WILSHIRE BLVD 2ND FLOOR LOS ANGELES, CA 90017	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	114,500.
ASIAN PACIFIC COMMUNITY IN ACTION 326 E CORONADO ROAD PHOENIX, AZ 85004	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	111,400.
Total from continuation sheets				13,303,823.

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
ASSOCIATION OF STATE & TERRITORIAL DENTAL DIRECTORS 3858 CASHILL BLVD. RENO, NV 89509	NONE	501(C)(6)	TO IMPROVE ORAL HEALTH	10,600.
BERKS COUNTY COMMUNITY FOUNDATION 237 COURT ST READING, PA 19601	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	110,000.
BI-STATE PRIMARY CARE ASSOCIATION, INC. 525 CLINTON STREET BOW, NH 03304	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	74,835.
BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	NONE	GOVERNMENT INSTRUMENTALITY	TO IMPROVE ORAL HEALTH	850.
BRIDGEPORT CHILD ADVOCACY COALITION (BCAC) 2470 FAIRFIELD AVE. BRIDGEPORT, CT 06605	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
CALIFORNIA PAN-ETHNIC HEALTH NETWORK 1221 PRESERVATION PARK WAY SUITE 200 OAKLAND, CA 94612	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	262,200.
CALIFORNIA PRIMARY CARE ASSOCIATION 1231 I STREET, 4TH FLOOR SACRAMENTO, CA 95814	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	80,600.
CAMPBELL UNIVERSITY PO BOX 1090 BUIES CREEK, NC 27506	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,000.
CATALYST MIAMI 1900 BISCAYNE BLVD MIAMI, FL 33132	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	111,400.
CENTER FOR HEALTH CARE STRATEGIES INC. 200 AMERICAN METRO BOULEVARD NO. 119 HAMILTON, NJ 08619	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	133,467.
Total from continuation sheets				

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
CENTER FOR HEALTH POLICY DEVELOPMENT DBA NATIONAL ACADEMY FOR STATE HEALTH POLICY 10 FREE STREET, 2ND FLOOR PORTLAND, ME 04112	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	68,670.
CENTRAL ARIZONA DENTAL SOCIETY FOUNDATION, INC. 1826 W. MCDOWELL RD. PHOENIX, AZ 85007	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
CENTRAL VALLEY HEALTH POLICY INSTITUTE-CALIFORNIA STATE UNIVERSITY FRESNO FOUNDATION 490 NORTH CHESTNUT AVE. FRESNO, CA 93726	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	103,900.
CHILDREN DENTAL HEALTH PROJECT, INC. 1020 19TH STREET NW, SUITE 400 WASHINGTON, DC 20036	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	393,883.
CHILDREN NOW 1404 FRANKLIN STREET, SUITE 700 OAKLAND, CA 94612	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	197,764.
CHILDREN'S ACTION ALLIANCE 4001 N 3RD ST STE 160 PHOENIX, AZ 85012	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	100,000.
CHILDREN'S HEALTH ALLIANCE OF WISCONSIN 6737 W WASHINGTON ST WEST ALLIS, WI 53214	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
COALITION OF TEXANS WITH DISABILITIES 1716 SAN ANTONIO ST. AUSTIN, TX 78701	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	99,844.
COLORADO COMMUNITY HEALTH NETWORK 600 GRANT ST STE 800 DENVER, CO 80203	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
Total from continuation sheets				

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
COLORADO MISSION OF MERCY 712 NINTH STREET PENROSE, CO 81420	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
COMMUNITY CATALYST ONE FEDERAL STREET BOSTON, MA 02110	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	310,401.
COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT, INC. 1484 HIGHLAND AVENUE, SUITE 2 CHESHIRE, CT 06410	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
COMMUNITY HEALTHCARE ASSOCIATION OF THE DAKOTAS 300 S. PHILLIPS AVENUE SIOUX FALLS, SD 57104	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	50,879.
CONNECTICUT ORAL HEALTH INITIATIVE (COHI) 175 MAIN ST HARTFORD, CT 06106	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
CRITICAL LEARNING SYSTEMS, INC. 5548 CRAFTWOOD DR CANE RIDGE, TN 37013	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	171,196.
EXCELTH, INC. 1111 NEWTON ST. STE 207 NEW ORLEANS, LA 70114	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
FAMILIES USA 1201 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	300,000.
FAMILY FIRST HEALTH 116 SOUTH GEORGE ST YORK, PA 17401	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
Total from continuation sheets				

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
FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS 2340 HANSEN LANE TALLAHASSEE, FL 32301	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
FLORIDA DENTAL ASSOCIATION FOUNDATION, INC. 1111 EAST TENNESSEE STREET TALLAHASSEE, FL 32308	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
FLORIDA PUBLIC HEALTH INSTITUTE, INC. D/B/A FLORIDA INSTITUTE FOR HEALTH INNOVATION 2701 N. AUSTRALIAN AVENUE, SUITE 204 WEST PALM BEACH, FL 33407	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	72,867.
FORSYTH INSTITUTE 254 FIRST STREET CAMBRIDGE, MA 02142	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	2,500.
FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION 2401 WESTON PKWY STE 203 CARY, NC 27513	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
FOUNDATION FOR HEALTHY COMMUNITIES 125 AIRPORT ROAD CONCORD, NH 03301	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
FUTURE SMILES 3074 ARVILLE STREET LAS VEGAS, NV 89102	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
GEORGIA ASSOCIATION FOR PRIMARY HEALTH CARE, INC. 315 WEST PONCE DE LEON AVENUE - SUITE 1000 DECATUR, GA 30030	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	75,000.
GEORGIA DENTAL ASSOCIATION FOUNDATION FOR ORAL HEALTH, INC. 7000 PEACHTREE DUNWOODY RD. NE SUITE 200 BLDG 17 ATLANTA, GA 30328	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,000.
HARRISON COUNTY BOARD OF EDUCATION 408 E B SAUNDERS WAY CLARKSBURG, WV 26301	NONE	GOVERNMENT	TO IMPROVE ORAL HEALTH	3,100.
Total from continuation sheets				

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
HARVARD SCHOOL OF DENTAL MEDICINE 188 LONGWOOD AVENUE BOSTON, MA 02115	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	80,035.
HAWAII CHILDREN'S ACTION NETWORK 850 RICHARDS STREET #201 HONOLULU, HI 96813	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	158,700.
HAWAII PUBLIC HEALTH INSTITUTE 850 RICHARDS STREET HONOLULU, HI 96813	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	25,000.
HEALTH CARE FOR ALL ONE FEDERAL STREET BOSTON, MA 02110	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	150,111.
HEALTH CENTER ASSOCIATION OF NEBRASKA 3929 S 147TH ST STE 100A OMAHA, NE 68144	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
HEALTH LAW ADVOCATES 30 WINTER STREET, SUITE 1004 BOSTON, MA 02108	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	1,000.
HEALTH NET OF WEST MICHIGAN 620 CENTURY AVE SW STE 210 GRAND RAPIDS, MI 49503	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	100,800.
HEALTH RESOURCES IN ACTION 95 BERKELEY STREET BOSTON, MA 02116	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY 10602 CHAPMAN AVE. GARDEN GROVE, CA 92840	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	1,000.
IDAHO DEPARTMENT OF HEALTH AND WELFARE 450 W. STATE STREET BOISE, ID 83702	NONE	GOVERNMENT	TO IMPROVE ORAL HEALTH	147,000.
Total from continuation sheets				

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
IDAHO PRIMARY CARE ASSOCIATION 1087 W RIVER ST STE 160 BOISE, ID 83702	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
ILLINOIS PRIMARY HEALTH CARE ASSOCIATION 500 NORTH NINTH STREET SPRINGFIELD, IL 62701	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	75,000.
IMMIGRANT AND REFUGEE CENTER OF NORTHERN COLORADO 3001 8TH AVE EVANS, CO 80620	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
INDIANA DENTAL ASSOCIATION FOUNDATION FOR DENTAL HEALTH, INC. 1319 E STOP 10 RD INDIANAPOLIS, IN 46142	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
INDIANA PRIMARY HEALTH CARE ASSOCIATION 429 N. PENNSYLVANIA ST INDIANAPOLIS, IN 46204	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
IOWA PRIMARY CARE ASSOCIATION 9943 HICKMAN ROAD, SUITE 103 URBANDALE, IA 50322	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	75,000.
JUSTICE IN AGING 1444 EYE ST. N.W. WASHINGTON, DC 20005	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	100,001.
KANSAS ADVOCATES FOR BETTER CARE 915 TENNESSEE LAWRENCE, KS 66044	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
KANSAS ASSOCIATION FOR THE MEDICALLY UNDERSERVED 1129 S KANSAS AVE STE B TOPEKA, KS 66612	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	85,600.
KENTUCKY PRIMARY CARE ASSOCIATION, INC. P.O. BOX 751 FRANKFORT, KY 40602	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
Total from continuation sheets				

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
KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PARKWAY, SUITE 100 LOUISVILLE, KY 40299	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	121,200.
LEE COUNTY HEALTH DEPARTMENT 2218 AVE H FORT MADISON, IA 52627	NONE	GOVERNMENT	TO IMPROVE ORAL HEALTH	3,100.
LENOWISCO PLANNING DISTRICT COMMISSION 372 TECHNOLOGY TRAIL LN DUFFIELD, VA 24244	NONE	GOVERNMENT	TO IMPROVE ORAL HEALTH	50,000.
LOUISIANA PRIMARY CARE ASSOCIATION 503 COLONIAL DRIVE BATON ROUGE, LA 70806	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
MAINE EQUAL JUSTICE PARTNERS 126 SEWALL STREET AUGUSTA , ME 04330	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	2,500.
MAINE PRIMARY CARE ASSOCIATION 73 WINTHROP STREET AUGUSTA, ME 04330	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
MARSHALL UNIVERSITY RESEARCH CORPORATION ONE JOHN MARSHALL DR. HUNTINGTON, WV 25755	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	149,300.
MARYLAND DENTAL ACTION COALITION, INC. 10015 OLD COLUMBIA ROAD, SUITE B-215 COLUMBIA, MD 21046	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	250,677.
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OFFICE OF ORAL HEALTH 201 WEST PRESTON STREET, 3RD FLOOR BALTIMORE, MD 21201	NONE	GOVERNMENT	TO IMPROVE ORAL HEALTH	5,600.
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS 40 COURT STREET, 10TH FLOOR BOSTON, MA 02108	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	23,244.
Total from continuation sheets				

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
MASSACHUSETTS PUBLIC HEALTH ASSOCIATION 434 JAMAICAWAY JAMAICA PLAIN, MA 02130	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	1,250.
MEDICAID|MEDICARE|CHIP SERVICES DENTAL ASSOCIATION 2 GROVE STREET SANDWICH, MA 02563	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	166,000.
MEDICAL CARE DEVELOPMENT, INC. 11 PARKWOOD DRIVE AUGUSTA, ME 04330	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
MEDICAL UNIVERSITY OF SOUTH CAROLINA 173 ASHLEY AVENUE CHARLESTON, SC 29209	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
MEMPHIS DENTAL SOCIETY CHARITABLE FUND 2000 APPLING ROAD CORDOVA, TN 38016	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
MICHIGAN DENTAL ASSOCIATION FOUNDATION 3657 OKEMOS ROAD, SUITE 200 OKEMOS, MI 48864	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
MICHIGAN ORAL HEALTH COALITION 7215 WESTSHIRE DRIVE LANSING, MI 48917	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	429,700.
MICHIGAN PRIMARY CARE ASSOCIATION 7215 WESTSHIRE DR LANSING, MI 48917	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	75,000.
MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS 4319 FORBES BLVD. LANHAM, MD 20706	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
MILWAUKEE AREA HEALTH EDUCATION CENTER 2224 W. KILBOURN AVENUE MILWAUKEE, WI 53233	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
Total from continuation sheets				

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
MISSISSIPPI ORAL HEALTH COMMUNITY ALLIANCE (MOHCA) P O BOX 11504 JACKSON, MS 39283	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	8,700.
MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION 6400 LAKEOVER RD STE A JACKSON, MS 39213	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	75,000.
MISSOURI COALITION FOR ORAL HEALTH 213 ADAMS STREET JEFFERSON CITY, MO 65101	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	133,661.
MISSOURI COALITION FOR PRIMARY HEALTH CARE, INC. DBA MISSOURI PRIMARY CARE ASSOCIATION 3325 EMERALD LN JEFFERSON CTY, MO 65109	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	18,700.
MISSOURI DENTAL ASSOCIATION FOUNDATION 3340 AMERICAN AVE JEFFERSON CITY, MO 65109	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
MONTANA PRIMARY CARE ASSOCIATION, INC. 1805 EUCLID AVE HELENA, MT 59601	NONE	501(C)(6)	TO IMPROVE ORAL HEALTH	21,200.
MSDA CHARITABLE AND EDUCATIONAL FOUNDATION 8901 HERRMANN DRIVE COLUMBIA, MD 21045	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS 7501 WISCONSIN AVE SUITE 1100W BETHESDA, MD 20814	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	110,601.
NATIONAL ASSOCIATION OF MEDICAID DIRECTORS 444 N. CAPITOL STREET, NW WASHINGTON, DC 20001	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	7,500.
NATIONAL CONFERENCE OF STATE LEGISLATURES 7700 EAST FIRST PLACE DENVER, CO 80230	NONE	GOVERNMENT	TO IMPROVE ORAL HEALTH	59,462.
Total from continuation sheets				

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
NATIONAL DENTAL ASSOCIATION, INC. 6411 IVY LANE STE 703 GREENBELT, MD 20770	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	30,000.
NATIONAL NETWORK OF ORAL HEALTH ACCESS 118 E 56TH AVENUE DENVER, CO 80216	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	67,110.
NATIONAL RURAL HEALTH ASSOCIATION 1025 VERMONT AVENUE, NW WASHINGTON, DC 20005	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	180,000.
NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE STE 600 PHOENIX, AZ 85012	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	103,690.
NC CHILD 3101 POPLARWOOD COURT, STE. 300 RALEIGH, NC 27604	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,600.
NEW ENGLAND RURAL HEALTH ROUNDTABLE 10 BENNING STREET WEST LEBANON, NH 03784	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	1,500.
NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION (NH ORAL HEALTH COALITION) 4 PARK ST STE 403 CONCORD, NH 03301	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	94,534.
NEW JERSEY PRIMARY CARE ASSOCIATION, INC. 3836 QUAKERBRIDGE ROAD, SUITE 201 HAMILTON, NJ 08619	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
NEW MEXICO HEALTH RESOURCES, INC. 300 SAN MATEO BOULEVARD NE ALBUQUERQUE, NM 87108	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT 422 E. DOUGLAS ST. O'NEILL, NE 68763	NONE	GOVERNMENT	TO IMPROVE ORAL HEALTH	3,100.
Total from continuation sheets				

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
NORTH DAKOTA DEPARTMENT OF HEALTH 600 E. BOULEVARD AVE., DEPT. 301 BISMARCK, ND 58505	NONE	GOVERNMENT	TO IMPROVE ORAL HEALTH	70,600.
NYU COLLEGE OF NURSING 433 FIRST AVE NEW YORK, NY 10010	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	334,083.
OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS 2109 STELLA COURT COLUMBUS, OH 43215	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	83,700.
OKLAHOMA DENTAL FOUNDATION 317 NE 13 STREET OKLAHOMA CITY, OK 73104	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
OKLAHOMA PRIMARY CARE ASSOCIATION 6501 N BROADWAY EXTENSION, SUITE 200 OKLAHOMA CITY, OK 73116	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
ORAL HEALTH AMERICA 180 N. MICHIGAN AVENUE, SUITE 1150 CHICAGO, IL 60601	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	673,313.
ORAL HEALTH COLORADO 2519 11TH AVE UNIT A PMB 200 GREELEY, CO 80631	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	312,520.
ORAL HEALTH FLORIDA 3254 NEWBERRY BLVD. TALLAHASSEE, FL 32311	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	45,000.
ORAL HEALTH KANSAS INC. 800 SW JACKSON STREET TOPEKA, KS 66612	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	319,763.
ORAL HEALTH NEVADA INC. P.O. BOX 5406 INCLINE VILLAGE, NV 89510	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
Total from continuation sheets				

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
OREGON CHILD DEVELOPMENT COALITION 9140 SW PIONEER CT. SUITE E WILSONVILLE, OR 97070	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
OREGON COMMUNITY HEALTH WORKERS ASSOCIATION 310 SW 4TH AVE PORTLAND, OR 97204	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
OREGON ORAL HEALTH COALITION (OROHC) P.O.BOX 3132 WILSONVILLE, OR 97070	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	55,600.
OREGON PRIMARY CARE ASSOCIATION 310 SW 4TH AVE STE 200, PORTLAND, OR 97204	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	75,000.
PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS 1035 MUMMA ROAD WORMLEYSBURG, PA 17043	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	75,000.
PENNSYLVANIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS 1400 N. PROVIDENCE RD., ROSE TREE CORPORATE CENTER II MEDIA, PA 19063	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	519,628.
PUT PEOPLE FIRST! PA C/O RESOURCES FOR HUMAN DEVELOPMENT 4700 WISSAHICKON AVE PHILADELPHIA, PA 19019	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	100,800.
PWC/VIRGINIA COMMONWEALTH UNIVERSITY 830 EAST MAIN STREET RICHMOND, VA 23298	NONE	GOVERNMENT	TO IMPROVE ORAL HEALTH	111,400.
QUEST IN AI/AN CHILDREN 2801 HOOVER ROAD STEVENS POINT, WI 54481	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	54,650.
RHODE ISLAND HEALTH CENTER ASSOCIATION 235 PROMENADE ST RM 455 PROVIDENCE, RI 02908	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
Total from continuation sheets				

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
RHODE ISLAND KIDS COUNT, INC. ONE UNION STATION PROVIDENCE, RI 02903	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	50,400.
SANTE FE GROUP 9 EAST 8TH STREET NEW YORK, NY 10003	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	31,500.
SCHOOL BASED HEALTH ALLIANCE OF ARKANSAS PO BOX 732 LITTLE ROCK, AR 72203	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
SCHOOL-BASED HEALTH ALLIANCE 1010 VERMONT AVE NW STE 600 WASHINGTON, DC 20005	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	360,186.
SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY 540 BROADWAY ALBANY, NY 12211	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
SEATTLE/KING COUNTY MOM CLINIC 305 HARRISON STREET, ROOM 308 SEATTLE, WA 98109	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
SMART BEGINNINGS VIRGINIA PENINSULA 321 MAIN STREET NEWPORT NEWS, VA 23601	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	111,314.
SOUTH CAROLINA OFFICE OF RURAL HEALTH 107 SALUDA POINTE DRIVE LEXINGTON, SC 29072	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
SOUTH CAROLINA PRIMARY HEALTH CARE ASSOCIATION 3 TECHNOLOGY CIRCLE COLUMBIA, SC 29203	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
SOUTHERN PLAINS TRIBAL HEALTH BOARD 9705 NORTH BROADWAY EXTENSION OKLAHOMA CITY, OK 73114	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
Total from continuation sheets				

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
SOUTHERN VERMONT AREA HEALTH EDUCATION CENTER 55 CLINTON STREET SPRINGFIELD, VT 05156	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
ST FRANCIS MISSION DENTAL CLINIC 350 S OAK ST. ST FRANCIS, SD 57572	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	13,100.
STRATEGIC CONCEPTS IN ORGANIZING AND POLICY EDUCATION 1715 W FLORENCE AVE 2ND FLOOR LOS ANGELES, CA 90047	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	100,800.
STUDENT HEALTH SUPPORT SVCS DBA LOS ANGELES TRUST FOR CHILDREN'S HEALTH 333 S BEAUDRY AVE 29TH FLOOR LOS ANGELES, CA 90017	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	358,768.
TAMPA BAY HEALTHCARE COLLABORATIVE PO BOX 2252 DUNEDIN, FL 34697	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	108,700.
TENNESSEE DENTAL HYGIENISTS ASSOCIATION 2434 VISTA DRIVE MEMPHIS, TN 37205	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
TENNESSEE PRIMARY CARE ASSOCIATION 710 SPENCE LANE NASHVILLE, TN 37217	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	80,600.
TEXAS DENTAL ASSOCIATION SMILES FOUNDATION 1946 S IH 35 SUITE 300 AUSTIN, TX 78704	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
TEXAS HEALTH INSTITUTE 8501 N. MOPAC EXPRESSWAY, SUITE 170 AUSTIN, TX 78759	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	278,341.
TEXAS INTERFAITH CENTER FOR PUBLIC POLICY/TEXAS IMPACT EDUCATION FUND 200 EAST 30TH STREET AUSTIN, TX 78705	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	53,500.
Total from continuation sheets				

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
TEXAS ORAL HEALTH COALITION, INC 4614 BOWIE DR. MIDLAND, TX 79703	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	21,200.
THE CHILDREN'S PARTNERSHIP 811 WILSHIRE BOULEVARD, SUITE 1000 LOS ANGELES, CA 90017	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	237,925.
THE HEALTH ENRICHMENT NETWORK P.O. BOX 566 OAKDALE, LA 71463	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	5,600.
THE HEALTHPATH FOUNDATION OF OHIO 200 W. FOURTH ST. CINCINNATI, OH 45202	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	100,000.
THE MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST BOSTON, MA 02114	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	85,680.
THE ORAL HEALTH FORUM 1015 W LAWRENCE AVE. 2ND FLOOR CHICAGO, IL 60640	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	211,928.
THE STONY BROOK FOUNDATION, INC. 230 ADMINISTRATION STONY BROOK, NY 11794	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,600.
TIDES CENTER/LATINO COALITION FOR A HEALTHY CALIFORNIA 1225 8TH STREET SUITE 375 SACRAMENTO, CA 95814	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	100,800.
TRUSTEES OF BOSTON UNIVERSITY, BUMC, OFFICE OF SPONSORED PROGRAMS 85 EAST NEWTON STREET BOSTON, MA 02118	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	500.
UCLA DIVISION OF PUBLIC HEALTH & COMMUNITY DENTISTRY 405 HILGARD AVENUE LOS ANGELES, CA 90095	NONE	GOVERNMENT	TO IMPROVE ORAL HEALTH	7,000.
Total from continuation sheets				

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
UNITED HEALTH ORGANIZATION 16823 WESTMORELAND RD. DETROIT, MI 48219	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	114,500.
UNITED WAY OF ROANOKE VALLEY INC 325 CAMPBELL AVENUE ROANOKE, VA 24016	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	100,800.
UNIVERSITY OF COLORADO SCHOOL OF DENTAL MEDICINE 13065 EAST 17TH AVENUE AURORA, CO 80045	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	87,959.
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF DENTISTRY DEPARTMENT OF DENTAL ECOLOGY 467 BRAUER HALL CHAPEL HILL, NC 27312	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,600.
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVENUE STOCKTON, CA 95211	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,600.
UTAH DENTAL HYGIENISTS' ASSOCIATION PO BOX 571406 MURRAY, UT 84157	NONE	501(C)(6)	TO IMPROVE ORAL HEALTH	5,600.
VIRGINIA DENTAL ASSOCIATION FOUNDATION 3460 MAYLAND COURT; RICHMOND, VA 23233	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
VIRGINIA ORAL HEALTH COALITION 4200 INNSLAKE DR. SUITE 103 GLEN ALLEN, VA 23060	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	183,843.
VISION Y COMPROMISO 2536 EDWARDS AVE EL CERRITO, CA 94530	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	111,400.
VOICES FOR UTAH CHILDREN 747 E SOUTH TEMPLE ST SALT LAKE CITY, UT 84102	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	3,100.
Total from continuation sheets				

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
WASHINGTON ASSOCIATION OF COMMUNITY & MIGRANT HEALTH CENTERS 101 CAPITOL WAY N. OLYMPIA, WA 98501	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
WISCONSIN DENTAL ASSOCIATION FOUNDATION, INC. 6737 W. WASHINGTON STREET WEST ALLIS, WI 53214	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	10,000.
WISCONSIN PRIMARY HEALTH CARE ASSOCIATION 5202 EASTPARK BLVD SUITE 109 MADISON, WI 53718	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	15,600.
WYOMING PRIMARY CARE ASSOCIATION 1816 CENTRAL AVENUE CHEYENNE, WY 82001	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	21,200.
YOUTH EMPOWERED SOLUTIONS (YES!) 4021 CARYA DRIVE RALEIGH, NC 27610	NONE	PUBLIC CHARITY	TO IMPROVE ORAL HEALTH	174,130.
Total from continuation sheets				

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)
	(a) Business code	(b) Amount	(c) Exclu-sion code	(d) Amount	Related or exempt function income
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	497,830.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-174,921.	
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.		322,909.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	322,909.

(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)
	N/A

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) (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)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)	X	
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

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
B4	153,599.	CATALYST INSTITUTE, INC.	SEE STATEMENT 11

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
CATALYST INSTITUTE, INC.	501(C)(4)	SEE STATEMENT 12

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

▶ Signature of officer or trustee — Date: 11/11/2019 — ▶ TREASURER (Title)

May the IRS discuss this return with the preparer shown below? See instr [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
ROBERT F. HART, JR.	Robert F. Hart Jr	11/8/19		P00498763

Firm's name ▶ LITMANGERSON ASSOCIATES, LLP — Firm's EIN ▶ 04-2694095

Firm's address ▶ 500 W. CUMMINGS PARK, SUITE 5650 WOBURN, MA 01801 — Phone no. 781-569-4700

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
BAIRD SHORT TERM-BOND FUND	496,155.	0.	496,155.	496,155.	
STATE STREET MONEY MARKET FUND	1,675.	0.	1,675.	1,675.	
TO PART I, LINE 4	497,830.	0.	497,830.	497,830.	

FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING EXPENSE	16,806.	0.		16,806.
TO FORM 990-PF, PG 1, LN 16B	16,806.	0.		16,806.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING EXPENSE	1,344,332.	0.		1,344,332.
INVESTMENT MANAGEMENT FEES	9,217.	9,217.		0.
TO FORM 990-PF, PG 1, LN 16C	1,353,549.	9,217.		1,344,332.

FORM 990-PF OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX UNDERPAYMENT PENALTIES AND INTEREST	570.	0.		0.
MISCELLANEOUS OFFICE EXPENSES	2,698.	0.		2,698.
PROMOTIONAL EXPENSE	18,110.	0.		18,110.
SOFTWARE LEASE	11,240.	0.		11,240.
SUBSCRIPTIONS AND DUES	30,967.	0.		30,967.
TO FORM 990-PF, PG 1, LN 23	63,585.	0.		63,015.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
RETURN OF UNEXPENDED GRANT FUNDS	216,521.
FEDERAL EXCISE TAX REFUND FROM 2017 IRS 990-PF	189,505.
TOTAL TO FORM 990-PF, PART III, LINE 3	406,026.

FORM 990-PF CORPORATE BONDS STATEMENT 6

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	18,507,858.	18,507,858.
TOTAL TO FORM 990-PF, PART II, LINE 10C	18,507,858.	18,507,858.

FORM 990-PF STATEMENT CONCERNING LIQUIDATION, TERMINATION, ETC. - PART VII-A, LINE 5 STATEMENT 7

EXPLANATION

AS A RESULT OF A CORPORATE RESTRUCTURING, EFFECTIVE JANUARY 1, 2018, A NEWLY ESTABLISHED CHARITABLE CORPORATION, CATALYST INSTITUTE, INC. BECAME THE SOLE MEMBER OF THE DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT, INC. (THE "FOUNDATION"). THE FOUNDATION'S EMPLOYEES WERE EFFECTIVELY TRANSFERRED TO CATALYST INSTITUTE, INC. BY BEING TERMINATED BY THE FOUNDATION AND SIMULTANEOUSLY HIRED BY CATALYST INSTITUTE, INC. ON JANUARY 1, 2018. IN SPITE OF THIS CHANGE IN OPERATIONS, THE FOUNDATION CONTINUED TO MAKE GRANTS AND CONDUCT PROGRAMMATIC ACTIVITY IN 2018 THROUGH ACTIVE BOARD MEMBER INVOLVEMENT AND VOLUNTEER EFFORTS FROM AFFILIATED ENTITIES. HOWEVER, FUNDING FROM AFFILIATED ENTITIES WAS NOT PROVIDED AND THE FOUNDATION DOES NOT EXPECT TO RECEIVE SUBSTANTIAL SUPPORT FROM AFFILIATED ENTITIES (AS IT HAD HISTORICALLY RECEIVED) MOVING FORWARD.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALISON G. CORCORAN 465 MEDFORD STREET BOSTON, MA 02129	PRESIDENT (4/1/18-12/31/18) 10.00	0.	0.	0.
GREGORY P. WINN 465 MEDFORD STREET BOSTON, MA 02129	TREASURER 1.00	0.	0.	0.
JAMES P. HAWKINS 465 MEDFORD STREET BOSTON, MA 02129	CLERK 1.00	0.	0.	0.
RALPH FUCILLO 465 MEDFORD STREET BOSTON, MA 02129	FORMER PRESIDENT/DIRECTOR 0.00	0.	0.	0.
CASWELL A. EVANS, JR. 465 MEDFORD STREET BOSTON, MA 02129	CHAIRMAN/DIRECTOR 1.00	0.	0.	0.
MARY V. KAPLAN 465 MEDFORD STREET BOSTON, MA 02129	VICE CHAIRMAN/DIRECTOR 1.00	0.	0.	0.
KATHLEEN V. BETTS 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR (4/1/18-12/31/18) 1.00	0.	0.	0.
RODERICK K. KING 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR (4/1/18-12/31/18) 1.00	0.	0.	0.
ROBERT J. WEYANT 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
SARITA ARTEAGA 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR (1/1/18-4/1/18) 1.00	0.	0.	0.

JAMES E. COLLINS 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR (1/1/18-4/1/18) 1.00	0.	0.	0.
THOMAS J. GALLIGAN III 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR (1/1/18-4/1/18) 1.00	0.	0.	0.
LESLIE E. GRANT, DDS, MSPA 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR (1/1/18-4/1/18) 1.00	0.	0.	0.
SCOTT HARSHBARGER 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR (1/1/18-4/1/18) 1.00	0.	0.	0.
SANDRA OWENS LAWSON 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR (1/1/18-4/1/18) 1.00	0.	0.	0.
JAMES R. KNICKMAN 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR (1/1/18-4/1/18) 1.00	0.	0.	0.
BRIAN SOUZA 465 MEDFORD STREET BOSTON, MA 02129	FORMER PRESIDENT 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT STATEMENT 9
PART VII-B, LINE 5C

GRANTEE'S NAME

ARCORA FOUNDATION

GRANTEE'S ADDRESS

400 FAIRVIEW AVENUE N
SEATTLE, WA 98109

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
263,500.	08/24/18	263,500.

PURPOSE OF GRANT

THE GRANT SUPPORTS THE ARCORA FOUNDATION, FORMERLY KNOWN AS THE WASHINGTON DENTAL SERVICES FOUNDATION TO SERVE AS THE FISCAL AGENT FOR THE RE-STRUCTURING AND ESTABLISHMENT OF THE NATIONAL INTERPROFESSIONAL INITIATIVE ON ORAL HEALTH (NIIOH) AS A SEPARATE ENTITY. SPECIFICALLY, THROUGH THIS GRANT, KEY PARTNERS WILL EXPAND THE NIIOH ADVISORY COMMITTEE AND LEVERAGE PARTNERSHIPS TO INFORM A REVISIONING PROCESS RESULTING IN A NEW STRATEGIC PLAN THAT PROVIDES DIRECTION AS WE CREATE AND ALIGN STRUCTURAL REQUIREMENTS ACROSS OUR PROGRAMS, ADMINISTRATIVE SYSTEMS, GOVERNANCE, AND DIVERSIFIED FUNDING STREAM. THIS WORK PROVIDES THE FOUNDATION TO FORMALIZE THE NIIOH AS A 501(C)3 ORGANIZATION. $232,320 WILL BE USED TO SUPPORT THE DEVELOPMENT OF TOOLS AND RESOURCES FOCUSED ON INTEGRATING ORAL HEALTH INTO OVERALL HEALTH, ENGAGING PARTNERS THROUGH SMILES FOR LIFE; TRAVEL AND CONSULTANTS' FEES; AND OTHER ADMINISTRATIVE COSTS ASSOCIATED WITH THE PROJECT'S IMPLEMENTATION.

DATES OF REPORTS BY GRANTEE

10/11/2019

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE GRANTOR, NO FUNDS HAVE BEEN DIVERTED BY GRANTEE.

RESULTS OF VERIFICATION

N/A - THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.

DENTAQUEST PARTNERSHIP FOR ORAL HEALTH 04-3265080

GRANTEE'S NAME

UTAH DENTAL HYGIENISTS' ASSOCIATION

GRANTEE'S ADDRESS

PO BOX 571406
MURRAY, UT 84157

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
5,600.	03/29/18	5,600.

PURPOSE OF GRANT

REGIONAL ORAL HEALTH CONNECTION TEAM (ROHCT)

DATES OF REPORTS BY GRANTEE

10/16/2019

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE GRANTOR, NO FUNDS HAVE BEEN DIVERTED BY GRANTEE.

RESULTS OF VERIFICATION

N/A - THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.

DENTAQUEST PARTNERSHIP FOR ORAL HEALTH 04-3265080

GRANTEE'S NAME

ASSOCIATION OF STATE & TERRITORIAL DENTAL DIRECTORS

GRANTEE'S ADDRESS

3858 CASHILL BLVD.
RENO, NV 89509

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
10,600.	04/19/18	10,600.

PURPOSE OF GRANT

NATIONAL ORAL HEALTH CONNECTION TEAM (NOHCT) STIPEND

DATES OF REPORTS BY GRANTEE

10/08/2019

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE GRANTOR, NO FUNDS HAVE BEEN DIVERTED BY GRANTEE.

RESULTS OF VERIFICATION

N/A - THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.

DENTAQUEST PARTNERSHIP FOR ORAL HEALTH 04-3265080

GRANTEE'S NAME

MONTANA PRIMARY CARE ASSOCIATION

GRANTEE'S ADDRESS

1805 EUCLID AVENUE
HELENA, MT 59601

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
15,600.	07/13/18	15,600.

PURPOSE OF GRANT

CONTINUED SUPPORT TO THE NATIONAL ORAL HEALTH INNOVATION AND INTEGRATION NETWORK (NOHIIN), WHOSE MISSION IS TO UNIFY AND EMPOWER A NETWORK OF PRIMARY CARE ASSOCIATIONS (PCAS) AND SAFETY NET PROVIDERS TO BE CHAMPIONS OF ORAL HEALTH AS A PART OF OVERALL HEALTH. NOHIIN EVOLVED AS A VEHICLE TO SCALE AND CONTINUE THE SUCCESS OF THE STRENGTHENING THE ORAL HEALTH SAFETY NET (SOHSN) INITIATIVE, WHICH YIELDED RESOURCES AND INFORMATION DEVELOPED THROUGH INNOVATIVE PARTNERSHIPS WITH THE COMMUNITY HEALTH CENTERS AND PCAS. NOHIIN CONTINUES TO SPREAD A UNIFIED MESSAGE TO PCAS, COMMUNITY HEALTH CENTERS, POLICY MAKERS, STAKEHOLDERS AND THE COMMUNITY IN GENERAL ABOUT THE IMPORTANCE OF ORAL HEALTH TO OVERALL THROUGH WITHIN THE SAFETY NET DELIVERY SYSTEM.

DATES OF REPORTS BY GRANTEE

10/15/19

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE GRANTOR, NO FUNDS HAVE BEEN DIVERTED BY GRANTEE.

RESULTS OF VERIFICATION

N/A- THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.

DENTAQUEST PARTNERSHIP FOR ORAL HEALTH 04-3265080

GRANTEE'S NAME

MONTANA PRIMARY CARE ASSOCIATION

GRANTEE'S ADDRESS

1805 EUCLID AVENUE
HELENA, MT 59601

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
5,600.	07/05/18	5,600.

PURPOSE OF GRANT

REGIONAL ORAL HEALTH CONNECTION TEAM (ROHCT) - THE GRANT IS INTENDED TO PROVIDE SUPPORT FOR THE OPEN NETWORK AND DRAW FROM THE NETWORK'S KNOWLEDGE, CONNECTIONS, AND RESOURCES TO SUPPORT CHANGE IN YOUR STATE BY BUILDING RELATIONSHIPS, COORDINATING EFFORTS, AND WEAVING THE GRASSTOPS, GRASSMIDDLES, AND GRASSROOTS INTO A STATEWIDE OPEN NETWORK.

DATES OF REPORTS BY GRANTEE

10/15/19

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE GRANTOR, NO FUNDS HAVE BEEN DIVERTED BY GRANTEE.

RESULTS OF VERIFICATION

N/A - THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.

DENTAQUEST PARTNERSHIP FOR ORAL HEALTH 04-3265080

GRANTEE'S NAME

AMERICAN DENTAL ASSOCIATION

GRANTEE'S ADDRESS

211 E CHICAGO AVE
CHICAGO, IL 60611

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
10,600.	04/16/18	10,600.

PURPOSE OF GRANT

NATIONAL ORAL HEALTH CONNECTION TEAM (NOHCT) STIPEND

DATES OF REPORTS BY GRANTEE

REPORTS WERE REQUESTED ON 10/11/19 BUT HAD NOT BEEN RECEIVED AS OF 11/1/19

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE GRANTOR, NO FUNDS HAVE BEEN DIVERTED BY GRANTEE.

RESULTS OF VERIFICATION

N/A - THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.

DENTAQUEST PARTNERSHIP FOR ORAL HEALTH 04-3265080

GRANTEE'S NAME

AMERICAN DENTAL ASSOCIATION

GRANTEE'S ADDRESS

211 E CHICAGO AVE
CHICAGO, IL 60611

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
25,000.	08/20/18	25,000.

PURPOSE OF GRANT

GRANT SUPPORTS THE AMERICAN DENTAL ASSOCIATION SEEKING TO DEMONSTRATE THAT USING COMMUNITY DENTAL HEALTH COORDINATOR'S (CDHC) TO INTEGRATE ORAL HEALTH INTO THE OVERALL CASE MANAGEMENT OF PATIENTS IS AN ESSENTIAL COMPONENT OF ELEVATING THE ORAL HEALTH STATUS OF INDIVIDUALS AND THE COMMUNITY.

DATES OF REPORTS BY GRANTEE

REPORTS WERE REQUESTED ON 10/11/19 BUT HAD NOT BEEN RECEIVED AS OF 11/1/19

ANY DIVERSION BY GRANTEE

TO THE KNOWLEDGE OF THE GRANTOR, NO FUNDS HAVE BEEN DIVERTED BY GRANTEE.

RESULTS OF VERIFICATION

N/A-THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE; THEREFORE, NO INDEPENDENT VERIFICATION OF THE REPORT WAS MADE.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

TRENAE SIMPSON
465 MEDFORD STREET
BOSTON, MA 02129

TELEPHONE NUMBER

617-886-1700

EMAIL ADDRESS

TRENAE.SIMPSON@DENTAQUESTFOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION INVITES GRANT APPLICATIONS FROM NON-PROFIT ORGANIZATIONS THAT QUALIFY AS TAX EXEMPT UNDER SECTION 50L(C)(3) OF THE INTERNAL REVENUE CODE AND ARE CATEGORIZED AS PUBLIC CHARITIES OR GOVERNMENTAL PROGRAMS. GRANT REQUESTS FOR THE FOLLOWING WILL NOT BE CONSIDERED: BUILDING OR ENDOWMENT CAMPAIGNS; INDIVIDUALS; DIRECT CARE FOR AN INDIVIDUAL; INDIVIDUALLY-OWNED PROJECTS; DIRECT INDIVIDUAL SCHOLARSHIPS; GENERAL OVERHEAD OR INDIRECT COSTS ALONE; PREVIOUSLY INCURRED EXPENSES OR TO ELIMINATE BAD DEBT; CLINICAL OR BIO-MEDICAL LAB RESEARCH; PROMULGATION OF RELIGIOUS BELIEFS OR PRACTICES; AND POLITICAL CAMPAIGNS.

990-PF INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 11
PART XVII, LINE 1, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

CATALYST INSTITUTE, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THE FOUNDATION REIMBURSED CATALYST INSTITUTE, INC. FOR THE COST OF EMPLOYEE BENEFITS SUCH AS HEALTH AND DENTAL INSURANCE AS WELL AS OTHER OPERATING EXPENSES.

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS STATEMENT 12
PART XVII, LINE 2, COLUMN (C)

NAME OF AFFILIATED OR RELATED ORGANIZATION

CATALYST INSTITUTE, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

CATALYST INSTITUTE, INC. IS AFFILIATED WITH DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT, INC. IN THAT CATALYST INSTITUTE, INC. IS THE SOLE MEMBER OF DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT.