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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC
% GREGORY P WINN

A Employer identification number
04-3265080

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

Room/suite

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

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

C If exemption application is pending, check here ▶ ☐

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 10,307,559

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	2,033,696			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	269,961	269,961		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-20,822			
	b	Gross sales price for all assets on line 6a 10,000,000				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications			14,396	
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	2,282,835	269,961	14,396	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0			
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	1,197,653	12,605	0	1,185,048
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings	1,141,856			1,141,856
	22	Printing and publications				
	23	Other expenses (attach schedule)	11,215	0	0	15
	24	**Total operating and administrative expenses.** Add lines 13 through 23	2,350,724	12,605	0	2,326,919
	25	Contributions, gifts, grants paid	11,094,777			11,094,777
	26	**Total expenses and disbursements.** Add lines 24 and 25	13,445,501	12,605	0	13,421,696
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-11,162,666			
	b	**Net investment income** (if negative, enter -0-)		257,356		
	c	**Adjusted net income** (if negative, enter -0-)			14,396	

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

		Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	2,000,666	1,269,964	1,269,964
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)	18,507,858	9,037,595	9,037,595
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	20,508,524	10,307,559	10,307,559
Liabilities	17 Accounts payable and accrued expenses	0	0	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	8,076	16,221	
	23 **Total liabilities**(add lines 17 through 22)	8,076	16,221	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions	20,500,448	10,291,338	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances** (see instructions)	20,500,448	10,291,338	
	30 **Total liabilities and net assets/fund balances** (see instructions)	20,508,524	10,307,559	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	20,500,448
2	Enter amount from Part I, line 27a	2	-11,162,666
3	Other increases not included in line 2 (itemize) ▶	3	953,556
4	Add lines 1, 2, and 3	4	10,291,338
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	10,291,338

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	10,000,000		10,020,822	-20,822
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				-20,822
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	-20,822
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	16,136,037	26,346,365	0.612458
2017	20,156,382	44,432,831	0.453637
2016	21,513,488	62,944,284	0.341786
2015	17,450,612	72,264,810	0.241481
2014	16,457,364	82,155,924	0.200319

2	**Total** of line 1, column (d)	2	1.849681
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.369936
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	12,995,294
5	Multiply line 4 by line 3	5	4,807,427
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2,574
7	Add lines 5 and 6	7	4,810,001
8	Enter qualifying distributions from Part XII, line 4	8	13,421,696

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	2,574
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	2,574
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	2,574
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 4,410		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d.	7	4,410
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	1,836
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 1,836 **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5	Yes	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

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

Website address ▶ WWW.DENTAQUESTPARTNERSHIP.ORG

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

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

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

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☑ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☑ Yes	☐ No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☑ No	
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes	☑ No	
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?	☐ Yes	☑ No	
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☑ No	
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☑ Yes ☐ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	Yes	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☑ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

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

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

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances

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

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
Marianne Hughes 52 Waldeck Street DORCHESTER, MA 02124	Consulting Services	75,600
Albert Yee 5 Fairway Drive WEST NEWTON, MA 02465	Oral Health 2020 Gra	57,437
Ohio Association of Community Health Ctr 4150 Indianaola Ave COLUMBUS, OH 43214	Consulting Services	50,000
Oregon Primary Care Association 310 SW 4th Avenue Suite 200 PORTLAND, OR 97204	Consulting Services	50,000
American Academy of Pediatrics 3836 Quakerbridge Road Suite 106 HAMILTON, NJ 08619	Consulting Services	49,200
Total number of others receiving over $50,000 for professional services. ▶		

Part IX-A **Summary of Direct Charitable Activities**

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	11,302,986
b	Average of monthly cash balances	1b	1,890,206
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	13,193,192
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	13,193,192
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	197,898
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,995,294
6	**Minimum investment return.** Enter 5% of line 5	6	649,765

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	649,765
2a	Tax on investment income for 2019 from Part VI, line 5	2a	2,574		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	2,574
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	647,191
4	Recoveries of amounts treated as qualifying distributions			4	14,396
5	Add lines 3 and 4			5	661,587
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	661,587

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	13,421,696
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	13,421,696
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	2,574
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	13,419,122

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				661,587
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only				
b Total for prior years: 2017 , 2016 , 2015				
3 Excess distributions carryover, if any, to 2019:				
a From 2014 12,414,647				
b From 2015 13,919,806				
c From 2016 18,316,399				
d From 2017 17,967,009				
e From 2018 14,611,970				
f **Total** of lines 3a through e	77,229,831			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 13,421,696				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2019 distributable amount				661,587
e Remaining amount distributed out of corpus	12,760,109			
5 Excess distributions carryover applied to 2019. *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	89,989,940			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount —see instructions				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	12,414,647			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	77,575,293			
10 Analysis of line 9:				
a Excess from 2015 13,919,806				
b Excess from 2016 18,316,399				
c Excess from 2017 17,967,009				
d Excess from 2018 14,611,970				
e Excess from 2019 12,760,109				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

Trena Simpson
465 Meford Street
Boston, MA 02129
(617) 886-1700
TRENAE . SIMPSON@DENTAQUESTFOUNDATION.ORG

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

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

c Any submission deadlines:

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

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

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

Part XV **Supplementary Information** (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* 2019 Grants See attachment See Attachment various, NC 27823			General	11,094,977
Total . . . . . ▶ **3a**				11,094,977
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	269,961	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-20,822	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e).				249,139	
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	249,139

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

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

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

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

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

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship
CATAYST INSTITUTE I	501(C)(4)	SEE ATTCHMENT

Sign Here

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

******	2020-11-12	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ **Yes** ☐ **No**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
MICHAEL R SALES				P01770943
Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
Firm's address ▶ 99 WOOD AVENUE SOUTH ISELIN, NJ 08830				Phone no. (732) 516-4200

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
DR MYECHIA MINTER-JORDAN 465 MEDFORD STREET BOSTON, MA 02129	PRESIDENT (10/2/19 - 12/31/19) 10.0	0	0	0
ALISON G CORCORAN 465 MEDFORD STREET BOSTON, MA 02129	PRESIDENT (1/1/19 - 10/2/19) 10.0	0	0	0
GREGORY P WINN 465 MEDFORD STREET BOSTON, MA 02129	TREASURER 1.0	0	0	0
JAMES P HAWKINS 465 MEDFORD STREET BOSTON, MA 02129	CLERK 1.0	0	0	0
CASWELL A EVANS JR 465 MEDFORD STREET BOSTON, MA 02129	CHAIRMAN/DIR (1/1/19 - 6/6/19) 1.0	0	0	0
KATHLEEN V BETTS 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.0	0	0	0
MARY V KAPLAN 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR (1/1/19 - 6/6/19) 1.0	0	0	0
ROBERT J WEYANT DMD 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.0	0	0	0

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Depreciation Schedule

Name: DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC

EIN: 04-3265080

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TY 2019 Investments Corporate Bonds Schedule

Name: DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC

EIN: 04-3265080

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BAIRD SHORT TERM BOND	9,037,595	9,037,595

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TY 2019 LiquidationExplanationStmt

Name: DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC

EIN: 04-3265080

Statement: THE FOUNDATION'S PRINCIPAL PURPOSE IS TO AWARD GRANTS TO FURTHER ITS CHARITABLE MISSION. EACH YEAR THE FOUNDATION EXPENDS A LARGE PORTION OF ITS ASSETS IN CONJUNCTION WITH ITS GRANTMAKING PROGRAM, AND IN DOING SO, THE FOUNDATION CREATED A SUBSTANTIAL CONTRACTION IN ITS ASSETS FOR THE TAX YEAR ENDING DECEMBER 31, 2019.

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TY 2019 Other Expenses Schedule

Name: DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC

EIN: 04-3265080

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS CORP EXPENSE	11,215	0	0	15

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TY 2019 Other Increases Schedule

Name: DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC

EIN: 04-3265080

Description	Amount
UNREALIZED GAINS	904,572
RECOVERY OF PRIOR YEAR DISTRIBUTIONS	14,396
PRIOR PERIOD ADJUSTMENT	34,588

TY 2019 Other Liabilities Schedule

Name: DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC

EIN: 04-3265080

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE FROM AFFILIATE	8,076	16,221

TY 2019 Other Professional Fees Schedule

Name: DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC

EIN: 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CHARITABLE CONSULTANTS	1,185,048	0	0	1,185,048
INVESTMENT MANAGEMENT FEES	12,605	12,605	0	0

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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization
DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC

Employer identification number
04-3265080

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization	Employer identification number
DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC	04-3265080

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	catalyst institute inc 465 Medford Street Boston, MA 02129	$ 2,032,696	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC

Employer identification number
04-3265080

Part II **Noncash Property**

(see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization	Employer identification number
DENTAQUEST PARTNERSHIP FOR ORAL HEALTH ADVANCEMENT INC	04-3265080

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

DENTAQUEST PARTNERSHIP FOR ORAL HEALTH 04-3265080

GRANTEE'S NAME

ARCORA FOUNDATION

GRANTEE'S ADDRESS

400 FAIRVIEW AVE N
SUITE 800
SEATTLE, WA 98109

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
200,000.	JUNE 2019	200,000.

PURPOSE OF GRANT

SUPPORT NATIONAL INTERPROFESSIONAL INITIATIVE ON ORAL HEALTH.

DATES OF REPORTS BY GRANTEE

10/11/2019

RESULTS OF VERIFICATION

TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED UPON REPORTS FURNISHED BY THE GRANT RECIPIENT, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE.

DENTAQUEST PARTNERSHIP FOR ORAL HEALTH 04-3265080

GRANTEE'S NAME

AMERICAN DENTAL ASSOCIATION

GRANTEE'S ADDRESS

211 E. CHICAGO AVE
CHICAGO, ILLINOIS
60611

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
20,000.	JANUARY 2019	20,000.

PURPOSE OF GRANT

To provide program support for Navajo and Chickasaw Nation Community Dental Health Coordinator infrastructure. This included travel for presentation purposes to Oklahoma and New Mexico to meet with tribal leaders and health center staff to discuss the timing of the program offering.

Supplies were purchased for the Navajo Community Health Representatives to use in their outreach work. The focus of these supplies were for children and their mothers to enhance preventive measures to reduce dental disease in this population. Statistics continue to show that Native American children have the highest levels of dental decay in the country.

Some funds were utilized in student support for the Rio Salado Community Dental Health Coordinator program regarding tuition and supply expenses for several internship projects. The students centered their activities on the reduction of barriers to dental care as well as health equity considerations.

DATES OF REPORTS BY GRANTEE

VARIOUS

RESULTS OF VERIFICATION

TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED UPON REPORTS FURNISHED BY THE GRANT RECIPIENT, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE.

DENTAQUEST PARTNERSHIP FOR ORAL HEALTH 04-3265080

GRANTEE'S NAME

MONTANA PRIMARY CARE ASSOCIATION

GRANTEE'S ADDRESS

1805 EUCLID AVENUE
HELENA, MT 59601

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
9,800.	06/13/19	9,800.

PURPOSE OF GRANT

Support MPCA oral health work and participation in NOHIIN. Areas of focus for the Montana PCA are supporting our health centers' work related to oral health integration, teledentistry, and addressing workforce challenges. Oral health integration is priority, and NOHIIN helps and supports this priority by providing us with opportunities to network with peers and learn from other states, participate in learning activities focused on best-practices and current topics, and access resources that will help push us forward.

DATES OF REPORTS BY GRANTEE

10/15/19

RESULTS OF VERIFICATION

TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED UPON REPORTS FURNISHED BY THE GRANT RECIPIENT, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE.

DENTAQUEST PARTNERSHIP FOR ORAL HEALTH 04-3265080

GRANTEE'S NAME

Association of State and Territorial Dental Directors

GRANTEE'S ADDRESS

3858 Cashill Blvd.
Reno, NV 89509

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
42,000.	VARIOUS	42,000.

PURPOSE OF GRANT

Participation on the National Oral Health Connection Team.

DATES OF REPORTS BY GRANTEE

VARIOUS

RESULTS OF VERIFICATION

TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED UPON REPORTS FURNISHED BY THE GRANT RECIPIENT, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE.

DENTAQUEST PARTNERSHIP FOR ORAL HEALTH 04-3265080

GRANTEE'S NAME

Utah Dental Hygienists' Association

GRANTEE'S ADDRESS

PO Box 571406
Murray, UT 84157

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED
5,400.	06/19/2019	5,400.

PURPOSE OF GRANT

Regional Oral Health Connection Team.

DATES OF REPORTS BY GRANTEE

10/16/2019

RESULTS OF VERIFICATION

TO THE KNOWLEDGE OF THE FOUNDATION, AND BASED UPON REPORTS FURNISHED BY THE GRANT RECIPIENT, NO PART HAS BEEN USED FOR OTHER THAN ITS INTENDED PURPOSE.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

Name	Address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
A Better Chance A Better Community	362 Williams Scott Road Enfield, NC 27823	NONE	PC	To Improve Oral Health	$ 2,900
ACHIEVA	711 Bingham Street Pittsburgh, PA 15203	NONE	PC	To Improve Oral Health	$ 70,800
Advocates Building Lasting Equality in NH	2 1/2 Beacon Street Ste 10 Concord, NH 03301	NONE	PC	To Improve Oral Health	$ 2,900
Alaska Primary Care Association	1231 GAMBELL ST. SUITE 200 ANCHORAGE, AK 99501	NONE	PC	To Improve Oral Health	$ 50,000
American Academy of Cariology	208 S. LASALLE STREET CHICAGO, IL 60604	NONE	PC	To Improve Oral Health	$ 30,000
American Academy of Pediatrics	50 MILLSTONE ROAD, BLDG 200 SUITE 130 EAST WINDSOR, NJ 08520	NONE	PC	To Improve Oral Health	$ 182,911
American Dental Association	211 E CHICAGO AVE CHICAGO, IL 60611	NONE	NC	To Improve Oral Health	$ 10,400
American Network of Oral Health Coalitions	800 SW JACKSON, SUITE 1120 TOPEKA, KS 66612	NONE	PC	To Improve Oral Health	$ 231,300
AppleTree Dental	8960 SPRINGBROOK DRIVE NW MINNEAPOLIS, MN 5543	NONE	PC	To Improve Oral Health	$ 5,400
Arcora Foundation	400 FAIRVIEW AVE N SEATTLE, WA 98109	NONE	NC	To Improve Oral Health	$ 200,000
Arizona Alliance for Community Health Centers	700 EAST JEFFERSON STREET PHOENIX, AZ 85034	NONE	PC	To Improve Oral Health	$ 50,059
Arizona Oral Health Coalition	2929 N Central Ave Ste 1550 Phoenix, AZ 85012	NONE	PC	To Improve Oral Health	$ 60,000
Asian American Advancing Justice, Los Angeles	1145 WILSHIRE BLVD 2ND FLOOR LOS ANGELES, CA 90017	NONE	PC	To Improve Oral Health	$ 84,100
Asian Pacific Community in Action	326 E CORONADO ROAD PHOENIX, AZ 85 00 4	NONE	PC	To Improve Oral Health	$ 81,200
Association of State & Territorial Dental	3858 CASHILL BLVD. RENO, NV 89509	NONE	NC	To Improve Oral Health	$ 20,800
Berks County Community Foundation	237 COURT ST READING, PA 19601	NONE	PC	To Improve Oral Health	$ 70,800
Bi-State Primary Care Association	525 CLINTON STREET BOW, NH 03304	NONE	PC	To Improve Oral Health	$ 50,000
BOHMAC	40 Court Street 10th Floor Boston, MA 02108	NONE	PC	To Improve Oral Health	$ 5,400
Boston Public Health Commission	1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	NONE	GOV	To Improve Oral Health	$ 850
Boston University School of Dental Medicine	881 Commonwealth Ave Boston, MA 02215	NONE	PC	To Improve Oral Health	$ 500
CA State University Fresno (Central Valley)	490 NORTH CHESTNUT AVE. FRESNO, CA 93726	NONE	PC	To Improve Oral Health	$ 2,900
California Pan-Ethnic Health Network	1221 PRESERVATION PARK WAY STE 200 OAKLAND, CA 94612	NONE	PC	To Improve Oral Health	$ 231,200
California Primary Care Association	1231 I STREET, 4TH FLOOR SACRAMENTO, CA 95814	NONE	PC	To Improve Oral Health	$ 55,400
Cambridge Health Aliance	1493 Cambridge Street Cambridge, MA 02139	NONE	PC	To Improve Oral Health	$ 10,000
Catalyst Miami	1900 BISCAYNE BLVD MIAMI , FL 33 132	NONE	PC	To Improve Oral Health	$ 81,200
Center for Medicare Advocacy	1025 Conneticut AVE NW Washington, DC 20036	NONE	PC	To Improve Oral Health	$ 60,000
Central Arizona Dental Society Foundation	1826 w. MCDOWELL RD. PHOENIX, AZ 85007	NONE	PC	To Improve Oral Health	$ 10,000
Central Valley Health Policy Institute/California State University Fresno Foundation	490 NORTH CHESTNUT AVE. FRESNO, CA 93726	NONE	PC	To Improve Oral Health	$ 70,800

Name	Address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Child Health Advocacy Institute	111 Michigan Ave NW Washington, DC 20010	NONE	PC	To Improve Oral Health	$ 2,900
Children Now	1404 FRANKLIN STREET, SUITE 700 OAKLAND, CA 94612	NONE	PC	To Improve Oral Health	$ 169,600
Children's Action Alliance	4001 N 3RD ST STE 160 PHOENIX, AZ 85012	NONE	PC	To Improve Oral Health	$ 70,800
Children's Dental Health Project	1020 19TH STREET NW, SUITE 400 WASHINGTON, DC 20036	NONE	PC	To Improve Oral Health	$ 480,800
Children's Health Alliance of Wisconsin - Wisconsin Oral Health Coalition	6737 W WASHINGTON ST WEST ALLIS, WI 53214	NONE	PC	To Improve Oral Health	$ 8,300
Coalition of Texans with Disabilities	1716 SAN ANTONIO ST . AUSTIN , TX 78701	NONE	PC	To Improve Oral Health	$ 65,800
Colorado Community Health Network	600 GRANT ST STE 800 DENVER , co 80203	NONE	PC	To Improve Oral Health	$ 9,800
Colorado Mission of Mercy	712 NINTH STREET PENROSE, co 81420	NONE	PC	To Improve Oral Health	$ 10,000
Community Care Network of Kansas (fka Kansas Association for the Medically Underserved)	1129 S Kansas Ave STE B Topeka, KS 66612	NONE	PC	To Improve Oral Health	$ 10,400
Community Catalyst	ONE FEDERAL STREET BOSTON, MA 02110	NONE	PC	To Improve Oral Health	$ 310,000
Community Health Center Association of Connecticut	1484 HIGHLAND AVENUE, SUITE 2 CHESHIRE, CT 06410	NONE	PC	To Improve Oral Health	$ 9,800
Community Healthcare Association of the Dakotas (CHAD)	300 S. PHILLIPS AVENUE SIOUX FALLS, SD 57104	NONE	PC	To Improve Oral Health	$ 9,800
Community Servings	18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	NONE	PC	To Improve Oral Health	$ 105,000
Critical learning Systems	5548 CRAFTWOOD DR CANE RIDGE, TN 37013	NONE	PC	To Improve Oral Health	$ 106,200
Connecticut Oral Health Initiative	175 MAIN ST HARTFORD, CT 06106	NONE	PC	To Improve Oral Health	$ 5,400
Disability Healthcare Initiative c/o ACHIEVA	711 Bingham Street Pittsburgh, PA 15203	NONE	PC	To Improve Oral Health	$ 10,400
Families USA	1201 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005	NONE	PC	To Improve Oral Health	$ 1,010,000
Family First Health	116 SOUTH GEORGE ST YORK, PA 17401	NONE	PC	To Improve Oral Health	$ 5,400
Family Health Centers of San Diego	823 Gateway Center Way San Diego, 92102	NONE	PC	To Improve Oral Health	$ 4,168
Florida Association of Community Health Centers (FACHC)	2340 HANSEN LANE TALLAHASSEE, FL 32301	NONE	PC	To Improve Oral Health	$ 9,800
Florida Dental Association Foundation	1111 EAST TENNESSEE STREET TALLAHASSEE, FL 32308	NONE	PC	To Improve Oral Health	$ 10,000
Florida Institute for Health Innovation	2701 N. AUSTRALIAN AVENUE, SUITE 204 WEST PALM BEACH, FL 33407	NONE	PC	To Improve Oral Health	$ 40,800
Florida Public Health Assn. Foundation	14646 NW 151st Blvd. Alchua FL 32616	NONE	PC	To Improve Oral Health	$ 40,000
Florida Voices for Health	12978 SW 44th Street Miramar, FL 33027	NONE	PC	To Improve Oral Health	$ 70,800
Forsyth Institute	254 FIRST STREET CAMBRIDGE, MA 02142	NONE	PC	To Improve Oral Health	$ 150,000
Foundation for Health Leadership and Innovation	2401 WESTON PKWY STE 203 CARY, NC 27513	NONE	PC	To Improve Oral Health	$ 5,400
Foundation for Healthy Communities	125 AIRPORT ROAD CONCORD, NH 03301	NONE	PC	To Improve Oral Health	$ (1,916)
Future Smiles	3074 ARVILLE STREET LAS VEGAS, NV 89102	NONE	PC	To Improve Oral Health	$ 2,900
Georgia Association for Primary Health Care	315 WEST PONCE DE LEON AVENUE - SUITE 1000 DECATUR, GA 30030	NONE	PC	To Improve Oral Health	$ 50,000
Harrison County Board of Education	408 EB SAUNDERS WAY CLARKSBURG , WV 263 01	NONE	GOV	To Improve Oral Health	$ 2,900

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Harvard School of Dental Medicine	188 LONGWOOD AVENUE BOSTON, MA 02115	NONE	PC	To Improve Oral Health	$ 244,193
Hawaii Children's Action Network	850 RICHARDS STREET ll201 HONOLULU, HI 96813	NONE	PC	To Improve Oral Health	$ 95,700
Hawaii Public Health Institute	850 RICHARDS STREET HONOLULU, HI 96813	NONE	PC	To Improve Oral Health	$ 45,800
Hawaii State Department of Health	850 RICHARDS STREET HONOLULU, HI 96813	NONE	PC	To Improve Oral Health	$ 5,400
Health Care for All	ONE FEDERAL STREET BOSTON, MA 02110	NONE	PC	To Improve Oral Health	$ 2,900
Health Center Association of Nebraska	3929 s 147TH ST STE 100A OMAHA, NE 68144	NONE	PC	To Improve Oral Health	$ 9,800
Health Net of West Michigan	620 CENTURY AVE SW STE 210 GRAND RAPIDS, MI 49503	NONE	PC	To Improve Oral Health	$ 70,800
HealthLink Dental Clinic	1775 Street Road Southampton, PA 18966	NONE	PC	To Improve Oral Health	$ 2,491
Idaho Primary Care Association	1087 W RIVER ST STE 160 BOISE, ID 83702	NONE	PC	To Improve Oral Health	$ 9,800
Illinois Department of Public Health (aka The Oral Health Forum aka Heartland Alliance)	1015 W Lawrence Ave. 2nd Floor Chicago, IL 60640	NONE	PC	To Improve Oral Health	$ 12,900
Illinois Primary Health Care Association	500 NORTH NINTH STREET SPRINGFIELD, IL 62701	NONE	PC	To Improve Oral Health	$ 50,000
Indiana Primary Health Care Association	429 N. PENNSYLVANIA ST INDIANAPOLIS, IN 46204	NONE	PC	To Improve Oral Health	$ 9,800
International Refugee Center of Northern Colorado	3001 8th Ave Evans, CO 80620	NONE	PC	To Improve Oral Health	$ 2,900
Iowa Primary Care Association	9943 HICKMAN ROAD, SUITE 103 URBANDALE, IA 50322	NONE	PC	To Improve Oral Health	$ 50,000
Justice in Aging	1444 EYE ST. N.W. WASHINGTON, DC 20005	NONE	PC	To Improve Oral Health	$ 65,800
Kansas Advocates for Better Care	915 TENNESSEE LAWRENCE, KS 66044	NONE	PC	To Improve Oral Health	$ 2,900
Kansas Association for the Medically Underserved	11 29 S KANSAS AVE STE B TOPEKA, KS 666 12	NONE	PC	To Improve Oral Health	$ 50,000
Kentucky Primary Care Association	P.O. BOX 751 FRANKFORT , KY 40 6 02	NONE	PC	To Improve Oral Health	$ 9,800
Kentucky Youth Advocates	11001 BLUEGRASS PARKWAY, SUITE 100 LOUISVILLE, KY 40299	NONE	PC	To Improve Oral Health	$ 21,200
Kentucky Youth Advocates	11001 Bluegrass Parkway Suite 100 Louisville, KY 40299	NONE	PC	To Improve Oral Health	$ 60,800
LA Trust- NeST	333 S BEAUDRY AVE 29TH FLOOR LOS ANGELES, CA 90017	NONE	PC	To Improve Oral Health	$ 111,226
Latino Coalition for a Healthy California/TIDES	1225 8th Street Suite 375 Sacramento, CA 94203	NONE	PC	To Improve Oral Health	$ 70,800
Lee County Health Department	2218 AVE H FORT MADISON, IA 52627	NONE	GOV	To Improve Oral Health	$ 2,900
LENOWISCO Planning District Commission	372 TECHNOLOGY TRAIL LN DUFFIELD, VA 24244	NONE	GOV	To Improve Oral Health	$ 70,800
Light of the World Charities	1300 East 10th Street STE B Stuart, FL 34996	NONE	PC	To Improve Oral Health	$ 5,790
Excelth Inc	1111 NEWTON ST. STE 207 NEW ORLEANS, LA 70114	NONE	PC	To Improve Oral Health	$ 2,900
Louisiana Primary Care Association	503 COLONIAL DRIVE BATON ROUGE, LA 70806	NONE	PC	To Improve Oral Health	$ 9,800
Maine Equal Justice Partners	126 SEWALL STREET AUGUSTA, ME 04330	NONE	PC	To Improve Oral Health	$ 2,900
Maine Oral Health Coalition	11 Parkwood Drive Augusta, ME 04330	NONE	PC	To Improve Oral Health	$ 5,400
Maine Primary Care Association	73 WINTHROP STREET AUGUSTA, ME 04330	NONE	PC	To Improve Oral Health	$ 9,800

Name	Address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Marshall Univeristy	ONE JOHN MARSHALL DR. HUNTINGTON, WV 25755	NONE	PC	To Improve Oral Health	$ 97,800
Maryland Dental Action Coalition	10015 OLD COLUMBIA ROAD, SUITE B-215 COLUMBIA, MD 21046	NONE	PC	To Improve Oral Health	$ 233,564
Maryland Department of Health & Mental Hygiene	201 WEST PRESTON STREET , 3RD FLOOR BALTIMORE , MD 21 201	NONE	GOV	To Improve Oral Health	$ 5,400
Massachusetts League of Community Health Centers	40 COURT STREET , 10TH FLOOR BOSTON, MA 02 1 08	NONE	PC	To Improve Oral Health	$ 70,800
Medicaid|Medicare|CHIP Service Dental Association (MSDA)	2 GROVE STREET SANDWICH, MA 02563	NONE	PC	To Improve Oral Health	$ 89,090
Medical University of South Carolina	173 ASHLEY AVENUE CHARLESTON, SC 29209	NONE	PC	To Improve Oral Health	$ 5,400
Memphis Dental Society Charitable Fund	2000 APPLING ROAD CORDOVA, TN 38016	NONE	PC	To Improve Oral Health	$ 5,000
Michigan Oral Health Coalition	7215 WESTSHIRE DRIVE LANSING, MI 48917	NONE	PC	To Improve Oral Health	$ 219,100
Michigan Primary Care Association	7215 WESTSHIRE DR LANSING, MI 48917	NONE	PC	To Improve Oral Health	$ 50,000
Mid-Atlantic Association of Community Health Centers	4319 FORBES BLVD . LANHAM, MD 20706	NONE	PC	To Improve Oral Health	$ 9,800
Mississippi Dental Association Foundation	439 B Katherine Drive Flowood, Mississippi 39232	NONE	PC	To Improve Oral Health	$ 5,000
Mississippi Oral Health Community Alliance	P O BOX 11504 JACKSON, MS 39283	NONE	PC	To Improve Oral Health	$ 2,900
Mississippi Primary Health Care Association	6400 LAKEOVER RD STE A JACKSON, MS 39213	NONE	PC	To Improve Oral Health	$ 50,000
Mississippi State Department of Health	P O Bpx 11504 Jackson, Mississippi 39283	NONE	GOV	To Improve Oral Health	$ 5,400
Missouri Coalition for Oral Health	213 ADAMS STREET JEFFERSON CITY, MO 65101	NONE	PC	To Improve Oral Health	$ 79,100
Missouri Primary Care Association	3325 EMERALD LN JEFFERSON CTY, MO 65109	NONE	PC	To Improve Oral Health	$ 745
Montana Primary Care Association	1805 EUCLID AVE HELENA, MT 59601	NONE	NC	To Improve Oral Health	$ 9,800
NASHP	Two Monument Square Portland, ME 04101	NONE	PC	To Improve Oral Health	$ 46,800
National Association of Community Health Centers	7501 WISCONSIN AVE SUITE 1100W BETHESDA, MD 20814	NONE	PC	To Improve Oral Health	$ 57,200
National Conference of State Legislatures	7700 EAST FIRST PLACE DENVER , CO 80230	NONE	GOV	To Improve Oral Health	$ 55,772
National Dental Association	6411 IVY LANE STE 703 GREENBELT, MD 20770	NONE	PC	To Improve Oral Health	$ 30,000
National Network for Oral Health Access	118 E 56TH AVENUE DENVER, CO 80216	NONE	PC	To Improve Oral Health	$ 50,800
National Network of Public Health Institutes (NNPHI)	1300 Connecticut Ave NW Ste 510 Washington, DC 20036	NONE	PC	To Improve Oral Health	$ 46,000
National Rural Health Association	1025 VERMONT AVENUE, NW WASHINGTON, DC 20005	NONE	PC	To Improve Oral Health	$ 100,800
Native American Connections	4520 N CENTRAL AVE STE 600 PHOENIX, AZ 85012	NONE	PC	To Improve Oral Health	$ 108,600
NC Child	3101 POPLARWOOD COURT, STE. 300 RALEIGH, NC 27604	NONE	PC	To Improve Oral Health	$ 10,400
Nebraska Department of Health and Human Services	301 Centennial Mall South PO BOX 95026 Lincoln, NE 68509	NONE	GOV	To Improve Oral Health	$ 5,400
New England Rural Health Roundtable	10 BENNING STREET WEST LEBANON, NH 03784	NONE	PC	To Improve Oral Health	$ 1,500
New Hampshire Oral Health Coalition	4 PARK ST STE 403 CONCORD, NH 03301	NONE	PC	To Improve Oral Health	$ 96,199
New Jersey Primary Care Association	3836 QUAKERBRIDGE ROAD, SUITE 201 HAMILTON, NJ 08619	NONE	PC	To Improve Oral Health	$ 9,800

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New Mexico Dental Association Foundation	PO Box 16854 Albuquerque, NM 87191	NONE	PC	To Improve Oral Health	$ 10,000
New Mexico Department of Health Office of Oral Health	300 San Mateo Boulevard Albuquerque, NM 87108	NONE	GOV	To Improve Oral Health	$ 5,400
North Carolina Dental Society Foundation	1600 Evans Road Cary, NC 27513	NONE	PC	To Improve Oral Health	$ 7,500
NYU College of Nursing	433 FIRST AVE NEW YORK, NY 10010	NONE	PC	To Improve Oral Health	$ 200,800
Ohio Asian American Health Coalition	660 Ackerman Road, P O. Box 183108 Columbus, OH 43218-3110	NONE	PC	To Improve Oral Health	$ 2,900
Ohio Association of Community Health Centers	2109 STELLA COURT COLUMBUS, OH 43215	NONE	PC	To Improve Oral Health	$ 50,000
Oklahoma Primary Care Association	6501 N BROADWAY EXTENSION, SUITE 200 OKLAHOMA CITY, OK 73116	NONE	PC	To Improve Oral Health	$ 9,800
Ology (? - Health Care For All)	1 Federal Street, 5th Floor Boston, MA 02110	NONE	PC	To Improve Oral Health	$ 184,800
Oral Health Colorado	2519 11TH AVE UNIT A PMB 200 GREELEY, CO 80631	NONE	PC	To Improve Oral Health	$ 250,479
Oral Health Florida	3254 NEWBERRY BLVD. TALLAHASSEE, FL 32311	NONE	PC	To Improve Oral Health	$ 64,438
Oral Health Forum	1015 W Lawrence Ave 2nd Floor Chicago, IL 60640	NONE	PC	To Improve Oral Health	$ 96,200
Oral Health Kansas	800 SW JACKSON STREET TOPEKA, KS 66612	NONE	PC	To Improve Oral Health	$ 309,500
Oral Health Ohio	200 W Fourth Street Cincinnati, OH 45202	NONE	PC	To Improve Oral Health	$ 5,400
Oregon Oral Health Coalition	P.O.BOX 3132 WILSONVILLE, OR 97070	NONE	PC	To Improve Oral Health	$ 115,800
Oregon Primary Care Association	310 SW 4TH AVE STE 200 PORTLAND, OR 97204	NONE	PC	To Improve Oral Health	$ 50,000
Patient Centered Primary Care (aka Primary Care Collaborative)	601 Thirteenth St NW Ste 430 Washington, DC 20005	NONE	PC	To Improve Oral Health	$ 79,070
Pennsylvania Association of Community Health Centers	1035 MUMMA ROAD WORMLEYSBURG, PA 17043	NONE	PC	To Improve Oral Health	$ 50,000
Pennsylvania Oral Health Collaborative Impact Initative	1400 N Providence Rd Rose Tree Corporate Center II Media, PA 19603	NONE	PC	To Improve Oral Health	$ 291,800
Philadelphia FIGHT	1233 Locust Street 3rd Floor Phildaelphia, PA 19107	NONE	PC	To Improve Oral Health	$ 5,000
Philanthrophy Massachusetts	133 Federal Street Ste 802 Boston, MA 02110	NONE	PC	To Improve Oral Health	$ 2,500
Primary Care Progress	1035 Cambridge St Ste 28A Cambridge, MA 02141	NONE	PC	To Improve Oral Health	$ 7,500
Put People First! PA	4700 WISSAHICKON AVE PHILADELPHIA, PA 19019	NONE	PC	To Improve Oral Health	$ 73,700
PWC/Virginia Commonwealth University	830 EAST MAIN STREET RICHMOND, VA 23298	NONE	GOV	To Improve Oral Health	$ 70,800
Rhode Island Health Center Association	23 5 PROMENADE ST RM 455 PROVIDENCE, RI 029 08	NONE	PC	To Improve Oral Health	$ 9,800
Rhode Island Kids Count	ONE UNION STATION PROVIDENCE, RI 02903	NONE	PC	To Improve Oral Health	$ 40,000
RIZE (TSNE Missionworks)	101 Huntington Ave Suite 1300 MS 0116 Boston, MA 02199	NONE	PC	To Improve Oral Health	$ 333,334
School Based Health Alliance of Arkansas	PO BOX 732 LITTLE ROCK, AR 72203	NONE	PC	To Improve Oral Health	$ 178,700
Schuyler Center for Analysis and Advocacy	540 BROADWAY ALBANY, NY 12211	NONE	PC	To Improve Oral Health	$ 5,400
Seattle/King County Clinic	305 HARRISON STREET, ROOM 308 SEATTLE, WA 98109	NONE	PC	To Improve Oral Health	$ 10,000

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Shenandoah Community Health Foundation	PO Box 1146 Martinsburg, WV 25402	NONE	PC	To Improve Oral Health	$ 15,000
Smart Beginnings Virginia Peninsula	321 MAIN STREET NEWPORT NEWS, VA 23601	NONE	PC	To Improve Oral Health	$ 81,200
South Carolina Office of Rural Health	107 SALUDA POINTE DRIVE LEXINGTON, SC 29072	NONE	PC	To Improve Oral Health	$ 2,900
South Carolina Primary Health Care Association	3 TECHNOLOGY CIRCLE COLUMBIA, SC 29203	NONE	PC	To Improve Oral Health	$ 9,800
South Plains Rural Health Services	1000 FM 300 Levelland, TX 79336	NONE	PC	To Improve Oral Health	$ 6,311
Southern Plains Tribal Health	9705 NORTH BROADWAY EXTENSION OKLAHOMA CITY, OK 73114	NONE	PC	To Improve Oral Health	$ 2,900
Southern Vermont Area Health Education Center	55 CLINTON STREET SPRINGFIELD, VT 05156	NONE	PC	To Improve Oral Health	$ 2,900
St. Ann Center for Intergenerational Care	2801 E Morgan Ave Milwaukee, WI 53207	NONE	PC	To Improve Oral Health	$ 5,000
Strategic Concepts for Organizing and Policy Education	1715 W FLORENCE AVE 2ND FLOOR LOS ANGELES, CA 90047	NONE	PC	To Improve Oral Health	$ 70,800
Student Action with Farmworkers	1317 W Pettigrew Street Durham, NC 27705	NONE	PC	To Improve Oral Health	$ 5,000
Student Health Support/ Los Angeles Trust	333 S BEAUDRY AVE 29TH FLOOR LOS ANGELES, CA 90017	NONE	PC	To Improve Oral Health	$ 138,700
Tennessee Dental Hygienists Association	2434 VISTA DRIVE MEMPHIS, TN 37205	NONE	PC	To Improve Oral Health	$ 2,900
Tennessee Primary Care Association	710 SPENCE LANE NASHVILLE, TN 37217	NONE	PC	To Improve Oral Health	$ 55,400
Texas Dental Association Smiles Foundation	1946 S IH 35 SUITE 300 AUSTIN, TX 78704	NONE	PC	To Improve Oral Health	$ 10,000
Texas Health Institute	8501 N. MOPAC EXPRESSWAY , SUITE 170 AUSTIN , TX 78759	NONE	PC	To Improve Oral Health	$ 106,644
Texas Impact	200 East 30th Street Austin, TX 78705	NONE	PC	To Improve Oral Health	$ 119,100
Texas Oral Health Coalition	4614 BOWIE DR. MIDLAND, TX 79703	NONE	PC	To Improve Oral Health	$ 18,300
The Childrens Partnership	811 WILSHIRE BOULEVARD, SUITE 1000 LOS ANGELES, CA 90017	NONE	PC	To Improve Oral Health	$ 125,800
The Health Enrichment Network	P.O. BOX 566 OAKDALE, LA 71463	NONE	PC	To Improve Oral Health	$ 5,400
The HealthPath Foundation of Ohio	200 W. FOURTH ST. CINCINNATI, OH 45202	NONE	PC	To Improve Oral Health	$ 64,800
United Health Organization	16823 WESTMORELAND RD. DETROIT, MI 48219	NONE	PC	To Improve Oral Health	$ 73,700
United Way of Roanoke Valley	325 CAMPBELL AVENUE ROANOKE, VA 24016	NONE	PC	To Improve Oral Health	$ 70,800
University of Colorado School of Dental Medicine	13065 EAST 17TH AVENUE AURORA, CO 80045	NONE	PC	To Improve Oral Health	$ 87,759
Utah Dental Hygienists' Association	PO BOX 571406 MURRAY, UT 84157	NONE	NC	To Improve Oral Health	$ 5,400
Virginia Oral Health Coalition	4200 INNSLAKE DR. SUITE 103 GLEN ALLEN, VA 23060	NONE	PC	To Improve Oral Health	$ 99,100
Virginia Commonwealth University	830 East Main Street Richmond, VA 23298	NONE	PC	To Improve Oral Health	$ 10,400
Virginia Dental Association Foundation	3460 Maryland Court Ste 110 Richmond, VA 23233	NONE	PC	To Improve Oral Health	$ 10,000
Vision y Comprimiso	2536 EDWARDS AVE EL CERRITO, CA 945 30	NONE	PC	To Improve Oral Health	$ 88,700
Voices for Utah Children	7 47 E SOUTH TEMPLE ST SALT LAKE CITY , UT 841 02	NONE	PC	To Improve Oral Health	$ 2,900
West Tennessee Healthcare Foundation	520 Skyline Drive Jackson, TN 38301	NONE	PC	To Improve Oral Health	$ 5,000

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Wyoming Primary Care Association	1816 CENTRAL AVENUE CHEYENNE, WY 82001	NONE	PC	To Improve Oral Health	$ 5,400
Wyoming Primary Health Care Association	1816 Central Ave Cheyenne, Wyoming 82001	NONE	PC	To Improve Oral Health	$ 9,800
Youth Empowered Solutions (YES!)	4021 CARYA DRIVE RALEIGH, NC 27610	NONE	PC	To Improve Oral Health	$ 65,800
				Total	$ 11,094,777

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

NAME OF AFFILIATED OR RELATED ORGANIZATION

CATALYST INSTITUTE, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

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