

<b>Part II Signature Block</b>	
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 officer) is based on all information of which preparer has any knowledge	
<b>Sign Here</b>	<div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>GREGORY P WINN TREASURER</div> </div>
	<div> <div></div> <div>2019-11-08</div> </div> <div> <div></div> <div>Date</div> </div> <div> <div></div> <div>Type or print name and title</div> </div>
<b>Paid Preparer Use Only</b>	<div> <div>Print/Type preparer's name</div> <div>Preparer's signature</div> <div>Date</div> <div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN P01595811</div> </div> </div>
	<div> <div>Firm's name ▶ ERNST &amp; YOUNG US LLP</div> <div>Firm's EIN ▶</div> </div>
	<div> <div>Firm's address ▶ 200 CLAREDON STREET BOSTON, MA 021165072</div> <div>Phone no (617) 266-2000</div> </div>

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO IMPROVE THE ORAL HEALTH OF ALL

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code )	(Expenses \$ 4,963,896	including grants of \$ 0	(Revenue \$ 234,506 )
See Additional Data				














<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )			
	(Expenses \$	including grants of \$	(Revenue \$	)

<b>4e</b>	<b>Total program service expenses</b> ▶	4,963,896
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  . . . . .	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  . . . . .	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  . . . . .	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  . . . . .	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  . . . . .	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  . . . . .	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  . . . . .	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  . . . . .	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  . . . . .	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  . . . . .	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  . . . . .	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b>	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</b>	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28c</b>	<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	20			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization 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? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI ☒

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 13		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	Yes	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	Yes	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: **MA**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
**JEFFREY C BROWN 465 MEDFORD STREET BOSTON, MA 02129 (617) 886-1000**

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

**Part VII      Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	1,245,428	10,970,283	4,675,721

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>		No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ARTEX RISK SOLUTION INC, 2850 GOLF ROAD ROLLING MEADOWS, IL 600084050	DENTAL SERVICE	220,000
FIDELITY INVESTMENTS, 245 SUMMER STREET BOSTON, MA 02210	DENTAL SERVICE	112,101
Marcia Brand, 2611 Swan Pond Road MARTINBURG, WV 25404	consulting	115,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3



Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>								
			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c	0				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a - 1f \$	0					
	h	Total. Add lines 1a-1f . . . . .	0					
Program Service Revenue	2a		CONSULTING SERVICES	Business Code				
				900099	234,506	234,506	0	0
	b							
	c							
	d							
	e							
	f		All other program service revenue					
	g		Total. Add lines 2a-2f . . . . .	234,506				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	12,022				12,022
	4		Income from investment of tax-exempt bond proceeds	0				
	5		Royalties . . . . .	0				
	6a		Gross rents	(i) Real	(ii) Personal			
	b		Less rental expenses					
	c		Rental income or (loss)	0	0			
	d		Net rental income or (loss) . . . . .	0				
	7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b		Less cost or other basis and sales expenses					
	c		Gain or (loss)					
	d		Net gain or (loss) . . . . .	0				
	8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	0			
	b		Less direct expenses . . . . .	b	0			
	c		Net income or (loss) from fundraising events . . . . .	0				
	9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a	0			
	b		Less direct expenses . . . . .	b	0			
	c		Net income or (loss) from gaming activities . . . . .	0				
	10a		Gross sales of inventory, less returns and allowances . . . . .	a	0			
	b		Less cost of goods sold . . . . .	b	0			
	c		Net income or (loss) from sales of inventory . . . . .	0				
		Miscellaneous Revenue	Business Code					
11a								
b								
c								
d		All other revenue . . . . .						
e		Total. Add lines 11a-11d . . . . .	0					
12		Total revenue. See Instructions . . . . .	246,528		234,506	0	12,022	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,245,428	747,257	498,171	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
<b>7</b> Other salaries and wages.	4,028,862	2,417,317	1,611,545	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0	0	0	0
<b>9</b> Other employee benefits.	29,700	17,820	11,880	0
<b>10</b> Payroll taxes.	572,129	343,277	228,852	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0	0	0	0
<b>b</b> Legal.	0	0	0	0
<b>c</b> Accounting.	20,360	0	20,360	0
<b>d</b> Lobbying.	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			0
<b>f</b> Investment management fees.	0	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,406,904	0	2,406,904	0
<b>12</b> Advertising and promotion.	22,976	13,786	9,190	0
<b>13</b> Office expenses.	69,335	41,601	27,734	0
<b>14</b> Information technology.	97,072	58,243	38,829	0
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	184,279	110,567	73,712	0
<b>17</b> Travel.	489,575	293,744	195,831	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	93,924	56,354	37,570	0
<b>20</b> Interest.	31,369	18,821	12,548	0
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	55,573	33,344	22,229	0
<b>23</b> Insurance.	0	0	0	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> SUBSCRIPTIONS AND DUES	54,081	32,449	21,632	
<b>b</b> FEES AND OTHER	999,307	599,584	399,723	
<b>c</b> BOD EXPENSE	299,553	179,732	119,821	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	10,700,427	4,963,896	5,736,531	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	56,503,599
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	68,320
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		504,339
	<b>b</b> Less: accumulated depreciation	<b>10b</b>		371,370
			<b>10c</b>	132,969
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	614,875,705	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	0	<b>16</b>	671,580,593	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	0	<b>17</b>	951,270
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	<b>25</b>	186,460
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0	<b>26</b>	1,137,730
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	0	<b>27</b>	670,442,863
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b> . . . . .	0	<b>33</b>	670,442,863	
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	0	<b>34</b>	671,580,593	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	246,528
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,700,427
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-10,453,899
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	0
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	20,309,756
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	660,587,006
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	670,442,863

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 38-4016550  
**Name:** Catalyst Institute Inc

Form 990 (2018)

**Form 990, Part III, Line 4a:**

CATALYST INSTITUTE, INC IS A NOT-FOR-PROFIT DENTAL SERVICE ORGANIZATION WITH A MISSION TO IMPROVE THE ORAL HEALTH OF ALL AND A VISION TO ACHIEVE PERSON-CENTERED HEALTH BY TRANSFORMING THE SYSTEMS OF POLICY, FINANCE, CARE AND COMMUNITY CATALYST AND ITS SUBSIDIARIES' ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, SECURING DENTAL SERVICES FOR EMPLOYEE GROUPS, INDIVIDUALS AND THEIR FAMILIES, INCLUDING THE SAFETY NET POPULATIONS THROUGH MEDICARE, MEDICARE ADVANTAGE AND CHIP PROGRAMS, PROVIDING INNOVATIVE PRODUCTS AND SERVICES, FINANCE AND DEVELOP PROFESSIONAL AND SCIENTIFIC STUDY AND RESEARCH, AND EDUCATE THE PUBLIC CONCERNING THE IMPORTANCE OF ORAL HEALTH



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD J KENNEY ..... DIRECTOR	1 75 ..... 2 25	X						92,485	8,333	0
RODERICK K KING ..... DIRECTOR	1 75 ..... 3 25	X						104,569	7,917	0
DONALD R LECLAIR ..... DIRECTOR [1/1/18-4/1/18]	1 75 ..... 2 25	X						584	0	0
TODD W MARSHALL ..... DIRECTOR	1 75 ..... 1 75	X						92,485	8,333	0
EVELYN H MILLER ..... DIRECTOR	1 75 ..... 1 75	X						97,072	8,750	0
ROBERT J WEYANT ..... DIRECTOR	1 75 ..... 2 75	X						96,834	8,750	0
STEVEN J POLLOCK ..... PRESIDENT & Director	4 5 ..... 35 5	X		X				0	2,442,610	1,419,088
JAMES E COLLINS ..... TREASURER [1/1/18-4/1/18]	4 5 ..... 35 5			X				0	1,452,634	711,496
JEFFREY C BROWN ..... TREASURER [4/1/18-12/31/18]	4 5 ..... 35 5			X				0	577,352	17,593
DAVID ABELMAN ..... CLERK	4 5 ..... 35 5			X				0	1,107,857	651,325

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY P WINN ..... ASSISTANT TREASURER	4 5 ..... 35 5			X				0	456,467	37,236
ALISON G CORCORAN ..... EVP - CHIEF MARKETING OFFICER	4 5 ..... 35 5				X			0	573,414	43,809
ROBERT E LYNN ..... EVP - CHIEF SALES & RETENT DQ	4 5 ..... 35 5					X		0	1,095,208	705,614
DENNIS J LEONARD ..... PRESIDENT - DELTA DENTAL	4 5 ..... 35 5					X		0	839,618	410,702
ALAN L MADISON ..... EVP - CHIEF OPER OFFICER DQ	4 5 ..... 35 5					X		0	896,802	275,669
TODD R CRUSE ..... EVP-PUBLIC AFFAIRS/CARE DELIV	4 5 ..... 35 5					X		0	731,655	370,916
SHERYL L TRAYLOR ..... EVP - HUMAN RESOURCES DQ	4 5 ..... 35 5					X		0	690,834	32,273



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<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
Name of the organization Catalyst Institute Inc				Employer identification number 38-4016550	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)</div><div><input type="checkbox"/> Preservation of an historically important land area</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of a certified historic structure</div><div><input type="checkbox"/> Preservation of open space</div></div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
4 Number of states where property subject to conservation easement is located ▶					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$					
(ii) Assets included in Form 990, Part X ▶ \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ▶ \$					
b Assets included in Form 990, Part X ▶ \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2018	

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0			0
b Buildings			0	
c Leasehold improvements		92,993	48,589	44,404
d Equipment		295,906	240,112	55,794
e Other		115,440	82,669	32,771
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				132,969

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INVESTMENT IN SUBSIDIARIES	614,875,705
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	614,875,705

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
DUE TO RELATED ORGANIZATIONS	186,460	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	186,460	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-4016550  
**Name:** Catalyst Institute Inc

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART XIII, SUPPLEMENTAL INFORMATION	ASC 740 DISCLOSURE (FIN 48) THERE IS NO FIN 48/ASC 740 FOOTNOTE HOWEVER, THE FOLLOWING DISCLOSURE WAS MADE THE COMPANY DETERMINES WHETHER A TAX POSITION OF THE COMPANY IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OF LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION FOR TAX POSITIONS MEETING THE MORE LIKELY THAN NOT THRESHOLD, THE TAX AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS REDUCED BY THE LARGEST BENEFIT THAT HAS A GREATER THAN FIFTY PERCENT LIKELIHOOD OF BEING REALIZED UPON THE ULTIMATE SETTLEMENT WITH THE RELEVANT TAXING AUTHORITY

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization Catalyst Institute Inc	Employer identification number 38-4016550
--	--	--

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>	Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>		No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?	<b>5a</b>	Yes	
<b>b</b> Any related organization?	<b>5b</b>	Yes	
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?	<b>6a</b>	Yes	
<b>b</b> Any related organization?	<b>6b</b>	Yes	
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	Yes	
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>		

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

**Schedule J (Form 990) 2018**



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	SUPPLEMENTAL COMPENSATION INFORMATION THE CHIEF EXECUTIVE OFFICER/PRESIDENT MAY TRAVEL FIRST CLASS FOR ALL BUSINESS FLIGHTS. ALL OTHER OFFICERS OF A SR VICE PRESIDENT LEVEL OR GREATER MAY TRAVEL FIRST CLASS ON DOMESTIC FLIGHTS OF FOUR HOURS OR GREATER OF CONTINUOUS DURATION. ALL BUSINESS RELATED TRAVEL IS NOT TAXED TO THE EMPLOYEE. SOCIAL CLUB DUES, IF ANY, ARE PAID ONLY WHEN THEY ARE BUSINESS IN NATURE. BECAUSE THESE DUES ARE BUSINESS RELATED, ANY DUES ARE NOT TREATED AS TAXABLE INCOME TO THE INDIVIDUAL. THE ABOVE ITEMS WERE PAID THROUGH DENTAQUEST, LLC, A RELATED ORGANIZATION. Schedule J, Part I, Question 4a Severance Payment James E. Collins received severance in the amount of \$230,264. This amount is included in James E. Collins' compensation on Schedule J, Part II. SCHEDULE J, PART I, QUESTION 5 COMPENSATION CONTINGENT ON REVENUE DENTAQUEST, LLC SPONSORS A TARGET INCENTIVE PLAN THAT ALLOWS PARTICIPANTS ANNUALLY TO EARN A THRESHOLD, TARGET OR SUPERIOR INCENTIVE (AS A PERCENT OF THEIR BASE SALARY). THE ACTUAL INCENTIVE TO BE AWARDED IS BASED ON THE ACHIEVEMENT OF PERFORMANCE GOALS THAT ARE SET AT THE BEGINNING OF THE YEAR BY THE COMPENSATION COMMITTEE AS PART OF THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY AND PAY-FOR-PERFORMANCE PHILOSOPHY. AMONG THE PERFORMANCE GOALS ARE A REVENUE GOAL, A NET INCOME GOAL AND A MEMBERSHIP GOAL. EACH PARTICIPANT IN THE TARGET INCENTIVE PLAN HAS A MAXIMUM INCENTIVE THAT CAN BE EARNED REGARDLESS OF THE ATTAINMENT OF THE REVENUE, NET INCOME AND/OR MEMBERSHIP GOALS. THE MAXIMUM INCENTIVE OPPORTUNITY FOR EACH PARTICIPANT IS SET SO THAT THE PARTICIPANT'S TOTAL POSSIBLE COMPENSATION IS REASONABLE FOR PURPOSES OF INTERMEDIATE SANCTIONS, SECTION 4958 OF THE INTERNAL REVENUE CODE.

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 6 & 7	<p>COMPENSATION CONTINGENT ON NET EARNINGS NON-FIXED PAYMENTS THE COMPANY PROVIDES ANNUAL INCENTIVE BONUSES TO MANAGEMENT EMPLOYEES THAT ARE CALCULATED BASED ON THE PERFORMANCE OF THE COMPANY AND THE INDIVIDUAL EMPLOYEE THE PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENSATION PAID TO THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT WAS REASONABLE AS DESCRIBED IN SECTION 4958 THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS APPROVES THE OVERALL ANNUAL INCENTIVE BONUS POOL AND REVIEWS AND APPROVES COMPENSATION RELEVANT TO EXECUTIVE OFFICERS REPORTING TO THE COMPANY'S CEO THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS ON COMPENSATION MATTERS FOR THE COMPANY'S CEO THE BOARD OF DIRECTORS APPROVES THE COMPENSATION OF THE COMPANY'S CEO LONG-TERM INCENTIVE COMPENSATION THE FOLLOWING CATALYST INSTITUTE, INC AND DENTAQUEST, LLC EMPLOYEES PARTICIPATE IN THE DENTAQUEST, LLC LONG-TERM INCENTIVE COMPENSATION PLAN AND RECEIVED THE PAYMENTS LISTED BELOW DURING 2018 STEVEN J POLLOCK 986,428 JAMES E COLLINS 727,504 JEFFREY C BROWN 174,055 DAVID ABELMAN 497,828 GREGORY P WINN 173,944 ROBERT E LYNN 535,683 DENNIS J LEONARD 399,429 ALAN L MADISON 408,000 TODD R CRUSE 222,427 SHERYL L TRAYLOR 250,531 LONG-TERM INCENTIVE COMPENSATION PLAN PAYMENTS ARE BASED ON THE VALUATION OF THE COMPANY, DENTAQUEST, LLC, AND ARE PAID OUT OVER A FIVE YEAR PERIOD PAYMENTS ARE MADE ANNUALLY AND PARTICIPANTS RECEIVE PAYOUTS FOR ALL VESTED BALANCES THE ELIGIBLE LISTED EMPLOYEES OVER \$250,000 AS OF 12/31/2018 PARTICIPATE IN A 457(B) SUPPLEMENTAL RETIREMENT PLAN OF THOSE ELIGIBLE EMPLOYEES, NO ONE RECEIVED ANY PAYMENTS IN 2018</p>

Return Reference	Explanation
SCHEDULE J, PART II	COMPENSATION PAID BY RELATED ORGANIZATION SCHEDULE J, PART II INCLUDES INDIVIDUALS THAT ARE PAID BY DENTAQUEST, LLC, A RELATED ORGANIZATION, BUT PERFORM SERVICES FOR BOTH DENTAQUEST, LLC AND CATALYST INSTITUTE INC , THE FILING ORGANIZATION

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN B(II)	BONUS PAYMENTS COLUMN B (II) ON SCHEDULE J PART II INCLUDES BONUSES EARNED AND ACCRUED DURING 2017 BUT PAID IN 2018

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN B(III) COLUMN B(III)	OTHER REPORTABLE COMPENSATION REPRESENTS LONG-TERM INCENTIVE COMPENSATION EXPENSE EARNED PRIOR TO 2018 BUT PAID DURING 2018

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN C	DEFERRED COMPENSATION COLUMN C ON SCHEDULE J PART II INCLUDES LONG-TERM INCENTIVE COMPENSATION AND PENSION AMOUNTS EARNED DURING 2018 BUT PAID IN FUTURE YEARS



Additional Data

Software ID:  
Software Version:  
EIN: 38-4016550  
Name: Catalyst Institute Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEVEN J POLLOCK PRESIDENT & Director	(i)	0	0	0	0	0	0	0
	(ii)	824,264	631,918	986,428	1,416,746	2,342	3,861,698	986,428
JAMES E COLLINS TREASURER [1/1/18-4/1/18]	(i)	0	0	0	0	0	0	0
	(ii)	282,158	442,972	727,504	711,496	0	2,164,130	727,504
JEFFREY C BROWN TREASURER [4/1/18-12/31/18]	(i)	0	0	0	0	0	0	0
	(ii)	354,215	49,082	174,055	15,533	2,060	594,945	174,055
DAVID ABELMAN CLERK	(i)	0	0	0	0	0	0	0
	(ii)	406,197	203,832	497,828	648,983	2,342	1,759,182	497,828
GREGORY P WINN ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	231,978	50,545	173,944	35,179	2,057	493,703	173,944
ROBERT E LYNN EVP - CHIEF SALES & RETENT DQ	(i)	0	0	0	0	0	0	0
	(ii)	380,943	178,582	535,683	703,231	2,383	1,800,822	535,683
DENNIS J LEONARD PRESIDENT - DELTA DENTAL	(i)	0	0	0	0	0	0	0
	(ii)	314,239	125,950	399,429	408,682	2,020	1,250,320	399,429
ALAN L MADISON EVP - CHIEF OPER OFFICER DQ	(i)	0	0	0	0	0	0	0
	(ii)	423,669	65,133	408,000	273,524	2,145	1,172,471	408,000
TODD R CRUSE EVP-PUBLIC AFFAIRS/CARE DELIV	(i)	0	0	0	0	0	0	0
	(ii)	361,990	147,238	222,427	368,563	2,353	1,102,571	222,427
SHERYL L TRAYLOR EVP - HUMAN RESOURCES DQ	(i)	0	0	0	0	0	0	0
	(ii)	301,499	138,804	250,531	30,609	1,664	723,107	250,531
ALISON G CORCORAN EVP - CHIEF MARKETING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	354,043	153,538	65,833	41,497	2,312	617,223	65,833



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
Catalyst Institute Inc**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public  
Inspection****Employer identification number**

38-4016550

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 2	BUSINESS RELATIONSHIPS STEVEN J POLLOCK, JEFFREY C BROWN, DAVID ABELMAN, GREGORY P WINN, PAMELA D A REEVE, DR ANDREW AGWUNOBI, COLLEEN D BALDWIN, KATHLEEN V BETTS, CASWELL A EVANS JR , THOMAS J GALLIGAN III, LINDA J HALL, DONALD J KENNEY, RODERICK K KING, TODD W MARSHALL, EVELYN H MILLER, MARY V KAPLAN AND ROBERT J WEYANT HAVE A BUSINESS RELATIONSHIP SINCE THEY JOINTLY SERVE AS OFFICERS OR DIRECTORS OF THE ORGANIZATION AND ONE OR MORE OF ITS SUBSIDIARIES

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 3	DELEGATE CONTROL OVER MANAGEMENT DUTIES THE COMPANY HIRES DENTAQUEST, LLC (A RELATED PARTY) TO PROVIDE MANAGEMENT SERVICES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	REVIEW PROCESS THE AUDIT COMMITTEE, A COMMITTEE OF THE CATALYST BOARD OF DIRECTORS, REVIEWS A FINAL FORM OF THE FORM 990 PRIOR TO ACTUAL FILING MEMBERS OF THE EXTERNAL TAX FIRM (CURRENTLY ERNST & YOUNG U S , LLP) INITIALLY DISCUSS, PREPARE AND REVIEW THE RETURN WITH MANAGEMENT MANAGEMENT AND STAFF REVIEW THE 990 FOR ACCURACY AND COMPLETENESS AND PROVIDE COMMENTS TO THE PREPARER ONCE THE RETURN IS FULLY ANALYZED AND PREPARED, A COPY IS DISTRIBUTED TO THE AUDIT COMMITTEE MEMBERS IN ADVANCE OF A SPECIFIC MEETING AUDIT COMMITTEE MEMBERS REVIEW THE DRAFT FORM 990 AND THEN SEND TO THE FULL BOARD A COPY OF THE FINAL FORM 990 IS SENT TO THE FULL BOARD AND OFFICERS BEFORE IT IS FILED

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	<p>CONFLICTS OF INTEREST MONITORING THE ORGANIZATION'S CONFLICT OF INTEREST POLICY PROVIDES THAT ANNUALLY, EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL SIGN A QUESTIONNAIRE AFFIRMING THAT SUCH PERSON RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY AND AGREES TO COMPLY WITH THE POLICY. ADDITIONALLY, THE SIGNED QUESTIONNAIRE AFFIRMS THAT THE PERSON UNDERSTANDS DENTAL SERVICE OF MASSACHUSETTS, INC. IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, DENTAL SERVICE OF MASSACHUSETTS MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. ENFORCEMENT IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A BOARD OR COMMITTEE MEMBER ("MEMBER") HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. WHO IS COVERED? THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBERS OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS. LEVEL OF DETERMINATION AND REVIEW OF CONFLICTS IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS. CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT, AFTER PRESENTATION OF A POTENTIAL TRANSACTION OR ARRANGEMENT IS MADE BY AN INTERESTED PERSON, THE REMAINING DISINTERESTED BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE TRANSACTION OR ARRANGEMENT. IN QUESTION AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE IF CATALYST INSITUTE, INC. CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, THE GOVERNING BOARD OR COMMITTEE SHALL MAKE ITS DECISION AS TO WHETHER</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	TO ENTER INTO THE TRANSACTION OR ARRANGEMENT RESTRICTIONS PLACED ON CONFLICTED PERSONS IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTION 15A & B	<p>COMPENSATION POLICY THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT IS MODELED AFTER THE REQUIREMENTS IN THE INTERNAL REVENUE CODE SECTION 4958 TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLE COMPENSATION COMPENSATION IS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE ("THE COMMITTEE") OF THE BOARD, WHICH IS COMPRISED OF INDEPENDENT PERSONS, ON AN ANNUAL BASIS THE COMMITTEE ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT, WHICH PRESENTED TO THE COMMITTEE COMPARABLE MARKET DATA FROM PUBLISHED SURVEYS AND FORMS 990 OF COMPARABLE ORGANIZATIONS TO ASSIST IN EVALUATING THE COMPENSATION FOR EACH INDIVIDUAL THE COMMITTEE CONDUCTED A REVIEW OF THIS COMPARABILITY DATA AND DOCUMENTED ITS DELIBERATIONS AND DISCUSSIONS IN MINUTES THAT ARE RETAINED WITH OTHER GOVERNANCE RECORDS OF THE ORGANIZATION THE COMMITTEE FOLLOWED THE PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENSATION PAID TO THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT WAS REASONABLE FOR PURPOSES OF SECTION 4958 BY RELYING ON PROFESSIONAL ADVICE IN A WRITTEN OPINION OF REASONABLENESS FROM INDEPENDENT COMPENSATION CONSULTANT THE COMMITTEE INFORMS THE BOARD OF ITS DECISIONS AT THE NEXT BOARD MEETING THIS PROCESS WAS LAST COMPLETED IN FEBRUARY 2018</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 19	PUBLIC DISCLOSURE WE FILE A MASSACHUSETTS FORM PC WITH AN ATTACHED FORM 990 THE FORM PC IS FILED WITH THE ATTORNEY GENERAL'S OFFICE AND IS AVAILABLE FOR INSPECTION BY ANY OF THE INTERESTED PUBLIC THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BYLAWS ARE MADE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	other changes in net assets EQUITY IN SUBSIDIARIES 29,750,787 CHANGE IN VALUE (RETAINED EARNINGS) 641,748,506 capital contributions to related organizations (10,912,287) Total other changes in net assets 660,587,006



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION EXPERT ADVISORS & CONSULTANTS TOTAL FEES 1648464

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TRAINING CONSULTANTS TOTAL FEES 726865

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION AUDIT & LEGAL FEES TOTAL FEES 31575

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As Filed Data -

DLN: 93493318085329

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Catalyst Institute Inc

Employer identification number  
38-4016550

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)DENTAQUEST FOUNDATION INC 465 MEDFORD STREET  BOSTON, MA 02129 04-3265080	ORAL HTH IMPR	MA	501(c)(3)	N/A	CATALYST	Yes	
(2)DENTAQUEST INSTITUTE INC 2400 COMPUTER DRIVE  WESTBOROUGH, MA 01581 20-5312990	ORAL HTH IMPR	MA	501(c)(3)	12A	CATALYST	Yes	
(3)DENTAQUEST CARE GROUP INC 465 MEDFORD STREET  BOSTON, MA 02129 46-3674034	ORAL HTH IMPR	MA	501(c)(3)	12A	CATALYST	Yes	
(4)DNLT HTH PROGS INC DBA COMM DNLT CARE 465 MEDFORD STREET  BOSTON, MA 02129 75-1823660	ORAL HTH IMPR	TX	501(C)(3)	7	DQ CAREGROUP	Yes	
(5)SARRELL REGNL DNLT CTR FOR PUB HTHINC 230 E 10TH STREET NO 106  ANNISTON, AL 36207 20-0232609	ORAL HTH IMPR	AL	501(C)(3)	10	DQ CAREGROUP	Yes	
(6)COMMUNITY CARE OF KENTUCKY INC 101 S FIFTH STREET 3500 NATIONAL CI  LOUISVILLE, KY 40202 46-5159049	ORAL HTH IMPR	KY	501(C)(3)	7	DQ CAREGROUP	Yes	
(7)DENTAL SERVICES OF MASSACHUSETTS INC 465 Medford Street  BOSTON, MA 02129 04-6143185	ORAL HTH IMPR	MA	501(c)(4)	N/A	CATALYST	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> Advantage Community Holdings Company LLC 442 SW Umatilla Ave Redmond, OR 97756 20-8939962	CARE DELIVERY	OR	DQ Group					No				
<b>(2)</b> Advantage Harbor Qalibc Owners LLC 442 SW Umatilla Ave Redmond, OR 97756 46-3260263	CARE DELIVERY	OR	ADV CONTR LLC					No				
<b>(3)</b> ADVANTAGE HARBOR QALICB OWNERS 442 SW Umatilla Ave Redmond, OR 97756 46-3287102	Care Delivery	OR	ADV CONTR LLC					No				
<b>(4)</b> Advantage Qalibc-1 LLC 442 SW Umatilla Ave Redmond, OR 97756 46-2098412	CARE DELIVERY	OR	ADV CONTR LLC					No				

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DENTAQUEST CARE GROUP INC	B	8,700,000	FMV
(2) dentaqwest institute inc	b	250,000	fmv
(3) sarrell regnl dental center for pub hth inc	b	1,962,287	fmv

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation



Additional Data

Software ID:

Software Version:

EIN: 38-4016550

Name: Catalyst Institute Inc

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) ADVANTAGE DENTAL CLINICS LLC 442 SW Umatilla Ave Redmond, OR 97756 27-0364023	Care Delivery	OR			ACHC LLC
(1) Advantage Dental Support Group LLC 442 SW Umatilla Ave Redmond, OR 97756 26-0859755	Care Delivery	OR			ACHC LLC
(2) Advantage Member Benefits Co LLC 442 SW Umatilla Ave Redmond, OR 97756 27-4776115	Care Delivery	OR			ACHC LLC
(3) Advantage Consulting Services LLC 442 SW Umatilla Ave Redmond, OR 97756 26-3981408	Care Delivery	OR			ACHC LLC
(4) ADVANTAGE SUPPORT SERVICES LLC 442 SW Umatilla Ave Redmond, OR 97556 26-3981367	Care Delivery	OR			ACHC LLC
(5) Advantage Clinic Properties LLC 442 SW Umatilla Ave Redmond, OR 97756 27-0357326	Care Delivery	OR			ACHC LLC
(6) ADVANTAGE PROPERTY MANAGEMENT LLC 442 SW Umatilla Ave Redmond, OR 97756 57-1140840	Care Delivery	OR			ACHC LLC
(7) Advantage Dental Specialists LLC 442 SW Umatilla Ave Redmond, OR 97756 81-1185760	Care Delivery	OR			ADG PC
(8) Western Oregon Advance Health LLC 442 SW Umatilla Ave Redmond, OR 97756 46-4926946	Care Delivery	OR			ACHC LLC
(9) ADVANTAGE EQUIPMENT LEASING LLC 442 SW Umatilla Ave Redmond, OR 97756 80-0426323	Care Delivery	OR			ACHC LLC
(10) ADVANTAGE DENTAL SERVICES LLC 442 SW Umatilla Ave Redmond, OR 97756 93-1195386	Care Delivery	OR			ACHC LLC
(11) ADVANTAGE PROFESSIONAL MANAGEMENT LLC 442 SW Umatilla Ave Redmond, OR 97756 26-0207886	Care Delivery	OR			ACHC LLC
(12) DENTAQUEST OF ARIZONA LLC 465 MEDFORD STREET BOSTON, MA 02129 11-3692025	DENTAL SVCS	WI		-13,236,964	DQ Group
(13) DENTAQUEST OF GEORGIA LLC 465 MEDFORD STREET BOSTON, MA 02129 14-1885493	DENTAL SVCS	WI		481,094	DQ Group
(14) DENTAQUEST OF ILLINOIS LLC 465 MEDFORD STREET BOSTON, MA 02129 42-1529687	DENTAL SVCS	WI		-9,951,986	DQ Group
(15) DENTAQUEST OF KENTUCKY LLC 465 MEDFORD STREET BOSTON, MA 02129 14-1885490	DENTAL SVCS	WI		3,796,050	DQ Group
(16) DENTAQUEST OF MARYLAND LLC 465 MEDFORD STREET BOSTON, MA 02129 81-0567214	DENTAL SVCS	WI		-4,307,269	DQ Group
(17) DENTAQUEST OF MINNESOTA LLC 465 MEDFORD STREET BOSTON, MA 02129 56-2356445	DENTAL SVCS	WI		4,423,441	DQ Group
(18) DENTAQUEST OF NEW JERSEY LLC 465 MEDFORD STREET BOSTON, MA 02129 56-2356433	DENTAL SVCS	WI		585,846	DQ Group
(19) DENTAQUEST OF NEW MEXICO LLC 465 MEDFORD STREET BOSTON, MA 02129 14-1885481	DENTAL SVCS	WI		2,116,308	DQ Group

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
(21) DENTAQUEST IPA OF NEW YORK LLC 465 MEDFORD STREET BOSTON, MA 02129 81-0616910	DENTAL SVCS	WI		21,758,089	DQ Group
(1) DENTAQUEST OF NEW YORK LLC 465 MEDFORD STREET BOSTON, MA 02129 14-1885500	DENTAL SVCS	WI		-3,048,406	DQ Group
(2) DENTAQUEST OF TENNESSEE LLC 465 MEDFORD STREET BOSTON, MA 02129 35-2177954	DENTAL SVCS	WI		9,015,022	DQ Group
(3) DENTAQUEST ADMINISTRATIVE SERVICES LLC 465 MEDFORD STREET BOSTON, MA 02129 39-2041298	DENTAL SVCS	CA		274,455	DQ Group
(4) DENTAQUEST CARE GROUP MANAGEMENT LLC 465 MEDFORD STREET BOSTON, MA 02129 32-0487994	CARE DELIVERY	DE		135,155,282	DQ Group
(5) DENTAQUEST LLC 465 MEDFORD STREET BOSTON, MA 02129 20-0390099	DENTAL SVCS	DE		-19,491,536	DQ Group
(6) dental services llc 442 SW Umatilla Ave Ste 200 redmond, OR 97756 05-0572255	care delivery	OR			ACHC LLC
(7) access dental plan llc 442 SW Umatilla Ave Ste 200 redmond, OR 97756 26-0853107	care delivery	OR			ACHC LLC
(8) dentaquest institute llc 465 MEDFORD STREET boston, MA 02129 82-3649978	DENTAL SVCS	MA			catalyst
(9) dentaquest foundation llc 465 MEDFORD STREET boston, MA 02129 82-3645884	DENTAL SVCS	MA			catalyst

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) DENTAQUEST GROUP INC 465 MEDFORD STREET BOSTON, MA 02129 20-4056199	DENTAL SVCS	DE	CATALYST	C CORP	0	0	100 000 %	Yes	
(1) DSM MASSACHUSETTS INSURANCE COMPANYINC 465 MEDFORD STREET BOSTON, MA 02129 46-5661073	INSURANCE	MA	DSM INVESTMENTS	C CORP	460,380	10,552,473	100 000 %	Yes	
(2) DENTAQUEST USA INSURANCE COMPANY INC 465 MEDFORD STREET BOSTON, MA 02129 20-2970185	INSURANCE	TX	DQ Group	C CORP	8,786,114	4,983,312	100 000 %	Yes	
(3) DSM INVESTMENTS INC 465 MEDFORD STREET BOSTON, MA 02129 04-3428012	DENTAL SVCS	MA	DSM	C CORP	10	565,787	100 000 %	Yes	
(4) DENTAQUEST OF FLORIDA INC 465 MEDFORD STREET BOSTON, MA 02129 65-0743731	INSURANCE	FL	DQ Group	c corp	-4,892,470	1,000,008	100 000 %	Yes	
(5) DSM USA INSURANCE COMPANY INC 465 MEDFORD STREET BOSTON, MA 02129 59-0397210	INSURANCE	TX	DQ Group	c corp	1,875,111	8,996,604	100 000 %	Yes	
(6) CALIFORNIA DENTAL NETWORK INC 465 MEDFORD STREET BOSTON, MA 02129 93-0954061	INSURANCE	CA	DQ Group	c corp	523,921	2,404,581	100 000 %	Yes	
(7) PACIFIC DENTAL NETWORK INC 465 MEDFORD STREET BOSTON, MA 02129 33-0672992	DENTAL SVCS	CA	DQ Group	c corp	77,813	816,071	100 000 %	Yes	
(8) DSM INSURANCE SERVICES INC 465 MEDFORD STREET BOSTON, MA 02129 04-3172335	INSURANCE	MA	DSM INVESTMENTS	C CORP	-102,434	-448,823	100 000 %	Yes	
(9) DENTAQUEST ORAL HEALTH CENTER INC 465 MEDFORD STREET BOSTON, MA 02129 04-3434787	ORAL HTH CTR	MA	DSM INVESTMENTS	C CORP	207,831	601,905	100 000 %	Yes	
(10) COMMUNITY CARE OF NEW MEXICO INC 465 MEDFORD STREET BOSTON, MA 02129 47-1711799	ORAL HTH IMPR	NM	DQ CAREGROUP	c corp	0	0	100 000 %	Yes	
(11) Advantage Leveraged Lenders Inc 442 SW Umatilla Ave Redmond, OR 97756 46-2124368	Care Delivery	OR	DQ Group	C Corp	0	0	80 000 %	Yes	
(12) ADVANTAGE DENTAL GROUP PC 442 SW UMATILLA AVE REDMOND, OR 97756 80-0437099	CARE DELIVERY	OR	DQ Group	C CORP	0	0	80 000 %	Yes	
(13) ADVANTAGE DENTAL SERVICES LLC 442 SW UMATILLA AVE REDMOND, CA 97756 93-1156986	CARE DELIVERY	OR	DQ Group	C CORP	0	0	80 000 %	Yes	
(14) DENTAQUEST IMPACT INC 465 MEDFORD STREET BOSTON, MA 02129 83-2714016	ORAL HTH IMPR	DE	CATALYST	C CORP	0	0	100 000 %	Yes	