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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Catalyst Institute Inc
% FRANK A SCALISE
Doing business as

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

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

D Employer identification number
38-4016550

E Telephone number
(617) 886-1000

G Gross receipts $ 5,253,562

F Name and address of principal officer:
GREGORY P WINN
465 MEDFORD STREET
BOSTON, MA 02129

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2016

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE ORAL HEALTH OF ALL.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	31
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	53,639
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	52,639

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	234,506	71,057
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,022	5,156,121
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	246,528	5,227,178
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,876,119	5,049,387
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,824,308	10,624,169
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,700,427	15,673,556
19	Revenue less expenses. Subtract line 18 from line 12	-10,453,899	-10,446,378

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	671,580,593	739,147,696
21	Total liabilities (Part X, line 26)	1,137,730	2,503,666
22	Net assets or fund balances. Subtract line 21 from line 20	670,442,863	736,644,030

Part II Signature Block

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.

Sign Here

****** 2020-11-11
Signature of officer Date

GREGORY P WINN TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01595811

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 200 CLARENDON ST
BOSTON, MA 021165072 — Phone no. (617) 266-2000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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.

4a (Code:) (Expenses $ 5,632,620 including grants of $ 0) (Revenue $ 71,057)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 5,632,620

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	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*	3		No
4	**Section 501(c)(3) organizations.** 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*	4		
5	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*	5		No
6	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	6		No
7	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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	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*	9		No
10	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*	10		No
11	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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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*	11b		No
c	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*	11c		No
d	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*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	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*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b	Yes	
15	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*	15		No
16	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*	16		No
17	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)	17		No
18	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*	18		No
19	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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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*	21		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	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*	22		No
23	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? *If "Yes," complete Schedule J*	23	Yes	
24a	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
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? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	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	**2a**	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	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)? . .			**4a**	No
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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	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? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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?			**7a**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	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.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	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	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	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?	2		Yes	
3	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?	3		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	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?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	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*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

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:
▶FRANK A SCALISE 465 MEDFORD STREET BOSTON, MA 02129 (617) 886-1000

Part VII **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 . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

See instructions for the order in which to list the persons above.

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

(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			
See Additional Data Table										

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

(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			
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	1,256,975	12,444,925	4,022,175

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 ▶ 8

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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? *If "Yes," complete Schedule J for such individual*	**4**	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? *If "Yes," complete Schedule J for such person*	**5**		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) Name and business address	(B) Description of services	(C) Compensation
HEALTH SCAPE ADVISORS LLC, 55 W MONROE ST SUITE 2100 CHICAGO, IL 60603	CONSULTING	120,190

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 ▶ 1

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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**				
	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: $ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶	0			
Program Service Revenue		Business Code			
	2a CONSULTING SERVICES	900099	71,057	71,057	
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	71,057			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,332,832	53,639	4,279,193
	4 Income from investment of tax-exempt bond proceeds ▶		0		
	5 Royalties . . . . . ▶		0		
		(i) Real	(ii) Personal		
	6a Gross rents **6a**				
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**	0	0		
	d Net rental income or (loss) . . . . . ▶		0		
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**	849,673			
	b Less: cost or other basis and sales expenses **7b**	26,384			
	c Gain or (loss) **7c**	823,289			
	d Net gain or (loss) . . . . . ▶		823,289		823,289
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . **8a**	0			
	b Less: direct expenses . . . **8b**	0			
	c Net income or (loss) from fundraising events . . ▶		0		
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**	0			
	b Less: direct expenses . . . **9b**	0			
	c Net income or (loss) from gaming activities . . ▶		0		
	10a Gross sales of inventory, less returns and allowances . . **10a**	0			
	b Less: cost of goods sold . . **10b**	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 . . . . . ▶		5,227,178	71,057	53,639	5,102,482

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 . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,290,307	774,184	516,123	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,180,169	1,908,101	1,272,068	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	35,566	21,340	14,226	
10 Payroll taxes	543,345	326,007	217,338	
11 Fees for services (non-employees):				
a Management	0			
b Legal	2,814		2,814	
c Accounting	2,744,615		2,744,615	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	718,637		718,637	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,819,790		2,819,790	
12 Advertising and promotion	1,040,434	624,260	416,174	
13 Office expenses	83,324	49,994	33,330	
14 Information technology	100,277	60,166	40,111	
15 Royalties	0			
16 Occupancy	164,772	98,863	65,909	
17 Travel	499,188	299,513	199,675	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	90,478	54,287	36,191	
20 Interest	0			
21 Payments to affiliates	1,646,328	987,797	658,531	
22 Depreciation, depletion, and amortization	65,548	39,329	26,219	
23 Insurance	289,214	173,528	115,686	
24 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.)				
a SUBSCRIPTIONS AND DUES	62,033	37,220	24,813	
b FEES AND OTHER	224,606	134,764	89,842	
c BOD EXPENSE	72,111	43,267	28,844	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	15,673,556	5,632,620	10,040,936	0
26 **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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	56,503,599	2	74,558,183
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	2,462,870
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	68,320	9	450,485
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 504,339			
	b	Less: accumulated depreciation — 10b: 436,918	132,969	10c	67,421
	11	Investments—publicly traded securities	0	11	307,590,400
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	614,875,705	15	354,018,337
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	671,580,593	16	739,147,696
Liabilities	17	Accounts payable and accrued expenses	951,270	17	1,349,958
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	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	186,460	25	1,153,708
	26	**Total liabilities.** Add lines 17 through 25	1,137,730	26	2,503,666
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	670,442,863	27	736,644,030
	28	Net assets with donor restrictions	0	28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	670,442,863	32	736,644,030
	33	Total liabilities and net assets/fund balances	671,580,593	33	739,147,696

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,227,178
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,673,556
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,446,378
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	670,442,863
5	Net unrealized gains (losses) on investments	5	40,086,220
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	36,561,325
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	736,644,030

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a		No
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.	3b		

Additional Data

Software ID:

Software Version:

EIN: 38-4016550

Name: Catalyst Institute Inc

Form 990 (2019)

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 INSTITUTE, INC. 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			
STEVEN J POLLOCK PRES. & Director	4.5 35.5	X		X				0	2,621,053	1,651,834
ROBERT E LYNN EVP - CHIEF SALES & RETENT. DQ	4.5 35.5					X		0	1,228,562	553,514
DAVID ABELMAN CLERK (1/1/19-2/28/19)	4.5 35.5			X				0	1,243,378	510,443
DONNA J KASIAN SVP COMM. & VISION PLAN DQ	4.5 35.5					X		0	1,562,525	28,674
ALAN L MADISON EVP - CHIEF OPER. OFFICER DQ	4.5 35.5					X		0	1,047,846	503,522
TODD R CRUSE EVP-PUBLIC AFFAIRS/CARE DELIV	4.5 35.5					X		0	870,014	384,790
JAMES E COLLINS FORMER Treasurer	0.0 0.0						X	0	1,205,682	20,594
DENNIS J LEONARD president, delta dental	4.5 35.5					X		0	946,904	271,607
JEFFREY C BROWN TREASURER (1/1/19-2/28/19)	4.5 35.5			X				0	652,564	21,881
JAMES P HAWKINS CLERK (2/28/19-12/31/19)	4.5 35.5			X				0	550,452	39,982

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 TREASURER (2/28/19-12/31/19)	4.5 35.5			X				0	515,945	35,334
PAMELA DA REEVE CHAIR / DIRECTOR	2.5 2.5	X						150,000	0	0
RODERICK K KING DIRECTOR	1.75 3.25	X						115,818	0	0
KATHLEEN V BETTS DIRECTOR	1.75 1.75	X						115,580	0	0
EVELYN H MILLER DIRECTOR	1.75 1.75	X						105,822	0	0
ROBERT J WEYANT DIRECTOR	1.75 2.75	X						105,584	0	0
COLLEEN D BALDWIN DIRECTOR	1.75 1.75	X						105,391	0	0
LINDA J HALL DIRECTOR	1.75 1.75	X						100,580	0	0
TODD W MARSHALL DIRECTOR	1.75 1.75	X						100,580	0	0
DR ANDREW C AGWUNOBI DIRECTOR	1.75 1.75	X						99,996	0	0

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			
JESSICA A ZEASKE DIRECTOr (6/5/19-12/31/19)	1.75 1.75	X						53,333	0	0
CASWELL A EVANS JR DIRECTOR (1/1/19- 6/18/19)	1.75 1.75	X						52,500	0	0
DONALD J KENNEY DIRECTOR (1/1/19-6/18/19)	1.75 1.75	X						50,820	0	0
THOMAS J GALLIGAN III DIRECTOR (1/1/19-6/18/19)	1.75 2.75	X						50,582	0	0
MARY V KAPLAN DIRECTOR (1/1/19-6/18/19)	1.75 1.75	X						50,389	0	0
WILLIAM C MILLS II DIRECTOR (9/1/19-12/31/19)	1.75 1.75	X						33,332	0	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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 www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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 ▶ $ _____

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:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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:

	Yes	No
3a(i) (i) unrelated organizations		
3a(ii) (ii) related organizations		
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

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				
b Buildings				
c Leasehold improvements		92,993	60,958	32,035
d Equipment		295,906	260,520	35,386
e Other		115,440	115,440	
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				67,421

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	354,018,337
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	354,018,337

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
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	1,153,708

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.

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

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.

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

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 DISCLOSUE (FIN 48) THERE IS NO FIN 48/ASC 740 FOOTNOTE. HOWEVER, THE FOLLOWING DIS CLOSURE WAS MADE: THE COMPANY DETERMINES WHETHER A TAX POSITION OF THE COMPANY IS MORE LIK LEY 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 LIKLEY THAN NOT THRESHOLD, THE TAX AMOUNT RECOGNIZED IN THE FINANCIAL ST ATEMENTS IS REDUCED BY THE LARGEST BENEFIT THAT HAS A GREATER THAN FIFTY PERCENT LIKELIHOO D OF BEING REALIZED UPON THE ULTIMATE SETTLEMENT WITH THE RELEVANT TAXING AUTHORITY.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Catalyst Institute Inc

Employer identification number
38-4016550

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean	0	0	Investments		10,405,049
3a Sub-total	0	0			10,405,049
b Total from continuation sheets to Part I . . .					
c Totals (add lines 3a and 3b)	0	0			10,405,049

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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
1a	Check the appropiate 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.			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on 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	**1b**	Yes	
2	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 on Line 1a?	**2**	Yes	
3	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.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	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:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**	Yes	
	If "Yes," on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**	Yes	
	If "Yes," on line 6a or 6b, describe in Part III.			
7	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	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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.

(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				
See Additional Data Table							

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 ORGREATER 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 $480,010 AND DONNA KASIAN RECEIVED SEVERANCE IN THE AMOUNT OF $79,231. THIS AMOUNT IS INCLUDED IN BOTH INDIVIDUALS' 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.
SCHEDULE J, PART I, QUESTION 6 & 7	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 company followed 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 DSM AND DENTAQUEST, LLC EMPLOYEES PARTICIPATE IN THE DENTAQUEST, LLC LONG-TERM INCENTIVE COMPENSATION PLAN AND RECEIVED THE PAYMENTS LISTED BELOW DURING 2019: STEVEN J. POLLOCK 965,811 JEFFREY C. BROWN 202,693 DAVID ABELMAN 606,887 GREGORY P. WINN 206,596 DENNIS J. LEONARD 372,646 ALAN L. MADISON 109,000 TODD R. CRUSE 325,146 JAMES P. HAWKINS 206,950 DONNA J. KASIAN 633,910 ROBERT E. LYNN 657,278 JAMES E. COLLINS 725,672 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 12/31/2019 PARTICIPATE IN A 457(B) SUPPLEMENTAL RETIREMENT PLAN. OF THOSE ELIGIBLE EMPLOYEES, DONNA KASIAN RECEIVED OF PAYMENT OF $15,316 IN 2019. THIS AMOUNT IS INCLUDED IN DONNA KASIANS COMPENSATION ON SCHEDULE J, PART II.
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.
SCHEDULE J, PART II, COLUMN B(II)	BONUS PAYMENTS COLUMN B (II) ON SCHEDULE J PART II INCLUDES BONUSES EARNED AND ACCRUED DURING 2018 BUT PAID IN 2019.
SCHEDULE J, PART II, COLUMN B(III) COLUMN B(III)	OTHER REPORTABLE COMPENSATION OTHER REPORTABLE COMPENSATION REPRESENTS LONG-TERM INCENTIVE COMPENSATION EXPENSE EARNED PRIOR TO 2019 BUT PAID DURING 2019.
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 2019 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				
1STEVEN J POLLOCK PRES. & Director	(i)	0	0	0	0	0	0	0
	(ii)	892,142	763,100	965,811	1,646,602	5,232	4,272,887	965,811
1DENNIS J LEONARD president, delta dental	(i)	0	0	0	0	0	0	0
	(ii)	430,158	144,100	372,646	266,613	4,994	1,218,511	372,646
2JEFFREY C BROWN TREASURER (1/1/19-2/28/19)	(i)	0	0	0	0	0	0	0
	(ii)	347,269	102,602	202,693	16,911	4,970	674,445	202,693
3DAVID ABELMAN CLERK (1/1/19-2/28/19)	(i)	0	0	0	0	0	0	0
	(ii)	418,262	218,229	606,887	505,449	4,994	1,753,821	606,887
4GREGORY P WINn TREASURER (2/28/19-12/31/19)	(i)	0	0	0	0	0	0	0
	(ii)	241,349	68,000	206,596	30,372	4,962	551,279	206,596
5JAMES E COLLINS FORMER Treasurer	(i)	0	0	0	0	0	0	0
	(ii)		480,010	725,672	19,772	822	1,226,276	725,672
6ALAN L MADISON EVP - CHIEF OPER. OFFICER DQ	(i)	0	0	0	0	0	0	0
	(ii)	443,446	495,400	109,000	498,528	4,994	1,551,368	109,000
7TODD R CRUSE EVP-PUBLIC AFFAIRS/CARE DELIV	(i)	0	0	0	0	0	0	0
	(ii)	379,568	165,300	325,146	379,558	5,232	1,254,804	325,146
8JAMES P HAWKINS CLERK (2/28/19-12/31/19)	(i)	0	0	0	0	0	0	0
	(ii)	266,957	76,545	206,950	35,204	4,778	590,434	206,950
9DONNA J KASIAN SVP COMM. & VISION PLAN DQ	(i)	0	0	0	0	0	0	0
	(ii)	372,612	556,003	633,910	24,236	4,438	1,591,199	633,910
10ROBERT E LYNN EVP - CHIEF SALES & RETENT. DQ	(i)	0	0	0	0	0	0	0
	(ii)	396,584	174,700	657,278	548,282	5,232	1,782,076	657,278

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Catalyst Institute Inc

Employer identification number
38-4016550

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	BUSINESS RELATIONSHIPS STEVEN J. POLLOCK, GREGORY P. WINN, JEFFREY C. BROWN, JAMES E. COLLINS, JAMES P. HAWKINS, DAVID ABELMAN, PAMELA D.A. REEVE, DR. ANDREW C. AGWUNOBI, COLLEEN D. BALDWIN, KATHLEEN V. BETTS, CASWELL A. EVANS JR., THOMAS J. GALLIGAN III, LINDA J. HALL, MARY V. KAPLAN, DONALD J. KENNEY, RODERICK K. KING, TODD W. MARSHALL, EVELYN H. MILLER, WILLIAM C. MILLS III, ROBERT J. WEYANT, AND JESSICA A. ZEASKE HAVE A BUSINESS RELATIONSHIP SINCE THEY JOINTLY SERVE AS OFFICERS OR DIRECTORS OF THE ORGANIZATION AND ONE OR MORE 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 THE final 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	CONFLICTS OF INTEREST MONITORING THE ORGANIZATION'S CONFLICT OF INTEREST POLICY PROVIDES T HAT ANNUALLY, EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BO ARD 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 UNDERSTAND S 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 BOAR D 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 FAI LURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTI GATION 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 AP PROPRIATE 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 CONNE CTION 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 MATE RIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWER S CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER PRESENTATION OF A POTENTIAL T RANSACTION OR ARRANGEMENT IS MADE BY AN INTERESTED PERSON, THE REMAINING DISINTERESTED BOA RD 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 IN STITUTE, INC. CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRA NGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A M ORE 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 REASON ABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, THE GOVERNING BOARD OR COMMITTEE SHALL M AKE ITS DECISION AS TO WHETHER

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 I N CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST D ISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE A LL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATE D POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINA NCIAL 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 MEMBER S SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 15A & B	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.

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 41,553,032 CHANGE IN VALUE (RETAINED EARNINGS) 51,150,809 DISTRIBUTIONS TO SUBSIDIARIES (43,742,516) capital contributions to related organizations (12,400,000) Total other changes in net assets 36,561,325

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:EXPERT ADVISORS & CONSULTANTS TOTAL FEES:2818734

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:RECRUITING SERVICES TOTAL FEES:1056

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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 for instructions and the latest information.

OMB No. 1545-0047

2019

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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Advantage Comm Holdings Comp LLC 442 SW Umatilla Av Redmond, OR 97756 20-8939962	CARE DELIVERY	OR	DQ Group					No				
(2) Advantage Harbor Qalicb Owners LLC 442 SW Umatilla Av Redmond, OR 97756 46-3260263	CARE DELIVERY	OR	DQ GROUP					No				
(3) ADVANTAGE HARBOR QALICB OWNERS 442 SW Umatilla Av Redmond, OR 97756 46-3287102	Care Delivery	OR	DQ GROUP					No				
(4) Advantage Qalicb-1 LLC 442 SW Umatilla Av Redmond, OR 97756 46-2098412	CARE DELIVERY	OR	DQ GROUP					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	(i) 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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 Institute LLC	B	5,000,000	FMV
(2)DENTAQUEST IMPACT INC	B	1,500,000	FMV
(3)DENTAQUEST PRTNRSHP FOR ORAL HEALTH ADV	B	2,000,000	FMV
(4)DENTAQUEST CAREGROUP INC	B	7,400,000	FMV
(5)SARRELL REGIONAL DENTAL CARE INC	B	1,500,000	FMV

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

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
Advantage Dental Clinics LLC 442 SW Umatilla Ave Redmond, OR 97756 27-0364023	Care Delivery	OR	0	0	DQ GROUP
Advantage Consulting Services LLC 442 SW Umatilla Ave Redmond, OR 97756 26-3981408	Care Delivery	OR	0	0	DQ GROUP
Advantage Support Services LLC 442 SW Umatilla Ave Redmond, OR 97756 26-3981367	Care Delivery	OR	0	0	DQ GROUP
Advantage Clinic Properties LLC 442 SW Umatilla Ave Redmond, OR 97756 27-0357326	Care Delivery	OR	0	0	DQ GROUP
Advantage Equipment Leasing LLC 442 SW Umatilla Ave Redmond, OR 97756 80-0426323	Care Delivery	OR	0	0	DQ GROUP
Advantage Dental Service LLC 442 SW Umatilla Ave Redmond, OR 97756 93-1195386	Care Delivery	OR	0	0	DQ GROUP
Advantage Professional Management LLC 442 SW Umatilla Ave Redmond, OR 97756 26-0207886	Care Delivery	OR	0	0	DQ GROUP
DentaQuest of Arizona LLC 465 Medford Street BOSTON, MA 02129 11-3692025	DENTAL SVCS	WI	0	-13,271,015	DQ GROUP
DentaQuest of Georgia LLC 465 Medford Street BOSTON, MA 02129 14-1885493	DENTAL SVCS	WI	0	357,512	DQ GROUP
DentaQuest of Illinois Inc 465 Medford Street BOSTON, MA 02129 42-1529687	DENTAL SVCS	WI	0	-8,162,885	DQ GROUP
DentaQuest of Kentucky LLC 465 Medford Street BOSTON, MA 02129 14-1885490	DENTAL SVCS	WI	0	3,549,388	DQ GROUP
DentaQuest of Maryland Inc 465 Medford Street BOSTON, MA 02129 81-0567214	DENTAL SVCS	WI	0	-3,740,085	DQ GROUP
DentaQuest of Minnesota LLC 465 Medford Street BOSTON, MA 02129 56-2356445	DENTAL SVCS	WI	0	4,423,493	DQ Group
DentaQuest of New Jersey LLC 465 Medford Street BOSTON, MA 02129 56-2356433	DENTAL SVCS	WI	0	474,732	DQ Group
DentaQuest of New Mexico LLC 465 Medford Street BOSTON, MA 02129 14-1885481	DENTAL SVCS	WI	0	2,430,065	DQ Group
DentaQuest IPA of New York LLC 465 Medford Street BOSTON, MA 02129 81-0616910	DENTAL SVCS	WI	0	29,780,815	DQ Group
DentaQuest of New York LLC 465 Medford Street BOSTON, MA 02129 14-1885500	DENTAL SVCS	WI	0	-4,655,251	DQ Group
DentaQuest of Tennessee LLC 465 Medford Street BOSTON, MA 02129 35-2177954	DENTAL SVCS	WI	0	8,825,964	DQ Group
DentaQuest Care Group Management LLC 465 Medford Street BOSTON, MA 02129 32-0487994	CARE DELIVERY	DE	0	157,486,344	DQ Group
DentaQuest LLC 465 Medford Street BOSTON, MA 02129 20-0390099	DENTAL SVCS	DE	-17,522,790	202,643,164	DQ Group

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
Dental Services LLC 14201 NE 20TH AVE 2204 VANCOUVER, WA 98686 05-0572255	CARE DELIVERY	WA	0	0	DQ GROUP
DQ PARTNERSHIP FOR ORL HEALTH ADV LLC 465 MEDFORD STREET BOSTON, MA 02129 82-3649978	DENTAL SVCS	MA	0	0	CATALYST
DentaQuest Foundation LLC 465 MEDFORD STREET BOSTON, MA 02129 82-3645884	DENTAL SVCS	MA	0	0	CATALYST
DQCGM of Washington LLC 465 MEDFORD STREET BOSTON, MA 02129 84-3407897	CARE DELIVERY	DE	0	0	DQ GROUP
DQCGM of Massachusetts LLC 465 MEDFORD STREET BOSTON, MA 02129 84-1851756	care delivery	DE	0	0	DQ GROUP
DENTAQUEST HOLDINGS CO LLC 465 MEDFORD STREET Boston, MA 02129 82-3782157	DENTAL SVCS	DE	0	0	DSM
DENTAQUEST OF IOWA LLC 465 MEDFORD STREET BOSTON, MA 02129 61-1871504	DENTAL SVCS	WI	0	0	DQ GROUP

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
465 MEDFORD STREET BOSTON, MA 02129 20-5312990	ORAL HTH IMPR	MA	501(c)(3)	12A	CATALYST	Yes	
465 MEDFORD STREET BOSTON, MA 02129 46-3674034	ORAL HTH IMPR	MA	501(c)(3)	12A	CATALYST	Yes	
465 MEDFORD STREET BOSTON, MA 02129 75-1823660	ORAL HTH IMPR	TX	501(C)(3)	7	DQ CAREGROUP	Yes	
230 E 10TH STREET NO 106 ANNISTON, AL 36207 20-0232609	ORAL HTH IMPR	AL	501(C)(3)	10	DQ CAREGROUP	Yes	
101 S FIFTH STREET 3500 NATIONAL CI LOUISVILLE, KY 40202 46-5159049	ORAL HTH IMPR	KY	501(C)(3)	7	DQ CAREGROUP	Yes	
465 Medford Street BOSTON, MA 02129 04-6143185	ORAL HTH IMPR	MA	501(c)(4)	N/A	CATALYST	Yes	
465 Medford Street BOSTON, MA 02129 04-3265080	ORAL HTH IMPR	MA	501(c)(3)	N/A	CATALYST	Yes	
465 MEDFORD STREET BOSTON, MA 02129 47-1711799	ORAL HTH IMPR	NM	501(c)(3)	7	DQ CAREGROUP	Yes	
100 CROWNE POINT PLACE CINCINNATI, OH 45241 27-1693969	ORAL HTH IMPR	OH	501(c)(3)	7	DCP HOLDCO	Yes	

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
DENTAQUEST GROUP INC 465 MEDFORD STREET BOSTON, MA 02129 20-4056199	DENTAL SVCS	DE	CATALYST	C CORP	0	0	100.000 %	Yes	
DSM MASSACHUSETTS INSURANCE COMPANYINC 465 MEDFORD STREET BOSTON, MA 02129 46-5661073	INSURANCE	MA	DSM INVESTMENTS	C CORP	-384,994	10,167,478	100.000 %	Yes	
DENTAQUEST USA INSURANCE COMPANY INC 465 MEDFORD STREET BOSTON, MA 02129 20-2970185	INSURANCE	TX	DQ Group	C CORP	26,474,944	120,635,099	100.000 %	Yes	
DSM INVESTMENTS INC 465 MEDFORD STREET BOSTON, MA 02129 04-3428012	DENTAL SVCS	MA	DSM	C CORP	-693,678	10	100.000 %	Yes	
DENTAQUEST OF FLORIDA INC 465 MEDFORD STREET BOSTON, MA 02129 65-0743731	INSURANCE	FL	DQ Group	c corp	-922,806	2,807,643	100.000 %	Yes	
DSM USA INSURANCE COMPANY INC 465 MEDFORD STREET BOSTON, MA 02129 59-0397210	INSURANCE	TX	DQ Group	c corp	-472,475	8,543,200	100.000 %	Yes	
CALIFORNIA DENTAL NETWORK INC 465 MEDFORD STREET BOSTON, MA 02129 93-0954061	INSURANCE	CA	DQ Group	c corp	456,496	2,861,077	100.000 %	Yes	
PACIFIC DENTAL NETWORK INC 465 MEDFORD STREET BOSTON, MA 02129 33-0672992	DENTAL SVCS	CA	DQ Group	c corp	53,266	345,416	100.000 %	Yes	
DSM INSURANCE SERVICES INC 465 MEDFORD STREET BOSTON, MA 02129 04-3172335	INSURANCE	MA	DSM INVESTMENTS	C CORP	-98,978	-547,801	100.000 %	Yes	
DENTAQUEST ORAL HEALTH CENTER INC 465 MEDFORD STREET BOSTON, MA 02129 04-3434787	ORAL HTH CTR	MA	DSM INVESTMENTS	C CORP	-209,706	392,199	100.000 %	Yes	
MYSTIC RIVER INSURANCE COMPANY 171 ALIGN AVE GEORGE TOWN KY1-1002 CJ	INSURANCE	CJ	CATALYST	C CORP	0	0	100.000 %	Yes	
Advantage Leveraged Lenders Inc 442 SW Umatilla Ave Redmond, OR 97756 46-2124368	Care Delivery	OR	DQ Group	C Corp	0	0	100.000 %	Yes	
DENTAQUEST IMPACT INC 465 MEDFORD ST BOSTON, MA 02129 83-2714016	ORAL HEALTH IMP.	DE	CATALYST	C CORP	0	0	100.000 %	Yes	
ADVANTAGE DENTAL PLAN INC 442 SW UMATILLA AVE REDMOND, CA 97756 93-1156986	CARE DELIVERY	OR	DQ Group	C CORP	0	0	100.000 %	Yes	
DCP HOLDING COMPANY INC 100 CROWNE POINT PLACE CINCINNATI, OH 45241 20-1291244	INSURANCE	OH	DQ GROUP	C CORP	0	0	100.000 %	Yes	

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
DENTALE CARE PLUS INC 100 CROWNE POINT PLACE CINCINNATI, OH 45241 31-1185262	INSURANCE	OH	DCP HOLD CO	C CORP	0	0	100.000 %	Yes	
INSURANCE ASSOCIATES PLUS INC 100 CROWNE POINT PLACE CINCINNATTI, OH 45241 20-1455615	INSURANCE	OH	DCP HOLDCO	C CORP	0	0	100.000 %	Yes	
ADENTA INC 100 CROWNE POINT PLACE CINCINNATI, OH 45241 61-1301274	INSURANCE	KY	DCP HOLDCO	C CORP	0	0	100.000 %	Yes	