

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

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2019
Open to Public Inspection

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

Name of foundation DELTA DENTAL COMMUNITY CARE FOUNDATION		A Employer identification number 37-1570764
Number and street (or P O box number if mail is not delivered to street address) 560 MISSION STREET SUITE 1300	Room/suite	B Telephone number (see instructions) (415) 972-8300
City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94105		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>28,987,806</u>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	23,266,623			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	23,266,623	0	0	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	13,620	0	0	0
	c Other professional fees (attach schedule)	668,023	0	0	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	171	0	0	0
	23 Other expenses (attach schedule)	3,640	0	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	685,454	0	0	0
	25 Contributions, gifts, grants paid	10,392,288			10,392,288
	26 Total expenses and disbursements. Add lines 24 and 25	11,077,742	0	0	10,392,288
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	12,188,881			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)			0	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	9,786,925	10,587,806	10,587,806
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ <u>18,400,000</u>			
	Less allowance for doubtful accounts ▶ _____	7,000,000	18,400,000	18,400,000
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment basis ▶ _____				
Less accumulated depreciation (attach schedule) ▶ _____				
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	16,786,925	28,987,806	28,987,806	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable		12,000	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	12,000	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	16,786,925	28,975,806	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg , and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	16,786,925	28,975,806		
30 Total liabilities and net assets/fund balances (see instructions) .	16,786,925	28,987,806		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	16,786,925
2 Enter amount from Part I, line 27a	2	12,188,881
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	28,975,806
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	28,975,806

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	15,042,663	9,151,422	1.643751
2017	6,017,020	1,765,032	3.409015
2016	3,802,053	1,183,003	3.213900
2015	3,725,000	0	0.000000
2014	2,690,000	0	0.000000

2 Total of line 1, column (d)	2	8.266666
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	1.653333
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	11,855,185
5 Multiply line 4 by line 3	5	19,600,569
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	19,600,569
8 Enter qualifying distributions from Part XII, line 4	8	10,392,288

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

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount due and overpayment are also calculated.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes'/'No' responses, and 'Refunded' status. Questions cover political activities, unrelated business income, and state reporting.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distribution to donor advised fund, public inspection requirements, and books in care of.

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

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in or authority over a bank, securities, or other financial account in a foreign country.

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

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

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

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

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

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

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

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

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

Total number of other employees paid over \$50,000. ▶ 0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

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

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	12,035,721
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	12,035,721
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	12,035,721
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	180,536
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,855,185
6	Minimum investment return. Enter 5% of line 5.	6	592,759

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

1	Minimum investment return from Part X, line 6.	1	592,759
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	592,759
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	592,759
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	592,759

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	10,392,288
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	10,392,288
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	10,392,288

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				592,759
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014.	2,690,000			
b From 2015.	3,725,000			
c From 2016.	3,742,903			
d From 2017.	5,928,768			
e From 2018.	14,585,092			
f Total of lines 3a through e.	30,671,763			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ <u>10,392,288</u>				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				592,759
e Remaining amount distributed out of corpus	9,799,529			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	40,471,292			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	2,690,000			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	37,781,292			
10 Analysis of line 9				
a Excess from 2015.	3,725,000			
b Excess from 2016.	3,742,903			
c Excess from 2017.	5,928,768			
d Excess from 2018.	14,585,092			
e Excess from 2019.	9,799,529			

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

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

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				10,392,288
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).		0		0	0
13 Total. Add line 12, columns (b), (d), and (e).			13		0

(See worksheet in line 13 instructions to verify calculations)

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

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

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash.
(2) Other assets.
b Other transactions
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?
b If "Yes," complete the following schedule
(a) Name of organization
(b) Type of organization
(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge
Sign Here
Signature of officer or trustee: *****
Date: 2020-04-06
Title: *****

May the IRS discuss this return with the preparer shown below
(see instr) [X] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name: KELLIE A LANFORD
Preparer's Signature
Date: 2020-04-08
Check if self-employed []
PTIN: P00538614
Firm's name: CBIZ MHM LLC
Firm's EIN: 34-1851358
Firm's address: 530 HOWELL ROAD SUITE 209, GREENVILLE, SC 29615
Phone no: (864) 241-2001

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MICHAEL J CASTRO 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	PRESIDENT/CEO 1 00	0	0	0
MICHAEL G HANKINSON ESQ 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	EXE VICE PRES/CLO 1 00	0	0	0
SARAH M CHAVARRIA 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	EXE VICE PRES/CPO 1 00	0	0	0
JOHN M YAMAMOTO DDS 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	VICE PRES 1 00	0	0	0
ALICIA F WEBER 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	TREASURER / CFO 1 00	0	0	0
ASHLEY C SINGER 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	ASSISTANT SECRETARY 1 00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK RD ABINGTON, PA 190013720	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	38,700
AIR FORCE ASSOCIATION 1501 LEE HIGHWAY ARLINGTON, VA 22209	NONE	NC	TO PROVIDE DENTAL EDUCATION AND INCREASE ORAL HEALTH AWARENESS	100,000
ALACHUA COUNTY ORGANIZATION FOR RURAL NEEDS INC 23320 N STATE ROAD 235 BROOKER, FL 326225266	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALBANY AREA PRIMARY HEALTH CARE INC 204 N WESTOVER BLVD ALBANY, GA 317072983	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	32,000
ALEXANDRA HOWELL CO AUGUSTA UNIVERS 1120 15TH STREET AUGUSTA, GA 30912	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
AMERICAN FLUORIDATION SOCIETY PO BOX 56392 PORTLAND, OR 97238	NONE	NC	TO PROVIDE DENTAL EDUCATION AND INCREASE ORAL HEALTH AWARENESS	166,471
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	NC	DISASTER RELIEF FUND	500,000
AMITE COUNTY MEDICAL SERVICES INC PO BOX 511 LIBERTY, MS 396450511	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
ANDRE THOMAS JONES CO UNIVERSITY OF 7703 FLOYD CURL DRIVE MC 7828 SAN ANTONIO, TX 78229	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ANGELA CLAIRE SAYOC CO UNIVERSITY O 1395 CENTER DRIVE GAINESVILLE, FL 32610	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
ANTHONY L JORDAN HEALTH CORPORATION 82 HOLLAND ST ROCHESTER, NY 146052131	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
APLA HEALTH611 S KINGSLEY AVENUE LOS ANGELES, CA 90005	NONE	NC	SCIENTIFIC RESEARCH TO REDUCE TREATMENT COSTS	50,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASCENSION DEPAUL SERVICES (FORMERLY DAUGHTERS OF CHARITY OF SAN ANTONIO) 7607 SOMERSET RD SAN ANTONIO, TX 782113752	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
ASIAN HEALTH SERVICES 101 8TH STREET SUITE 100 OAKLAND, CA 94607	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
ASSISTANCE LEAGUE OF SAN PEDRO SOUTH BAY 1441 W 8TH ST SAN PEDRO, CA 907323803	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON, TX 780644033	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
AVENAL COMMUNITY HEALTH CENTER PO BOX 700 AVENAL, CA 932040700	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
BARNABAS CENTER INCORPORATED 1303 JASMINE ST STE 101 FERNANDINA, FL 320342991	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BARRIO COMPREHENSIVE FAMILY HEALTH CARE CENTER INC 3066 E COMMERCE ST SAN ANTONIO, TX 782201013	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
BEAR LAKE COMMUNITY HEALTH CENTER 325 W LOGAN HIGHWAY GARDEN CITY, UT 840280000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
BECKLEY HEALTH RIGHT INC 111 RANDOLPH ST BECKLEY, WV 258015962	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BELEMA MARK ABRERE CO UNIVERSITY OF 1919 7TH AVENUE SOUTH BIRMINGHAM, AL 352940007	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
BELLMORE LIONS CHARITABLE FOUNDATION PO BOX 1159 BELLMORE, NY 11710	NONE	NC	COMMUNITY GIVING - DENTAL	5,000
BLUE STAR MOTHERS OF AMERICA INC (DBA BLUE STAR MOMS) PO BOX 2537 SAN RAMON, CA 94583	NONE	NC	COMMUNITY GIVING - DENTAL	2,500
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BLUE STAR MOTHERS OF AMERICA INC (DBA BLUE STAR MOMS) PO BOX 2537 SAN RAMON, CA 94583	NONE	NC	COMMUNITY GIVING - DENTAL	100
BOND COMMUNITY HEALTH CENTER 1720 S GADSDEN ST TALLAHASSEE, FL 323015506	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	59,119
BREAD FOR THE CITY INC 1525 7TH ST NW WASHINGTON, DC 200013201	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRET STEIN LESAVOY CO UNIVERSITY OF 240 S 40TH STREET PHILADELPHIA, PA 19104	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
BREVARD HEALTH ALLIANCE INC 2120 SARNO RD MELBOURNE, FL 329353084	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
BUDDHIST TZU CHI MEDICAL FOUNDATION 1008 S GARFIELD AVE ALHAMBRA, CA 918014709	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	91,180
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BULLHOOK COMMUNITY HEALTH CENTER INC 521 4TH ST HAVRE, MT 595013649	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
BYRNES HEALTH EDUCATION CENTER 515 SOUTH GEORGE STREET YORK, PA 17401	NONE	NC	TO PROVIDE DENTAL EDUCATION AND INCREASE ORAL HEALTH AWARENESS	10,000
CABIN CREEK HEALTH CENTER INC 107 KOONTZ AVENUE SUITE 200 CLENDENIN, WV 25045	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAHABA VALLEY HEALTH CARE INCORP 1515 6TH AVE S BIRMINGHAM, AL 352331601	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
CALIFORNIA DENTAL ASSOCIATION FOUNDATION 1201 K STREET 14TH FLOOR SACRAMENTO, CA 958143925	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
CAMILLUS HEALTH CONCERN INC 336 NW 5TH ST MIAMI, FL 331281616	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CARE RESOURCE COMMUNITY HEALTH CENTERS INC 3510 BISCAYNE BLVD STE 300 MIAMI, FL 331373851	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
CARECONNECT HEALTH INCPO BOX 357 RICHLAND, GA 318250357	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
CARIDAD CENTER INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 334724415	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON INC 924 G ST NW WASHINGTON, DC 200014532	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
CENTRAL MISSISSIPPI CIVIC IMPROVEMENT ASSOCIATION INC PO BOX 3437 JACKSON, MS 392073437	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
CENTRAL TEXAS COMMUNITY HEALTH CENTERS 2115 KRAMER STE 100 AUSTIN, TX 787584013	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,131
Total			▶ 3a	10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE SUITE D STATE COLLEGE, PA 168032300	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
CENTRO DE SALUD LA COMUNIDAD DE SAN YSIDRO INC 1601 PRECISION PARK LANE SAN DIEGO, CA 921731345	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	70,000
CESC2650 MUNICIPAL WAY TALLAHASSEE, FL 323043804	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHANGE INCORPORATED3158 WEST ST WEIRTON, WV 260624637	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	44,626
CHANICA VERANUNT CO LOMA LINDA UNIV 11092 ANDERSON ST LOMA LINDA, CA 92350	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
CHARLES HENDERSON MEMORIAL ASSOCIATION FRANKLIN DR 231BYPASS TROY, AL 360810000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
CHASE BREXTON HEALTH SERVICES INC 1111 N CHARLES ST BALTIMORE, MD 212015505	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
CHILDREN NOW 1404 FRANKLIN ST STE 700 OAKLAND, CA 946123232	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
CHILDRENS DENTAL FOUNDATION 455 EAST COLUMBIA STREET SUITE 32 LONG BEACH, CA 908061620	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDRENS MEDICAL CENTER FOUNDATION 2777 STEMMONS FREEWAY DALLAS, TX 75207	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA INC PO BOX 2344 AUGUSTA, GA 30903	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
CHRIST LUTHERAN CHURCH 124 SOUTH 13TH STREET HARRISBURG, PA 17104	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
CLAY-BATTELLE HEALTH SERVICES ASSOCIATION 5861 MASON DIXON HIGHWAY BLACKSVILLE, WV 265210000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,442
CLINICAS DEL CAMINO REAL INC PO BOX 4566 VENTURA, CA 930074566	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	39,048
CLINTON COUNTY HEALTHY COMMUNITIES 266 HOGAN BLVD STE 6 MILL HALL, PA 177511928	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION ST BILOXI, MS 395302935	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
COLLIER HEALTH SERVICES INC 1454 MADISON AVE W IMMOKALEE, FL 341422200	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
COMMUNITY COLLEGE OF BALTIMORE COUNTY FOUNDATION INC 7200 SOLLERS POINT RD BALTIMORE, MD 212224649	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

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Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY DENTAL CLINIC INC PO BOX 2957 CLEARWATER, FL 33757	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
COMMUNITY FOUNDATION OF THE EASTERN SHORE INC 1324 BELMONT AVE STE 401 SALISBURY, MD 218044584	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
COMMUNITY HEALTH ALLIANCE OF PASADENA 455 W MONTANA ST PASADENA, CA 911031327	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

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Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY HEALTH ALLIANCE 680 S ROCK BLVD RENO, NV 895024113	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	60,000
COMMUNITY HEALTH CARE CENTER INC (DBA ALLUVION HEALTH) 115 4TH STREET SOUTH GREAT FALLS, MT 59401	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
COMMUNITY HEALTH CENTER OF LUBBOCK INC 1610 5TH ST LUBBOCK, TX 794012622	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY HEALTH CENTERS INC 220 WEST 7200 SOUTH SUITE A MIDVALE, UT 840471043	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
COMMUNITY HEALTH CLINIC INC 943 4TH AVE NEW KENSINGTON, PA 150686409	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH DEVELOPMENT INC 908 EVANS ST STE A UVALDE, TX 788016052	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY MEDICAL AND DENTAL CENTER INC 309 GRAVEL PIKE COLLEGEVILLE, PA 194261835	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
COMMUNITY OF HOPE INC 4 ATLANTIC ST SW WASHINGTON, DC 200322350	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
COMMUNITY VOLUNTEERS IN MEDICINE INC 300 LAWRENCE DR STE B WEST CHESTER, PA 193804289	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
COMPREHENSIVE COMMUNITY HEALTH CENTERS INC 801 S CHEVY CHASE DR STE 20 GLENDALE, CA 912054437	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	150,000
CORNERSTONE CARE INC OLD GLASSWORKS RD GREENSBORO, PA 153380000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	60,000
CURE TAY-SACHS FOUNDATION 2409 E LUKE AVENUE PHOENIX, AZ 85016	NONE	NC	COMMUNITY GIVING - HEALTH	1,500
Total				10,392,288

▶ **3a**

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Name and address (home or business)				
a <i>Paid during the year</i>				
CURTIS V COOPER PRIMARY HEALTH CARE INC PO BOX 2024 SAVANNAH, GA 314022024	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
DADE COUNTY DENTAL RESEARCH CLINIC 750 NW 20TH STREET BLDG G 150 MIAMI, FL 331274618	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
DEKALB COUNTY BOARD OF HEALTH 445 WINN WAY DECATUR, GA 30030	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
DENTAL HEALTH CLINIC 107 S MARKET STREET BERWICK, PA 186034824	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
DENTAL HEALTH FOR ARLINGTON INC PO BOX 1542 ARLINGTON, TX 760041542	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 950651819	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total				10,392,288



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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DISTRICT CLINIC HOLDINGS INC 1515 N FLAGLER DRIVE WEST PALM BEACH, FL 33401	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	53,470
DOWNTOWN DAILY BREAD 310 NORTH THIRD STREET HARRISBURG, PA 17101	NONE	NC	COMMUNITY GIVING - DENTAL	5,000
EAST CENTRAL MISSISSIPPI HEALTH CARE INC PO BOX 142 SEBASTOPOL, MS 393590142	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
EAST GEORGIA HEALTHCARE CENTER INC 215 N COLEMAN ST SWAINSBORO, GA 304013530	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
EAST HILL FAMILY MEDICAL INC 144 GENESEE STREET AUBURN, NY 130213503	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	9,812
EAST TEXAS COMMUNITY HEALTH SERVICES INC PO BOX 632040 NACOGDOCHES, TX 759632040	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EBENZER MEDICAL OUTREACH INC 1448 TENTH AVENUE HUNTINGTON, WV 257013581	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 772230209	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
ENTERPRISE VALLEY MEDICAL CLINIC INC PO BOX 370 ENTERPRISE, UT 847250370	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ESCAMBIA COMMUNITY CLINICS INC 2315 W JACKSON ST PENSACOLA, FL 32505	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
ESPERANZA HEALTH CENTER INC 4417 N 6TH ST PHILADELPHIA, PA 191402319	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
EXCELTH INC 1515 POYDRAS ST STE 1070 NEW ORLEANS, LA 701124520	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	11,805
Total				10,392,288



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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EXCEPTIONAL CARE FOR CHILDREN 11 INDEPENDENCE WAY NEWARK, DE 19713	NONE	NC	COMMUNITY GIVING - HEALTH	1,500
FAMILY FIRST HEALTH CORPORATION 116 S GEORGE ST YORK, PA 174011474	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA INC PO BOX 1357 FT MYERS, FL 339021357	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	16,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAMILY HEALTH NETWORK OF CENTRAL NEW YORK INC 85 SOUTH WEST STREET HOMER, NY 13077	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
FAMILY HEALTHCARE NETWORK 305 E CENTER AVE VISALIA, CA 932916331	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
FAYETTE CARE CLINIC INC 1260 HIGHWAY 54 W STE 101 FAYETTEVILLE, GA 302144525	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FINGER LAKES MIGRANT HEALTH CARE PROJECT INC 14 MAIDEN LN PENN YAN, NY 145271208	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	14,000
FIRST BAPTIST DENTON MINISTRY CENTER 1701 BROADWAY ST DENTON, TX 762012501	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	35,000
FLORIDA DENTAL ASSOCIATION FOUNDATION INC 545 JOHN KNOX ROAD STE 200 TALLAHASSEE, FL 32303	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FLORIDA DEPARTMENT OF HEALTH IN COLLIER COUNTY 3339 EAST TAMIAMI TRAIL SUITE 145 NAPLES, FL 34112	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
FRANKLIN PRIMARY HEALTH CENTER INC 1303 DR MARTIN LUTHER KING JR MOBILE, AL 366030000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	60,000
FREE CLINIC OF SIMI VALLEY 2060 TAPO ST SIMI VALLEY, CA 930633417	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FULTON COUNTY FAMILY PARTNERSHIP INC 22438 GREAT COVE ROAD MCCONNELLSBURG, PA 172338367	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
FUTURE SMILES3074 ARVILLE STREET LAS VEGAS, NV 89102	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	70,000
GATEWAY COMMUNITY HEALTH CENTER INC 1515 PAPPAS ST LAREDO, TX 780411705	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GATEWAY COMMUNITY HEALTH CENTER INC 1515 PAPPAS ST LAREDO, TX 780411705	NONE	NC	TO PROVIDE DENTAL EDUCATION AND INCREASE ORAL HEALTH AWARENESS	10,000
GEORGIA MOUNTAINS HEALTH SERVICES INC PO BOX 540 MORGANTON, GA 305600540	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	5,000
GFWC CORAL GABLES WOMANS CLUB INC 1001 E PONCE DE LEON BLVD CORAL GABLES, FL 331343313	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GLACIER COMMUNITY HEALTH CENTER INC 519 E MAIN ST CUT BANK, MT 594273015	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
GOOD SAMARITAN HEALTH CENTER INC 1015 DONALD LEE HOLLOWELL PKWY NW ATLANTA, GA 303186653	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
GOOD SAMARITAN HEALTH CENTERS INC 268 HERBERT ST ST AUGUSTINE, FL 320844000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GOOD SAMARITAN HEALTH CLINIC OF PASCO INC 5334 ASPEN ST NEW PORT RICHEY, FL 346524001	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	2,900
GRANT ROSS CO LAKE ERIE COLLEGE OF 4800 LAKEWOOD RANCH BOULEVARD BRADENTON, FL 34211	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
GREATER PHILADELPHIA HEALTH ACTION 1401 S 31ST ST 2ND FLOOR PHILADELPHIA, PA 191463506	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREEN RIVER MEDICAL CENTER INC PO BOX 417 GREEN RIVER, UT 845250417	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
GULF COAST DENTAL OUTREACH INC 4812 LONGWATER WAY TAMPA, FL 336154216	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
HANNA BRODY CO UCLA 500 PARNASSUS AVENUE MU 201-W SAN FRANCISCO, CA 94143	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total				10,392,288



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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HARCUM COLLEGE 750 MONTGOMERY AVE BRYN MAWR, PA 190103405	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	14,000
HEALS INC1100 MERIDIAN ST N HUNTSVILLE, AL 358014636	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
HEALTH CARE ACCESSPO BOX 591 PHOENIXVILLE, PA 194600591	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEALTH SERVICES INCPO BOX 70365 MONTGOMERY, AL 361070365	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
HEALTHLINK DENTAL CLINIC INC 1775 STREET RD SOUTHAMPTON, PA 189664564	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY 2101 E 4TH ST SUITE A-220 SANTA ANA, CA 927053803	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	100,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEALTHY SMILES MOBILE DENTAL FOUNDATION 4186 W SWIFT AVENUE FRESNO, CA 937226322	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	12,000
HEART OF TEXAS COMMUNITY HEALTH CENTER INC 1600 PROVIDENCE DR WACO, TX 767072261	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
HILL COUNTRY COMMUNITY CLINIC 29632 HWY 299E ROUND MOUNTAIN, CA 960840000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	135,220
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOMETOWN HEALTH1044 STATE ST SCHENECTADY, NY 123071508	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
HOPE CENTER INC 10274-A HIGHWAY 104 FAIRHOPE, AL 36532	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
HOPE MEDICAL CLINIC INC 1125 FORREST AVE STE 202 DOVER, DE 199043483	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOSPITAL SERVICE DISTRICT NO 1-A OF THE PARISH OF RICHLAND STATE OF LA 407 CINCINNATI STREET DELHI, LA 71232	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
HOWARD UNIVERSITY 600 W STREET NW ROOM 519 COLLEGE OF DENTISTRY WASHINGTON, DC 200590001	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	150,000
HUDSON HEADWATERS HEALTH NETWORK 9 CAREY RD QUEENSBURY, NY 128047880	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER 806 JEFFERSON TER NEW IBERIA, LA 705605727	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
INDEPENDENT HEALTH FOUNDATION 511 FARBER LAKES DR BUFFALO, NY 14221	NONE	NC	COMMUNITY GIVING - HEALTH	10,000
JEFFERSON COMPREHENSIVE HEALTH CENTER INC 225 COMMUNITY DRIVE FAYETTE, MS 39069	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEFFREY KERST CO LOUISIANA STATE UN 1100 FLORIDA AVE BOX 228 NEW ORLEANS, LA 70119	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
JESSIE TRICE COMMUNITY HEALTH CENTER INC 5607 NW 27TH AVENUE SUITE STE 1 MIAMI, FL 331422826	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
JOHN RATLIFF CO TEXAS AM 3302 GASTON AVE DALLAS, TX 75246	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KANAWHA COUNTY DENTAL HEALTH COUNCIL INC 100 FLORIDA ST CHARLESTON, WV 253021131	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
KATHRYN PAWLAK CO UNIVERSITY OF MAR 650 WEST BALTIMORE ST BALTIMORE, MD 21201	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
KEYSTONE RURAL HEALTH CENTER 22 ST PAUL DR SUITE 200 CHAMBERSBURG, PA 172014223	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	12,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KIDS' COMMUNITY CLINIC OF BURBANK 400 W ELMWOOD ANE BURBANK, CA 91506	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
KIDS' COMMUNITY CLINIC OF BURBANK 400 W ELMWOOD ANE BURBANK, CA 91506	NONE	NC	TO PROVIDE DENTAL EDUCATION AND INCREASE ORAL HEALTH AWARENESS	17,000
KIDS SMILES INC 3751 ISLAND AVE STE 205 PHILADELPHIA, PA 191533237	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
Total				10,392,288

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LA CLINICA DE LA RAZA INC PO BOX 22210 OAKLAND, CA 946232210	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,037
LA COMUNIDAD HISPANA INC 731 W CYPRESS ST KENNETT SQ, PA 193482419	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
LA MAESTRA FAMILY CLINIC INC 4060 FAIRMOUNT AVE SAN DIEGO, CA 921051608	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	42,717
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LA RED HEALTH CENTER INC 21444 CARMEAN WAY GEORGETOWN, DE 199474572	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
LAFAYETTE GENERAL FOUNDATION INC 1214 COOLIDGE BLVD LAFAYETTE, LA 705032621	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
LAKELAND VOLUNTEERS IN MEDICINE INC 1021 LAKELAND HILLS BLVD LAKELAND, FL 338054672	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LANCASTER HEALTH CENTER 304 N WATER ST LANCASTER, PA 17603	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	100,000
LANSDALE HOSPITAL CORPORATION 100 MEDICAL CAMPUS DR LANSDALE, PA 194461259	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
LARISA POLET FORES CO TEMPLE UNIVER 3223 N BROAD STREET SUITE L218 PHILADELPHIA, PA 19140	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
LIFELONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 947122247	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	150,000
LINA RAFFO CO WESTERN UNIVERSITY 309 E SECOND STREET POMONA, CA 91766	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
LONE STAR CIRCLE OF CARE 205 E UNIVERSITY AVE STE 200 GEORGETOWN, TX 786266821	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LOURDES FOUNDATION INC 4801 AMBASSADOR CAFFERY PKWY LAFAYETTE, LA 705086917	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
MACON VOLUNTEER CLINIC INC 376 ROGERS AVE MACON, GA 312042506	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	12,999
MANNA MINISTERIES INC 120 STREET A SUITE A PICAYUNE, MS 394665466	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
MANOS DE CRISTO INC 4911 HARMON AVE AUSTIN, TX 787512710	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	18,610
MARILLAC COMMUNITY HEALTH CENTERS 3201 S CARROLLTON AVE NEW ORLEANS, LA 701184307	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
MARILYN NGUYEN CO UNIVERSITY OF THE 155 5TH STREET SAN FRANCISCO, CA 94103	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARVIN PAYEN CO HOWARD UNIVERSITY 600 W STREET NW ROOM 526 WASHINGTON, DC 20059	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
MARYLAND FOUNDATION OF DENTISTRY FOR THE HANDICAPPED INC 8901 HERRMANN DR COLUMBIA, MD 210454710	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
MARYS CENTER FOR MATERNAL AND CHILD CARE INC 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
Total				10,392,288

▶ 3a

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MCCALL MCCORD CO UNIVERSITY OF UTAH 530 WAKARA WAY SALT LAKE CITY, UT 84108	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
MEGAN CLOIDT CO COLUMBIA UNIVERSITY 630 WEST 168TH STREET NEW YORK, NY 10032	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
MELISSA CAMPBELL CO UNIVERSITY OF P 3501 TERRACE STREET PITTSBURGH, PA 15261	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MENDOCINO COMMUNITY HEALTH CLINIC INC 333 LAWS AVE UKIAH, CA 954826540	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,150
MERCY HEALTH CENTER INC 700 OGLETHORPE AVE SUITE C7 ATHENS, GA 30606	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
MERIDIAN EDUCATION RESOURCE GROUP INC 1353 GEORGE W BRUMLEY WAY SE ATLANTA, GA 303171743	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	75,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MIAMI BEACH COMMUNITY HEALTH CENTER INC 11645 BISCAYNE BLVD STE 207 MIAMI, FL 331813138	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
MICHAEL PETRIDES CO WEST VIRGINIA U 1 MEDICAL CENTER DRIVE PO BOX 9404 MORGANTOWN, WV 26506	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
MID-OHIO VALLEY BOARD OF HEALTH 211 SIXTH STREET PARKERSBURG, WV 26101	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MIDTOWN COMMUNITY HEALTH CENTER INC 2240 ADAMS AVE OGDEN, UT 844011511	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
MINISTRY OF CARING INC 115 E 14TH ST WILMINGTON, DE 198013209	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
MINNIE HAMILTON HEALTH CARE CENTER 186 HOSPITAL DR GRANTSVILLE, WV 261477100	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MISSION FIRST INCPO BOX 250 JACKSON, MS 392050250	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
MISSION OF MERCY INC 103 W MIDDLE ST GETTYSBURG, PA 173252109	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	75,000
MISSISSIPPI DENTAL ASSOCIATION FOUNDATION 439 B KATHERINE DRIVE FLOWOOD, MS 392329781	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	7,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MOM-N-PA420 E ORANGE ST SHIPPENSBURG, PA 172572140	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
MONONGALIA COUNTY HEALTH DEPARTMENT DENTISTRY 453 VAN VOORHIS ROAD MORGANTOWN, WV 26505	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
MORRIS HEIGHTS HEALTH CENTER INC 85 W BURNSIDE AVE BRONX, NY 104534015	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MOUNTAIN VALLEYS HEALTH CENTERS PO BOX 277 BIEBER, CA 960090277	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
MOUNTAINLANDS COMMUNITY HEALTH CENTER INC 589 S STATE ST PROVO, UT 846065056	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
NATIONAL NETWORK FOR ORAL HEALTH ACCESS 181 E 56TH AVE SUITE 401 DENVER, CO 80216	NONE	NC	TO PROVIDE DENTAL EDUCATION AND INCREASE ORAL HEALTH AWARENESS	25,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
NEIGHBORHOOD HEALTHCARE 425 N DATE ST ESCONDIDO, CA 920253413	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,800
NEVADA HEALTH CENTERS INC 3325 RESEARCH WAY CARSON CITY, NV 897067913	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	48,500
NEW YORK UNIVERSITY 105 EAST 17TH STREET 4TH FLOOR NEW YORK, NY 100032170	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NICHOLAS MONTANARO CO STONY BROOK S SOUTH DRIVE STONY BROOK, NY 11794	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
NICOLE LEE CO UCLA OFFICE OF STUDENT AFFAIRS A0-111 LOS ANGELES, CA 90095	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
NINTH DISTRICT DENTAL ASSOCIATION 364 ELWOOD AVE HAWTHORNE, NY 10532	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	2,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NO AIDS TASK FORCE 2601 TULANE AVE STE 500 NEW ORLEANS, LA 701197400	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER INC 200 MLK JR BLVD WICHITA FALLS, TX 763011152	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	38,000
NORTH COUNTY HEALTH PROJECT INC 150 VALPRED A RD SAN MARCOS, CA 920692973	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTH EAST MEDICAL SERVICES 1520 STOCKTON ST SAN FRANCISCO, CA 941333354	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	66,000
NORTH FLORIDA MEDICAL CENTERS INC 2804 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 323088707	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
NORTH SIDE CHRISTIAN HEALTH CENTER 816 MIDDLE ST PITTSBURGH, PA 152124915	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHEAST VALLEY HEALTH CORPORATION 1172 N MACLAY AVE SAN FERNANDO, CA 913401328	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,228
NORTHERN OSWEGO COUNTY HEALTH SERVICES INC 61 DELANO ST PULASKI, NY 131421400	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
NORTHWEST ALABAMA COMMUNITY HEALTH ASSOCIATION 309B HANDY HOMES FLORENCE, AL 356305274	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
OAKLAND A'S COMMUNITY FUND 7000 COLISEUM WAY OAKLAND, CA 946211917	NONE	NC	COMMUNITY GIVING - DENTAL	100,000
OAKLAND PRIDE INC 18332 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546	NONE	NC	COMMUNITY GIVING - DENTAL	350
ODYSSEY HOUSE LOUISIANA INC 1125 N TONTI ST NEW ORLEANS, LA 701193549	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OLE HEALTH1100 TRANCAS ST STE 300 NAPA, CA 945582921	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	35,000
OPEN DOOR FAMILY MEDICAL CENTER INC 165 MAIN ST OSSINING, NY 105624702	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
OUTREACH HEALTH SERVICES INC PO BOX 527 SHUBUTA, MS 393600527	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	31,740
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PANCARE OF FLORIDA INC 403 E 11TH ST PANAMA CITY, FL 324013409	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
PARTNERSHIP HEALTH CENTER INC 323 W ALDER ST MISSOULA, MT 598024123	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
PASADENA HEALTH CENTER INC 908 SOUTHMORE AVE STE 100 PASADENA, TX 775021120	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PEDIATRIC AND FAMILY MEDICAL CENTER 1530 SOUTH OLIVE ST 6TH FLOOR LOS ANGELES, CA 900153023	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
PREMIER COMMUNITY HEALTHCARE GROUP INC PO BOX 232 DADE CITY, FL 335260232	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
PRESTON-TAYLOR COMMUNITY HEALTH CENTERS INCORPORATED PO BOX 399 GRAFTON, WV 263540399	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PRIMARY CARE COALITION OF MONTGOMERY COUNTY MD INC 8757 GEORGIA AVE 10TH FL SILVER SPRING, MD 209103737	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
PRIMARY HEALTH NETWORK PO BOX 176 SHARON, PA 161460000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	90,000
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 191302936	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
QUEENSCARE HEALTH CENTERS 950 SOUTH GRAND AVE 2ND FL S LOS ANGELES, CA 900154202	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
RACHEL W KIM CO UNIVERSITY AT BUFFA 3435 MAIN ST BUFFALO, NY 14214	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
RANA L SHAMMAS CO UNIVERSITY OF TEX 7000 FANNIN ST SUITE 1200 HOUSTON, TX 77030	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REDWOODS RURAL HEALTH CENTER INC PO BOX 769 REDWAY, CA 955600769	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
REGENCE HEALTH NETWORK INC 2801 W 8TH ST PLAINVIEW, TX 790726737	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS IN FREDERICK COUNTY 27 DEGRANGE ST FREDERICK, MD 217015432	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK UB COMMONS SUITE 211 BUFFALO, NY 142282567	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
RESOURCES FOR HUMAN DEVELOPMENT INC 4700 WISSAHICKON AVE STE 126 PHILADELPHIA, PA 191444248	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
ROCHESTER PRIMARY CARE NETWORK INC 259 MONROE AVE BSMT B ROCHESTER, NY 146073632	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RURAL HEALTH MEDICAL PROGRAM INC PO BOX 2213 SELMA, AL 36702	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	46,000
RYAN-CHELSEA CLINTON COMMUNITY HEALTH CENTER 645 TENTH AVENUE NEW YORK, NY 10036	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 THIRD AVENUE SACRAMENTO, CA 95817	NONE	NC	COMMUNITY GIVING - HEALTH	200
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SACRAMENTO NATIVE AMERICAN HEALTHCENTER INC 2020 J ST SACRAMENTO, CA 958113120	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
SALT LAKE DONATED DENTAL SERVICES 1383 S 900 W STE 128 SALT LAKE CTY, UT 841041652	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
SALUD PARA LA GENTE 195 AVIATION WAY STE 200 WATSONVILLE, CA 950762059	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAN DIEGO CHILDREN'S DISCOVERY MUSEUM 320 N BROADWAY ESCONDIDO, CA 92025	NONE	NC	TO PROVIDE DENTAL EDUCATION AND INCREASE ORAL HEALTH AWARENESS	20,000
SAN FERNANDO COMMUNITY HOSPITAL 732 MOTT ST STE 100 SAN FERNANDO, CA 913404240	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	49,582
SAN FRANCISCO EDUCATION FUND 2730 BRYANT STREET SECOND FLOOR SAN FRANCISCO, CA 94110	NONE	NC	COMMUNITY GIVING - DENTAL	6,250
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAN FRANCISCO LESBIAN GAY FREEDOM DAY PARADE & CELEB COMMITTEE INC 1841 MARKET STREET 4TH FLOOR SAN FRANCISCO, CA 94103	NONE	NC	COMMUNITY GIVING - DENTAL	470
SAN FRANCISCO SYMPHONY 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	NONE	NC	COMMUNITY GIVING - DENTAL	5,000
SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 941073446	NONE	NC	COMMUNITY GIVING - DENTAL	85,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HEALTH PO BOX 99 TEMPLE CITY, CA 917800099	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
SAN JOSE CLINIC2615 FANNIN HOUSTON, TX 770029224	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	11,200
SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA ST 1ST FLOOR SANTA BARBARA, CA 93101	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SANTA ROSA CHILDRENS HOSPITAL FOUNDATION 1 INTL CENTER 100 NE LOOP 410 NO 706 SAN ANTONIO, TX 782160000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
SARAH KATHRYN BRELAND CO UNIVERSITY 2500 N STATE ST JACKSON, MS 39216	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
SAVANNAH VOLUNTEER DENTAL CLINIC 5302 FREDERICK ST STE 101 SAVANNAH, GA 314054822	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SCHOOL - AGED GAP ELIMINATION INITIATIVE INC 1502 S LA BRUCHERIE RD EL CENTRO, CA 922439495	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
SINEAD BENYAMINOV CO USC 925 W 34TH STREET DEN 218 LOS ANGELES, CA 90089	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
SKYE PRECIOUS KIDS 165 COURTLAND ST ATLANTA, GA 30303	NONE	NC	COMMUNITY GIVING - DENTAL	5,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SLO NOOR FOUNDATION A NON-PROFIT CORPORATION 1428 PHILLIPS LANE STE B-4 SAN LUIS OBISPO, CA 934012570	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
SMILES ACROSS MONTANA LLC 37 JEFFERSON DR CLANCY, MT 596349736	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	18,812
SONRISAS DENTAL HEALTH INC 430 NORTH EL CAMINO REAL SAN MATEO, CA 94401	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BLVD STE 210 TORRANCE, CA 905054732	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
SOUTH CENTRAL HOUSTON ACTION COUNCIL INC PO BOX 300345 HOUSTON, TX 772300345	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
SOUTH COUNTY COMMUNITY CLINIC 101 PINE MANOR DR OAK RIDGE N, TX 773859059	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTH COUNTY COMMUNITY HEALTH CENTER INC 1885 BAY RD E PALO ALTO, CA 943031312	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
SOUTHEAST COMMUNITY HEALTH SYSTEMS PO BOX 770 ZACHARY, LA 707910770	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE INC PO BOX 1729 HATTIESBURG, MS 394031729	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTHERN MARYLAND MISSION OF MERCY 28095 THREE NOTCH RD MECHANICSVILLE, MD 206593373	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
SOUTHWEST UTAH COMMUNITY HEALTH CENTER 25 N 100 E STE 102 ST GEORGE, UT 847707369	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
SPACE COAST HEALTH FOUNDATION INC 1100 ROCKLEDGE BLVD SUITE 100 ROCKLEDGE, FL 32955	NONE	NC	COMMUNITY GIVING - HEALTH	5,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST JEANNE DE LESTONNAC FREE CLINIC 1215 E CHAPMAN AVE ORANGE, CA 928662237	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
ST JOHNS WELL CHILD AND FAMILY CENTER INC 808 W 58TH ST LOS ANGELES, CA 900373632	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	275,000
ST LUKES HOSPITAL 801 OSTRUM STREET BETHLEHEM, PA 180151000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST PAULS FREE MEDICAL CLINIC INC 1608 WALNUT ST ERIE, PA 165021750	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
STATE OF DELAWARE 300 NORTH ORANGE STREET WILMINGTON, DE 19801	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
STEPHEN F AUSTIN COMMUNITY HEALTH CENTER INC 1111 W ADOUE ST ALVIN, TX 775112718	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STEVEN MCDANIEL CO UNLV 1001 SHADOW LANE LAS VEGAS, NV 89106	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
STONY BROOK FOUNDATION INC 230 ADMINISTRATION AT SUNY STONY BROOK, NY 117900000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	160,014
STO-ROX NEIGHBORHOOD HEALTH COUNCIL INC 710 THOMPSON AVE MCKEES ROCKS, PA 151363808	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SULLIVAN COUNTY ACTION INC PO BOX 1 LAPORTE, PA 186260001	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
SUNCOAST COMMUNITY HEALTH CENTERS INC 13110 ELK MOUNTAIN DR RIVERVIEW, FL 335797182	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	60,000
SUSAN DEW HOFF MEMORIAL CLINIC INC 623 LIBERTY AVENUE WEST MILFORD, WV 264510000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	35,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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Name and address (home or business)				
a <i>Paid during the year</i>				
SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC INC 471 HEPBURN ST WILLIAMSPORT, PA 177016122	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC 335 MARKET ST STE 1 SUNBURY, PA 178013411	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
SWLA CENTER FOR HEALTH SERVICES PO BOX 19010 LAKE CHARLES, LA 706169010	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TALBOT HOUSE MINISTRIES OF LAKELAND INC 814 NORTH KENTUCKY AVENUE LAKELAND, FL 338011706	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
TEAMSMILE INC2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEAMSMILE INC 2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
TEAMSMILE INC 2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	COMMUNITY GIVING - HEALTH	200
TEMPLE COMMUNITY FREE CLINIC INC PO BOX 92 TEMPLE, TX 765030092	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEMPLE UNIVERSITY 3223 N BROAD STREET SUITE L218 PHILADELPHIA, PA 19140	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	20,000
TEXAS SMILES FOUNDATION 1946 S IH 35 SUITE 300 AUSTIN, TX 787043644	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
THE ALAMEDA COUNTY COMMUNITY FOOD BANK INC 7900 EDGEWATER DRIVE OAKLAND, CA 94621	NONE	NC	COMMUNITY GIVING - DENTAL	85,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE ALAMEDA COUNTY COMMUNITY FOOD BANK INC 7900 EDGEWATER DRIVE OAKLAND, CA 94621	NONE	NC	COMMUNITY GIVING - HEALTH	200
THE CHILDREN'S ORAL HEALTH INSTITUTE 9199 REISTERSTOWN ROAD SUITE 203A OWINGS MILLS, MD 21117	NONE	NC	TO PROVIDE DENTAL EDUCATION AND INCREASE ORAL HEALTH AWARENESS	20,000
THE DENTAL COLLEGE OF GEORGIA AT AUGUSTA UNIVERSITY 1120 15TH STREET AUGUSTA, GA 30912	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE HENRY W GRADY HEALTH SYSTEM FOUNDATION INC 191 PEACHTREE ST NE STE 820 ATLANTA, GA 303031755	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	65,000
THE MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014	NONE	NC	COMMUNITY GIVING - DENTAL	100
THE SALVATION ARMY DFW METROPLEX PO BOX 36006 DALLAS, TX 75235	NONE	NC	COMMUNITY GIVING - DENTAL	100
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE UNITED WAY OF CENTRAL MARYLAND INC 1800 WASHINGTON BLVD STE 340 BALTIMORE, MD 212301732	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST SUITE 1200 HOUSTON, TX 77030	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	160,000
THE WILDCAT FOUNDATION 1225 SOUTH MARKET STREET MECHANICSBURG, PA 17055	NONE	NC	COMMUNITY GIVING - DENTAL	12,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
THREE LOWER COUNTIES COMMUNITY SERVICES INC PO BOX 1978 SALISBURY, MD 218021978	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
TIBURCIO VASQUEZ HEALTH CENTER INC 22331 MISSION BLVD HAYWARD, CA 945413911	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	150,000
TIOGA COUNTY HEALTH DEPARTMENT 1062 STATE RT 38 OWEGO, NY 13827	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
TOLOSA CHILDREN'S DENTAL CENTER 717 WALNUT DRIVE PASO ROBLES, CA 93446	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
TRINITY COUNTY SUPERINTENDENT OF SCHOOLS PO BOX 1256 WEAVERVILLE, CA 96093	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
TUOLUMNE COUNTY SCHOOLS 175 FAIRVIEW LN SONORA, CA 95370	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
UCLA SCHOOL OF DENTISTRY STUDENT AFFAIRS OFFICE OFFICE OF STUDENT AFFAIRS A0-111 LOS ANGELES, CA 90095	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	20,000
UNITED DISABILITIES SERVICES FOUNDATION 2270 ERIN COURT LANCASTER, PA 17601	NONE	NC	COMMUNITY GIVING - HEALTH	100
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 170251497	NONE	NC	COMMUNITY GIVING - DENTAL	25,000
Total ▶ 3a				10,392,288

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITY HEALTH CARE INC 1100 NEW JERSEY AVE SE WASHINGTON, DC 200033733	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF DENTISTRY 500 PARNASSUS AVENUE MU 201-W SAN FRANCISCO, CA 94143	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	20,000
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 513 PARNASSUS AVENUE 6TH FLOOR SAN FRANCISCO, CA 94143	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 513 PARNASSUS AVENUE 6TH FLOOR SAN FRANCISCO, CA 94143	NONE	NC	TO PROVIDE DENTAL EDUCATION AND INCREASE ORAL HEALTH AWARENESS	1,000,000
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 513 PARNASSUS AVENUE 6TH FLOOR SAN FRANCISCO, CA 94143	NONE	NC	TO PROVIDE DENTAL EDUCATION AND INCREASE ORAL HEALTH AWARENESS	18,000
UNIVERSITY OF LOUISIANA AT MONROE 700 UNIVERSITY AVENUE MONROE, LA 71209	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY 650 WEST BALTIMORE ST BALTIMORE, MD 21201	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	100,000
UNIVERSITY OF NEVADA LAS VEGAS FOUNDATION 4505 S MARYLAND PKWY LAS VEGAS, NV 891549900	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
UNIVERSITY OF NEVADA LAS VEGAS SCHOOL OF DENTAL MEDICINE 1001 SHADOW LANE LAS VEGAS, NV 89106	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	20,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE MC 7828 SAN ANTONIO, TX 78229	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 952110110	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	100,000
UPMC ALTOONA PARTNERSHIP FOR A HEALTHY COMMUNITY US STEEL TOWER 58TH FL 600 GRANT ST PITTSBURGH, PA 152190000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	26,807
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
UTAH PARTNERS FOR HEALTH 7651 S MAIN STREET MIDVALE, UT 840477101	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
VALLEY HEALTHCARE SYSTEM INC 1600 FORT BENNING RD COLUMBUS, GA 319032834	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
VARIOUS 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	NONE	NC	MISCELLANEOUS ORAL HEALTH ITEMS	2,428
Total				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	NONE	NC	COMMUNITY GIVING - HEALTH	5,000
VIA CARE COMMUNITY HEALTH CENTER 507 S ATLANTIC BLVD LOS ANGELES, CA 900222621	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
VISHNU REDDY CO NEW YORK UNIVERSITY 433 1ST AVENUE NEW YORK, NY 10010	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				10,392,288

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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Name and address (home or business)				
a <i>Paid during the year</i>				
VISTA COMMUNITY CLINIC 1000 VALE TERRACE DR VISTA, CA 920845218	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
VMSN INC1240 N MARTIN L KING BLVD LAS VEGAS, NV 89106	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	75,000
WALNUT STREET COMMUNITY HEALTH CENTER INC 201 SOUTH CLEVELAND AVENUE HAGERSTOWN, MD 217405745	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

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Name and address (home or business)				
a <i>Paid during the year</i>				
WASATCH HOMELESS HEALTH CARE INC 409 W 400 S SALT LAKE CTY, UT 841011135	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
WASHINGTON COUNTY COMMISSION ON AGING INC 535 EAST FRANKLIN STREET HAGERSTOWN, MD 21740	NONE	NC	COMMUNITY GIVING - HEALTH	5,000
WATER STREET HEALTH SERVICES PO BOX 7267 LANCASTER, PA 176047267	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
WAYNE COMMUNITY HEALTH CENTERS INC PO BOX 303 BICKNELL, UT 847150303	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
WELLSPAN HEALTHPO BOX 2767 YORK, PA 174052767	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	63,070
WEST VIRGINIA HEALTH RIGHT INC 1520 WASHINGTON ST E CHARLESTON, WV 253112511	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

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Name and address (home or business)				
a <i>Paid during the year</i>				
WESTERN MARYLAND AREA HEALTH EDUCATION CENTER 39 BALTIMORE ST STE 201 CUMBERLAND, MD 215023066	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	5,000
WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E 2ND ST POMONA, CA 917661854	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
WESTJAX OUTREACH INC 5126 TIMUQUANA RD JACKSONVILLE, FL 322100000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
WESTMINSTER FREE CLINIC 5560 E NAPOLEON AVE OAK PARK, CA 913774746	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
WHEELING HEALTH RIGHT INC 61 29TH ST WHEELING, WV 260034161	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
WHITMAN-WALKER CLINIC INC 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	52,100
Total ▶ 3a				10,392,288

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WHITNEY M YOUNG JR HEALTH CENTER INC 920 LARK DRIVE ALBANY, NY 122071300	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
WILLIAM F RYAN COMMUNITY HEALTH CENTER INC 110 W 97TH ST NEW YORK, NY 100256450	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
WILLIAMSON HEALTH & WELLNESS CENTER INC PO BOX 2080 WILLIAMSON, WV 256612080	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				10,392,288

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Name and address (home or business)				
a <i>Paid during the year</i>				
WILMINGTON COMMUNITY CLINIC 1009 N AVALON BLVD WILMINGTON, CA 907444505	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
WINN COMMUNITY HEALTH CENTER INC PO BOX 1288 WINNFIELD, LA 714831288	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
WORKING PEOPLES FREE CLINIC INC 1543 MCGINNIS ST ALEXANDRIA, LA 713016249	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total				10,392,288

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YULISSA ALVAREZ CO NOVA SOUTHEASTER OFFICE OF THE DEAN FORT LAUDERDALE, FL 33328	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
ZACHARY HANSEN CO ROSEMAN UNIVERSIT 10894 S RIVER FRONT PARKWAY SOUTH JORDAN, UT 84095	NONE	I	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total				10,392,288

▶ 3a

TY 2019 Accounting Fees Schedule**Name:** DELTA DENTAL COMMUNITY CARE FOUNDATION**EIN:** 37-1570764

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT / TAX FEES	13,620	0	0	0

TY 2019 Other Expenses Schedule**Name:** DELTA DENTAL COMMUNITY CARE FOUNDATION**EIN:** 37-1570764**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSES AND FEES	2,428	0	0	0
MISC OUTSIDE SERVICES	1,212	0	0	0

TY 2019 Other Professional Fees Schedule**Name:** DELTA DENTAL COMMUNITY CARE FOUNDATION**EIN:** 37-1570764

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATION FEES/EXPENSES	668,023	0	0	0

TY 2019 Substantial Contributors Schedule

Name: DELTA DENTAL COMMUNITY CARE FOUNDATION
EIN: 37-1570764

Name	Address
DELTA DENTAL INSURANCE COMPANY	560 MISSION STREET SAN FRANCISCO, CA 94105
DELTA DENTAL OF DELAWARE INC	ONE DELTA DRIVE MECHANICSBURG, PA 17055
DELTA DENTAL OF NEW YORK INC	ONE DELTA DRIVE MECHANICSBURG, PA 17055
DELTA DENTAL OF PENNSYLVANIA	ONE DELTA DRIVE MECHANICSBURG, PA 17055
DELTA DENTAL OF WEST VIRGINIA INC	ONE DELTA DRIVE MECHANICSBURG, PA 17055
DELTA DENTAL OF CALIFORNIA	560 MISSION STREET SAN FRANCISCO, CA 94105
DELTA DENTAL OF THE DISTRICT OF COLUMBIA	ONE DELTA DRIVE MECHANICSBURG, PA 17055
DR CHRISTOPHER KOTCHICK	300 COMMUNITY DRIVE TOBYHANNA, PA 18466
DELTA DENTAL OF PENNSYLVANIA BOOK FAIR	ONE DELTA DRIVE MECHANICSBURG, PA 17055

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2019

Name of the organization
DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number
37-1570764

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
 DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number

37-1570764

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization DELTA DENTAL COMMUNITY CARE FOUNDATION	Employer identification number 37-1570764
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions) Use duplicate copies of Part II if additional space is needed</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
8	DONATED GRANT MANAGEMENT, ADMINISTRATIVE FEES/EXPENSES	\$ 668,023	2019-06-30
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	

Name of organization
DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number
37-1570764

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 37-1570764

Name: DELTA DENTAL COMMUNITY CARE FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DELTA DENTAL OF CALIFORNIA 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	\$ 14,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
2	DELTA DENTAL INSURANCE COMPANY 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	\$ 4,300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
3	DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA 17055	\$ 2,700,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
4	DELTA DENTAL OF NEW YORK INC ONE DELTA DRIVE MECHANICSBURG, PA 17055	\$ 1,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
5	DELTA DENTAL OF DELAWARE INC ONE DELTA DRIVE MECHANICSBURG, PA 17055	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
6	DELTA DENTAL OF THE DISTRICT OF COLUMBIA ONE DELTA DRIVE MECHANICSBURG, PA 17055	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DELTA DENTAL OF WEST VIRGINIA INC <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055	<hr/> \$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
8	DELTA DENTAL OF CALIFORNIA <hr/> 560 MISSION STREET SUITE 1300 <hr/> SAN FRANCISCO, CA 94105	<hr/> \$ 668,023	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
9	DR CHRISTOPHER KOTCHICK <hr/> 300 COMMUNITY DRIVE <hr/> TOBYHANNA, PA 18466	<hr/> \$ 18,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)