

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

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

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) ▶ \$ 33,566,812		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(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)	22,875,791			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	58,885	58,885		
	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	22,934,676	58,885	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)	12,500	0	0	0
	c Other professional fees (attach schedule)	1,578,742	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				
	23 Other expenses (attach schedule)	8,007	0	0	0
	24 Total operating and administrative expenses. Add lines 13 through 23	1,599,249	0	0	0
	25 Contributions, gifts, grants paid	16,754,921			16,754,921
26 Total expenses and disbursements. Add lines 24 and 25	18,354,170	0	0	16,754,921	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	4,580,506				
b Net investment income (if negative, enter -0-)		58,885			
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	10,587,806	5,494,135	5,494,135
	2 Savings and temporary cash investments		8,060,219	8,060,219
	3 Accounts receivable ▶ <u>20,009,125</u>			
	Less: allowance for doubtful accounts ▶ _____	18,400,000	20,009,125	20,009,125
	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		3,333	3,333
	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)	28,987,806	33,566,812	33,566,812	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	12,000	10,500	
	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)	12,000	10,500	
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	28,975,806	33,556,312	
	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)	28,975,806	33,556,312		
30 Total liabilities and net assets/fund balances (see instructions) .	28,987,806	33,566,812		

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	28,975,806
2 Enter amount from Part I, line 27a	2	4,580,506
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	33,556,312
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	33,556,312

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)	{	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	}	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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved				2
3 Reserved				3
4 Reserved				4
5 Reserved				5
6 Reserved				6
7 Reserved				7
8 Reserved				8

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, tax under section 511, tax based on investment income, and credits/payments. Total tax due is 836.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection, and books in care.

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Table with 3 columns: Question, Yes, No. Rows 15-16 regarding nonexempt trusts and foreign accounts.

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:
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?
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.
Organizations relying on a current notice regarding disaster assistance check here.
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?
If "Yes," attach the statement required by Regulations section 53.4945-5(d).
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
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?
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?

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
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."
(a) Name and address of each employee paid more than \$50,000
(b) Title, and average hours per week devoted to position
(c) Compensation
(d) Contributions to employee benefit plans and deferred compensation
(e) Expense account, other allowances
Total number of other employees paid over \$50,000.

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
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	20,489,206
c	Fair market value of all other assets (see instructions).	1c	20,012,458
d	Total (add lines 1a, b, and c).	1d	40,501,664
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	40,501,664
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	607,525
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	39,894,139
6	Minimum investment return. Enter 5% of line 5.	6	1,994,707

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

1	Minimum investment return from Part X, line 6.	1	1,994,707
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	819
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	819
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,993,888
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,993,888
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,993,888

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	16,754,921
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	16,754,921
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	16,754,921

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				1,993,888
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	3,725,000			
b From 2016.	3,742,903			
c From 2017.	5,928,768			
d From 2018.	14,585,092			
e From 2019.	9,799,529			
f Total of lines 3a through e.	37,781,292			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ <u>16,754,921</u>				
a Applied to 2019, 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 2020 distributable amount.				1,993,888
e Remaining amount distributed out of corpus	14,761,033			
5 Excess distributions carryover applied to 2020. (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	52,542,325			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions).	3,725,000			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	48,817,325			
10 Analysis of line 9:				
a Excess from 2016.	3,742,903			
b Excess from 2017.	5,928,768			
c Excess from 2018.	14,585,092			
d Excess from 2019.	9,799,529			
e Excess from 2020.	14,761,033			

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 2020, enter the date of the ruling. ▶

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

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or 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				16,754,921
b <i>Approved for future payment</i>				
Total ▶ 3b				0

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. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 3 columns: Question, Yes, No. Rows include 1a(1), 1a(2), 1b(1) through 1b(6), and 1c.

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? [] Yes [x] No

b If "Yes," complete the following schedule.

Table with 3 columns: (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] [Date: 2021-04-05] [Title]

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

Paid Preparer Use Only

Table for Paid Preparer Use Only with fields: Print/Type preparer's name (KELLIE A LANFORD), Preparer's Signature, Date, 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	SECRETARY 1.00	0	0	0
SARAH M CHAVARRIA 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	DIRECTOR 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
KENZIE FERGUSON 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	VICE PRESIDENT 40.00	0	0	0
TIFFANY PRUITT 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	DISASTER RELIEF FUND	20,000
AIDS LEGAL REFERRAL PANEL OF THE SAN FRANCISCO BAY AREA 1663 MISSION STREET SUITE 500 SAN FRANCISCO, CA 94103	NONE	NC	COMMUNITY GIVING	2,500
AIR FORCE ASSOCIATION 1501 LEE HIGHWAY ARLINGTON, VA 22209	NONE	NC	TO PROVIDE DENTAL EDUCATION AND INCREASE ORAL HEALTH AWARENESS	100,000
Total ▶ 3a				16,754,921

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>				
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	15,000
ALAMEDA HOMELESS NETWORK 1912 CENTRAL AVE ALAMEDA, CA 94501	NONE	NC	COMMUNITY GIVING-BAY AREA	5,000
ALBANY AREA PRIMARY HEALTH CARE INC 204 N WESTOVER BLVD ALBANY, GA 317072983	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total ▶ 3a				16,754,921

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
AMERICAN VETERANS FOR EQUAL RIGHTS INC PMB 416 15127 MAIN ST E SUITE 104 SUMNER, WA 98390	NONE	NC	COMMUNITY GIVING	2,500
AMITE COUNTY MEDICAL SERVICES INC PO BOX 511 LIBERTY, MS 396450511	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				16,754,921

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>				
ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 W STATE ST DOYLESTOWN, PA 189012554	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
ANTHONY L JORDAN HEALTH CORPORATION 82 HOLLAND ST ROCHESTER, NY 146052131	NONE	NC	DISASTER RELIEF FUND	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
Total ▶ 3a				16,754,921

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>				
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	25,000
ASIAN HEALTH SERVICES 101 8TH STREET SUITE 100 OAKLAND, CA 94607	NONE	NC	DISASTER RELIEF FUND	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	40,000
Total ▶ 3a				16,754,921

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>				
ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON, TX 780644033	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	75,000
ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	NONE	NC	COMMUNITY GIVING	105,750
ATLANTA MISSION 2353 BOLTON ROAD NW ATLANTA, GA 30318	NONE	NC	COMMUNITY GIVING-ALPHARETTA	55,000
Total ▶ 3a				16,754,921

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>				
AVENAL COMMUNITY HEALTH CENTER PO BOX 700 AVENAL, CA 932040700	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	100,000
BARNABAS CENTER INCORPORATED 1303 JASMINE ST STE 101 FERNANDINA, FL 320342991	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
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	25,000
Total ▶ 3a				16,754,921

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>				
BECKLEY HEALTH RIGHT INC 111 RANDOLPH ST BECKLEY, WV 258015962	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
BELLMORE LIONS CHARITABLE FOUNDATION PO BOX 1159 BELLMORE, NY 11710	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	5,000
BETANCES HEALTH CENTER 280 HENRY ST NEW YORK, NY 100024816	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
Total ▶ 3a				16,754,921

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>				
BINKY PATROL6490 SW ELM AVENUE BEAVERTON, OR 97005	NONE	NC	COMMUNITY GIVING-RANCHO	3,000
BOND COMMUNITY HEALTH CENTER 1720 S GADSDEN ST TALLAHASSEE, FL 323015506	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	60,000
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				16,754,921

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>				
BREVARD HEALTH ALLIANCE INC 2120 SARNO RD MELBOURNE, FL 329353084	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
BRIGHTER BEGINNINGS 2727 MACDONALD AVENUE RICHMOND, CA 94804	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
BUDDHIST TZU CHI MEDICAL FOUNDATION 1008 S GARFIELD AVE ALHAMBRA, CA 918014709	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	75,000
Total ▶ 3a				16,754,921

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	15,000
CABIN CREEK HEALTH CENTER INC 107 KOONTZ AVENUE SUITE 200 CLEDENIN, WV 25045	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
CAHABA VALLEY HEALTH CARE INCORP 1515 6TH AVE S BIRMINGHAM, AL 352331601	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total				16,754,921

▶ **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>				
CALIFORNIA DENTAL ASSOCIATION FOUDNATION 1201 K STREET 14TH FL SACRAMENTO, CA 95814	NONE	NC	COMMUNITY GIVING	425,000
CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS PHILANTHROPIC FOUNDATION 1000 EAST VICTORIA STREET CARSON, CA 907470001	NONE	NC	COMMUNITY GIVING-RANCHO	5,000
CAMILLUS HEALTH CONCERN INC 336 NW 5TH ST MIAMI, FL 331281616	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
Total ▶ 3a				16,754,921

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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>				
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	NC	COMMUNITY GIVING	100,000
CARE RESOURCE COMMUNITY HEALTH CENTERS INC 3510 BISCAYNE BLVD STE 300 MIAMI, FL 331373851	NONE	NC	DISASTER RELIEF FUND	20,000
CARIDAD CENTER INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 334724415	NONE	NC	DISASTER RELIEF FUND	20,000
Total				16,754,921

▶ 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>				
CARRY THE LOAD 514 SOUTH HALL STREET DALLAS, TX 75226	NONE	NC	COMMUNITY GIVING-BAY AREA	5,000
CATHOLIC CHARITIES OF CENTRAL FLORIDA INC 1819 N SEMORAN BLVD ORLANDO, FL 328073546	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON INC 924 G ST NW WASHINGTON, DC 200014532	NONE	NC	DISASTER RELIEF FUND	30,000
Total ▶ 3a				16,754,921

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>				
CENTRAL CALIFORNIA FOOD BANK 4010 E AMENDOLA DRIVE FRESNO, CA 93725	NONE	NC	COMMUNITY GIVING	50,000
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 PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	NONE	NC	COMMUNITY GIVING	60,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
CENTRAL TEXAS COMMUNITY HEALTH CENTERS 2115 KRAMER STE 100 AUSTIN, TX 787584013	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE AUSTIN, TX 78744	NONE	NC	COMMUNITY GIVING	50,000
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	20,000
Total				16,754,921

▶ 3a

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Name and address (home or business)				
a <i>Paid during the year</i>				
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	100,000
CESC2650 MUNICIPAL WAY TALLAHASSEE, FL 323043804	NONE	NC	DISASTER RELIEF FUND	10,000
CESC2650 MUNICIPAL WAY TALLAHASSEE, FL 323043804	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
CHANGE INCORPORATED3158 WEST ST WEIRTON, WV 260624637	NONE	NC	DISASTER RELIEF FUND	10,000
CHANGE INCORPORATED3158 WEST ST WEIRTON, WV 260624637	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
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				16,754,921

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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	DISASTER RELIEF FUND	35,000
CHASE BREXTON HEALTH SERVICES INC 1111 N CHARLES ST BALTIMORE, MD 212015505	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
CHILDREN NOW 1404 FRANKLIN ST STE 700 OAKLAND, CA 946123232	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
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CHILDRENS DENTAL FOUNDATION 455 EAST COLUMBIA STREET SUITE 32 LONG BEACH, CA 908061620	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
CHILDRENS MEDICAL CENTER FOUNDATION 2777 STEMMONS FREEWAY DALLAS, TX 75207	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	35,000
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA INC PO BOX 2344 AUGUSTA, GA 30903	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
CHRIST LUTHERAN CHURCH 124 SOUTH 13TH STREET HARRISBURG, PA 17104	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
CITYMEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017	NONE	NC	COMMUNITY GIVING	100,000
CLAY-BATTELLE HEALTH SERVICES ASSOCIATION 5861 MASON DIXON HIGHWAY BLACKSVILLE, WV 265210000	NONE	NC	DISASTER RELIEF FUND	10,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
CLINICAS DEL CAMINO REAL INC PO BOX 1270 CAMARILLO, CA 93011	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	125,000
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
COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION ST BILOXI, MS 395302935	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
COLLIER HEALTH SERVICES INC 1454 MADISON AVE W IMMOKALEE, FL 341422200	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
COLUMBIA UNIVERSITY COLLEGE OF DENTAL MEDICINE 630 WEST 168TH STREET NEW YORK, NY 10032	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
COMMUNITY ACTION AGENCY OF BUTTE COUNTY INC 181 E SHASTA AVENUE CHICO, CA 95973	NONE	NC	COMMUNITY GIVING	25,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY ACTION PARTNERSHIP OF KERN 5005 BUSINESS PARK NORTH BAKERSFIELD, CA 93309	NONE	NC	COMMUNITY GIVING-RANCHO	10,000
COMMUNITY ASSISTANCE CENTER 1130 HIGHTOWER TRAIL SANDY SPRINGS, GA 30350	NONE	NC	COMMUNITY GIVING-ALPHARETTA	35,000
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 ▶ 3a				16,754,921

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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	25,000
COMMUNITY FOOD BANK OF CENTRAL ALABAMA 107 WALTER DAVIS DRIVE BIRMINGHAM, AL 35209	NONE	NC	COMMUNITY GIVING	75,000
COMMUNITY HEALTH ALLIANCE OF PASADENA 455 W MONTANA ST PASADENA, CA 911031327	NONE	NC	DISASTER RELIEF FUND	10,000
Total ▶ 3a				16,754,921

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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	DISASTER RELIEF FUND	25,000
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	DISASTER RELIEF FUND	20,000
Total				16,754,921

▶ 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>				
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	10,000
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
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
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY HEALTH CLINIC INC 943 4TH AVE NEW KENSINGTON, PA 150686409	NONE	NC	DISASTER RELIEF FUND	5,000
COMMUNITY HEALTH DEVELOPMENT INC 908 EVANS ST STE A UVALDE, TX 788016052	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
COMMUNITY INITIATIVES (IMMIGRANTS RISING) PO BOX 411512 SAN FRANCISCO, CA 94141	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
Total	▶ 3a			16,754,921

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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	50,000
COMMUNITY OF HOPE INC 4 ATLANTIC ST SW WASHINGTON, DC 200322350	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
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	15,000
Total ▶ 3a				16,754,921

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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
COMPUTER TECHNOLOGIES PROGRAM 3075 ADELIN STREET SUITE 240 BERKELEY, CA 94703	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
CORNERSTONE CARE INC OLD GLASSWORKS RD GREENSBORO, PA 153380000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
CURE TAY-SACHS FOUNDATION 2409 E LUKE AVENUE PHOENIX, AZ 85016	NONE	NC	COMMUNITY GIVING	5,000
CURTIS V COOPER PRIMARY HEALTH CARE INC PO BOX 2024 SAVANNAH, GA 314022024	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	NC	COMMUNITY GIVING	100
Total				16,754,921

▶ 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>				
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 501 W SANFORD STREET ARLINGTON, TX 76011	NONE	NC	DISASTER RELIEF FUND	10,000
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 950651819	NONE	NC	DISASTER RELIEF FUND	15,000
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 950651819	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
DISTRICT CLINIC HOLDINGS INC 1515 N FLAGLER DRIVE WEST PALM BEACH, FL 33401	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
Total ▶ 3a				16,754,921

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>				
DOCTORS VOLUNTEER CLINIC OF ST GEORGE 1036 E RIVERSIDE DRIVE ST GEORGE, UT 84790	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
DONORSCHOOSEORG 134 WEST 37TH STREET FLOOR 11 NEW YORK, NY 10018	NONE	NC	COMMUNITY GIVING	25,000
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				16,754,921

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>				
EAST GEORGIA HEALTHCARE CENTER INC 215 N COLEMAN ST SWAINSBORO, GA 304013530	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
EAST HILL FAMILY MEDICAL INC 144 GENESEE STREET AUBURN, NY 130213503	NONE	NC	DISASTER RELIEF FUND	5,000
EAST OAKLAND COMMUNITY PROJECT 7515 INTERNATIONAL BLVD OAKLAND, CA 94621	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
Total ▶ 3a				16,754,921

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>				
EAST TEXAS COMMUNITY HEALTH SERVICES INC PO BOX 632040 NACOGDOCHES, TX 759632040	NONE	NC	DISASTER RELIEF FUND	10,000
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
EBENZER MEDICAL OUTREACH INC 1448 TENTH AVENUE HUNTINGTON, WV 257013581	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				16,754,921

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>				
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 772230209	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
EL PASOANS FIGHTING HUNGER FOOD BANK 9541 PLAZA CIRCLE EL PASO, TX 79927	NONE	NC	COMMUNITY GIVING	50,000
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 ▶ 3a				16,754,921

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	50,000
EXCELTH INC 1515 POYDRAS ST STE 1070 NEW ORLEANS, LA 701124520	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
Total ▶ 3a				16,754,921

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 FIRST HEALTH CORPORATION 116 S GEORGE ST YORK, PA 174011474	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
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	20,000
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	15,000
Total ▶ 3a				16,754,921

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 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	16,000
FEEDING AMERICA RIVERSIDE AND SAN BERNARDINO COUNTIES 2950 JEFFERSON STREET RIVERSIDE, CA 92504	NONE	NC	COMMUNITY GIVING-RANCHO	10,750
Total				16,754,921

▶ 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>				
FEEDING SOUTH FLORIDA 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	NC	COMMUNITY GIVING	100,000
FEEDING TAMPA BAY 4702 TRANSPORT DRIVE TAMPA, FL 33605	NONE	NC	COMMUNITY GIVING	75,000
FEEDING THE VALLEYPO BOX 8904 COLUMBUS, GA 31908	NONE	NC	COMMUNITY GIVING	25,000
Total ▶ 3a				16,754,921

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	35,000
FIRST BAPTIST DENTON MINISTRY CENTER 1701 BROADWAY ST DENTON, TX 762012501	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
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	10,000
Total ▶ 3a				16,754,921

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>				
FOOD BANK FOR MONTEREY COUNTY 353 W ROSSI STREET SALINAS, CA 93907	NONE	NC	COMMUNITY GIVING-BAY AREA	20,000
FOOD BANK FOR NEW YORK CITY 39 BROADWAY NEW YORK, NY 10006	NONE	NC	DISASTER RELIEF FUND	100,000
FOOD BANK OF CONTRA COSTA AND SOLANO 4010 NELSON AVENUE CONCORD, CA 94520	NONE	NC	COMMUNITY GIVING	50,000
Total ▶ 3a				16,754,921

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>				
FOOD BANK OF DELAWARE 222 LAKE DRIVE NEWARK, DE 19702	NONE	NC	COMMUNITY GIVING	30,000
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE SPARKS, NV 89437	NONE	NC	COMMUNITY GIVING	25,000
FOOD FOR PEOPLE 2112 BROADWAY EUREKA, CA 95502	NONE	NC	COMMUNITY GIVING	25,000
Total ▶ 3a				16,754,921

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>				
FOODBANK OF SANTA BARBARA COUNTY 1525 STATE STREET STE 100 SANTA BARBARA, CA 93101	NONE	NC	COMMUNITY GIVING-RANCHO	10,000
FOODLINK FOR TULARE COUNTY 611 2ND STREET EXETER, CA 93221	NONE	NC	COMMUNITY GIVING	25,000
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
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
FREE CLINIC OF SIMI VALLEY 2060 TAPO ST SIMI VALLEY, CA 930633417	NONE	NC	DISASTER RELIEF FUND	20,000
FULL CIRCLE FUND 1330 BROADWAY SUITE 300 OAKLAND, CA 94612	NONE	NC	COMMUNITY GIVING	80,000
FULTON COUNTY FAMILY PARTNERSHIP INC 22438 GREAT COVE ROAD MCCONNELLSBURG, PA 172338367	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
FUTURE SMILES3074 ARVILLE STREET LAS VEGAS, NV 89102	NONE	NC	DISASTER RELIEF FUND	10,000
GATEWAY COMMUNITY HEALTH CENTER INC 1515 PAPPAS ST LAREDO, TX 780411705	NONE	NC	DISASTER RELIEF FUND	20,000
GEORGIA HEALTH SCIENCES FOUNDATION 1120 15TH STREET AUGUSTA, GA 30912	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
GEORGIA MOUNTAINS HEALTH SERVICES INC PO BOX 540 MORGANTON, GA 305600540	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	13,721
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	DISASTER RELIEF FUND	40,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
GOOD SAMARITAN HEALTH CENTERS INC 268 HERBERT ST ST AUGUSTINE, FL 320844000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
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	5,000
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				16,754,921

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GREATER PITTSBURGH COMMUNITY FOOD BANK 1 NORTH LINDEN STREET DUQUESNE, PA 15110	NONE	NC	COMMUNITY GIVING	110,000
GREEN RIVER MEDICAL CENTER INC PO BOX 417 GREEN RIVER, UT 845250417	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	17,400
GREENBELT ALLIANCEPEOPLE FOR OPEN SPACE INC 312 SUTTER STREET SUITE 402 SAN FRANCISCO, CA 94108	NONE	NC	COMMUNITY GIVING-BAY AREA	3,250
Total	▶ 3a			16,754,921

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Name and address (home or business)				
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GULF COAST DENTAL OUTREACH INC 4812 LONGWATER WAY TAMPA, FL 336154216	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
HARCUM COLLEGE 750 MONTGOMERY AVE BRYN MAWR, PA 190103405	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
HEALS INC515 SPARKMAN DRIVE NW HUNTSVILLE, AL 35816	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
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HEALTH CARE ACCESSPO BOX 591 PHOENIXVILLE, PA 194600591	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
HEALTH SERVICES INCPO BOX 70365 MONTGOMERY, AL 361070365	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
HEALTHLINK DENTAL CLINIC INC 1775 STREET RD SOUTHAMPTON, PA 189664564	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
Total ▶ 3a				16,754,921

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)				
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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	115,000
HEALTHY SMILES MOBILE DENTAL FOUNDATION 4186 W SWIFT AVENUE FRESNO, CA 937226322	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
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
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
HEAVENS GAIT THERAPEUTIC RIDING INC 2471 EAST CHEROKEE DRIVE WOODSTOCK, GA 30188	NONE	NC	COMMUNITY GIVING- ALPHARETTA	25,000
HIDDEN GENIUS PROJECT INC 2934 TELEGRAPH AVE OAKLAND, CA 94609	NONE	NC	COMMUNITY GIVING	50,000
HILL COUNTRY COMMUNITY CLINIC 29632 HWY 299E ROUND MOUNTAIN, CA 960840000	NONE	NC	DISASTER RELIEF FUND	15,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
HIS MERCY AND GRACE INC PO BOX 5252 ALPHARETTA, GA 30023	NONE	NC	COMMUNITY GIVING- ALPHARETTA	3,000
HOMETOWN HEALTH1044 STATE ST SCHENECTADY, NY 123071508	NONE	NC	DISASTER RELIEF FUND	15,000
HOPE CENTER INC 10274-A HIGHWAY 104 FAIRHOPE, AL 36532	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	5,000
Total				16,754,921

▶ 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>				
HOPE MEDICAL CLINIC INC 1125 FORREST AVE STE 202 DOVER, DE 199043483	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	5,000
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	20,000
HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 77029	NONE	NC	COMMUNITY GIVING	100,000
Total ▶ 3a				16,754,921

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>				
HOWARD UNIVERSITY COLLEGE OF DENTISTRY 600 W STREET NW ROOM 519 WASHINGTON, DC 200590001	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	200,000
HOWARD UNIVERSITY COLLEGE OF DENTISTRY 600 W STREET NW ROOM 526 WASHINGTON, DC 20059	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
HUDSON HEADWATERS HEALTH NETWORK 9 CAREY RD QUEENSBURY, NY 128047880	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	70,000
Total ▶ 3a				16,754,921

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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>				
IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER 806 JEFFERSON TER NEW IBERIA, LA 705605727	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
IMPERIAL VALLEY FOOD BANK FOUNDATION 486 ATEN ROAD IMPERIAL, CA 92251	NONE	NC	COMMUNITY GIVING	25,000
INNOVATIONS FOR LEARNING INC 13553 STATE ROAD 54 50 ODESSA, FL 33556	NONE	NC	COMMUNITY GIVING-BAY AREA	3,000
Total ▶ 3a				16,754,921

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>				
INTERSECTION FOR THE ARTS 1446 MARKET ST SAN FRANCISCO, CA 94102	NONE	NC	COMMUNITY GIVING-BAY AREA	5,000
JACOBS & CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 92121	NONE	NC	COMMUNITY GIVING	100,000
JEAN B PURVIS COMMUNITY HEALTH CLINIC OF BUTLERCOUNTY INC 103 BONNIE DR BUTLER, PA 160028503	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				16,754,921

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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>				
JEFFERSON COMPREHENSIVE HEALTH CENTER INC 405 MAIN STREET FAYETTE, MS 39069	NONE	NC	DISASTER RELIEF FUND	5,000
JEFFERSON COMPREHENSIVE HEALTH CENTER INC 405 MAIN STREET FAYETTE, MS 39069	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
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	45,000
Total ▶ 3a				16,754,921

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
KIDS' COMMUNITY CLINIC OF BURBANK 400 W ELMWOOD ANE BURBANK, CA 91506	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	35,000
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				16,754,921

▶ 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>				
LA CASA DE LAS MADRES 1269 HOWARD ST SAN FRANCISCO, CA 94103	NONE	NC	COMMUNITY GIVING-BAY AREA	5,000
LA CLINICA DE LA RAZA INC PO BOX 22210 OAKLAND, CA 946232210	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	75,000
LA COMUNIDAD HISPANA INC 731 W CYPRESS ST KENNETT SQ, PA 193482419	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
LA MAESTRA FAMILY CLINIC INC 4060 FAIRMOUNT AVE SAN DIEGO, CA 921051608	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	145,000
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 920 WEST PINHOOK RD LAFAYETTE, LA 705032621	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
LAKELAND VOLUNTEERS IN MEDICINE INC 600 WEST PEACHTREE STREET LAKELAND, FL 33815	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
LANCASTER HEALTH CENTER 304 N WATER ST LANCASTER, PA 17603	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	150,000
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
Total				16,754,921

▶ 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>				
LEBANON COMMUNITY THEATRE INC E MAPLE ST THEATRE DR LEBANON, PA 17042	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	10,000
LIFELONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 947122247	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	150,000
LOMA LINDA UNIVERSITY SCHOOL OF DENTISTRY 11092 ANDERSON ST LOMA LINDA, CA 92350	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				16,754,921

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>				
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	40,000
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PL LOS ANGELES, CA 900381213	NONE	NC	DISASTER RELIEF FUND	100,000
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST ST LOS ANGELES, CA 90058	NONE	NC	COMMUNITY GIVING	300,000
Total ▶ 3a				16,754,921

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>				
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST ST LOS ANGELES, CA 90058	NONE	NC	DISASTER RELIEF FUND	200,000
LOURDES FOUNDATION INC 4801 AMBASSADOR CAFFERY PKWY LAFAYETTE, LA 705086917	NONE	NC	DISASTER RELIEF FUND	2,500
LSUHSC SCHOOL OF DENTISTRY 1100 FLORIDA AVE BOX 228 NEW ORLEANS, LA 70119	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				16,754,921

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>				
MACON VOLUNTEER CLINIC INC 376 ROGERS AVE MACON, GA 312042506	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
MANNA MINISTERIES INC 120 STREET A SUITE A PICAYUNE, MS 394665466	NONE	NC	DISASTER RELIEF FUND	23,000
MANOS DE CRISTO INC 4911 HARMON AVE AUSTIN, TX 787512710	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
Total ▶ 3a				16,754,921

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>				
MARILLAC COMMUNITY HEALTH CENTERS 3201 S CARROLLTON AVE NEW ORLEANS, LA 701184307	NONE	NC	DISASTER RELIEF FUND	20,000
MARILLAC COMMUNITY HEALTH CENTERS 3201 S CARROLLTON AVE NEW ORLEANS, LA 701184307	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
MARYLAND FOOD BANK 2200 HALETHORPE FARMS RD BALTIMORE, MD 21227	NONE	NC	COMMUNITY GIVING	50,000
Total ▶ 3a				16,754,921

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>				
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
MARY'S CENTER2333 ONTARIO RD NW WASHINGTON, DC 20009	NONE	NC	DISASTER RELIEF FUND	40,000
MARY'S CENTER2333 ONTARIO RD NW WASHINGTON, DC 20009	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	200,000
Total ▶ 3a				16,754,921

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>				
MEALS ON WHEELS OF SAN FRANCISCO INC 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	NONE	NC	COMMUNITY GIVING	500,000
MEALS ON WHEELS OF SAN FRANCISCO INC 1375 FAIRFAX AVE SAN FRANCISCO, CA 941241735	NONE	NC	DISASTER RELIEF FUND	150,000
MENDOCINO COMMUNITY HEALTH CLINIC INC 333 LAWS AVE UKIAH, CA 954826540	NONE	NC	DISASTER RELIEF FUND	25,000
Total ▶ 3a				16,754,921

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>				
MERCED COUNTY FOOD BANK 2000 W OLIVE AVENUE MERCED, CA 95348	NONE	NC	COMMUNITY GIVING	25,000
MERCY HEALTH CENTER INC 700 OGLETHORPE AVE SUITE C7 ATHENS, GA 30606	NONE	NC	DISASTER RELIEF FUND	5,000
MERCY HEALTH CENTER INC 700 OGLETHORPE AVE SUITE C7 ATHENS, GA 30606	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	5,000
Total ▶ 3a				16,754,921

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>				
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
MIAMI BEACH COMMUNITY HEALTH CENTER INC 11645 BISCAYNE BLVD STE 207 MIAMI, FL 331813138	NONE	NC	DISASTER RELIEF FUND	15,000
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	10,000
Total ▶ 3a				16,754,921

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>				
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
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
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
MINNIE HAMILTON HEALTH CARE CENTER 186 HOSPITAL DR GRANTSVILLE, WV 261477100	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	35,000
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	60,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
MISSISSIPPI FOOD NETWORK 440 W BEATTY STREET JACKSON, MS 39201	NONE	NC	COMMUNITY GIVING	75,000
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
MONTGOMERY AREA FOOD BANK 521 TRADE CENTER STREET MONTGOMERY, AL 36108	NONE	NC	COMMUNITY GIVING	25,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
MORRIS HEIGHTS HEALTH CENTER INC 85 W BURNSIDE AVE BRONX, NY 104534015	NONE	NC	DISASTER RELIEF FUND	150,000
MORRIS HEIGHTS HEALTH CENTER INC 85 W BURNSIDE AVE BRONX, NY 104534015	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
MOSAIC HEALTH INC (FORMERLY ROCHESTER PRIMARY CARE NETWORK INC) 1 SOUTH WASHINGTON STREET SUITE 300 ROCHESTER, NY 14614	NONE	NC	DISASTER RELIEF FUND	10,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
MOSAIC HEALTH INC (FORMERLY ROCHESTER PRIMARY CARE NETWORK INC) 1 SOUTH WASHINGTON STREET SUITE 300 ROCHESTER, NY 14614	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
MOUNT VERNON NEIGHBORHOOD HEALTH CENTER INC 107 W 4TH ST MT VERNON, NY 105504002	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,500
MOUNTAIN VALLEYS HEALTH CENTERS PO BOX 277 BIEBER, CA 960090277	NONE	NC	DISASTER RELIEF FUND	20,000
Total				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
MOUNTAINEER FOOD BANK INC 484 ENTERPRISE DRIVE GASSAWAY, WV 26624	NONE	NC	COMMUNITY GIVING	25,000
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
NAACP EMPOWERMENT PROGRAMS INC 4805 MOUNT HOPE DR BALTIMORE, MD 21215	NONE	NC	COMMUNITY GIVING	100,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL FOUNDATION OF DENTISTRY FOR THE HANDICAPPED 1800 15TH ST STE 100 DENVER, CO 802027134	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
NEIGHBORHOOD HEALTHCARE 425 N DATE ST ESCONDIDO, CA 920253413	NONE	NC	DISASTER RELIEF FUND	40,000
NEVADA HEALTH CENTERS INC 3325 RESEARCH WAY CARSON CITY, NV 897067913	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	65,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
NEW IMMIGRANT COMMUNITY EMPOWERMENT 7121 ROOSEVELT AVENUE 2ND FLOOR JACKSON HEIGHTS, NY 11372	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	10,000
NEW YORK COMMUNITY TRUST 909 THIRD AVE 22ND FLOOR NEW YORK, NY 10022	NONE	NC	DISASTER RELIEF FUND	1,000,000
NO AIDS TASK FORCE 1631 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	60,000
Total ▶ 3a				16,754,921

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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>				
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	40,000
NORTH COUNTY HEALTH PROJECT INC 150 VALPREDA RD SAN MARCOS, CA 920692973	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	100,000
NORTH EAST MEDICAL SERVICES 1520 STOCKTON ST SAN FRANCISCO, CA 941333354	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	60,000
Total				16,754,921

▶ **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>				
NORTH FLORIDA MEDICAL CENTERS INC 2804 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 323088707	NONE	NC	DISASTER RELIEF FUND	20,000
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	20,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	NC	COMMUNITY GIVING	75,000
NORTHEAST VALLEY HEALTH CORPORATION 1172 N MACLAY AVE SAN FERNANDO, CA 913401328	NONE	NC	DISASTER RELIEF FUND	15,000
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
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHWEST ALABAMA COMMUNITY HEALTH ASSOCIATION 309B HANDY HOMES FLORENCE, AL 356305274	NONE	NC	DISASTER RELIEF FUND	10,000
NORTHWEST BUFFALO COMMUNITY HEALTH CARE CENTER INC 155 LAWN AVE BUFFALO, NY 142071816	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	60,000
NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF DENTAL MEDICINE OFFICE OF THE DEAN FORT LAUDERDALE, FL 33328	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
NYU COLLEGE OF DENTISTRY 433 1ST AVENUE NEW YORK, NY 10010	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
OAKLAND PRIDE INC 18332 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
ODYSSEY HOUSE LOUISIANA INC 1125 N TONTI ST NEW ORLEANS, LA 701193549	NONE	NC	DISASTER RELIEF FUND	10,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
OLE HEALTH 1141 PEAR TREE LANE SUITE 100 NAPA, CA 945586485	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	DISASTER RELIEF FUND	40,000
OPEN DOOR FAMILY MEDICAL CENTER INC 165 MAIN ST OSSINING, NY 105624702	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total				16,754,921

▶ 3a

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Name and address (home or business)				
a <i>Paid during the year</i>				
OUTPATIENT MEDICAL CENTER INC 105 JEFFERSON STREET NATCHITOCHE, LA 714574278	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
OUTREACH HEALTH SERVICES INC PO BOX 527 SHUBUTA, MS 393600527	NONE	NC	DISASTER RELIEF FUND	5,000
OUTREACH HEALTH SERVICES INC PO BOX 527 SHUBUTA, MS 393600527	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				16,754,921

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>				
PANCARE OF FLORIDA INC 403 E 11TH ST PANAMA CITY, FL 324013409	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
PARA LOS NINOS 5000 HOLLYWOOD BLVD LOS ANGELES, CA 90027	NONE	NC	COMMUNITY GIVING-RANCHO	15,000
PARTNERSHIP HEALTH CENTER INC 323 W ALDER ST MISSOULA, MT 598024123	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
PASADENA HEALTH CENTER INC 908 SOUTHMORE AVE STE 100 PASADENA, TX 775021120	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	35,000
PEDIATRIC AND FAMILY MEDICAL CENTER 1530 SOUTH OLIVE ST 6TH FLOOR LOS ANGELES, CA 900153023	NONE	NC	DISASTER RELIEF FUND	20,000
PENN DENTAL MEDICINE 240 S 40TH STREET PHILADELPHIA, PA 19104	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
PETALUMA HEALTH CENTER 1179 N MCDOWELL BLVD PETALUMA, CA 949546559	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148	NONE	NC	COMMUNITY GIVING	75,000
PLACER FOOD BANK 8284 INDUSTRIAL AVE ROSEVILLE, CA 95678	NONE	NC	COMMUNITY GIVING-RANCHO	10,000
Total ▶ 3a				16,754,921

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>				
PREMIER COMMUNITY HEALTHCARE GROUP INC PO BOX 232 DADE CITY, FL 335260232	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
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	75,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 191302936	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	65,000
PROJECT OPEN HAND 730 POLK ST FL 3 SAN FRANCISCO, CA 941097813	NONE	NC	DISASTER RELIEF FUND	50,000
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	20,000
Total				16,754,921

▶ 3a

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Name and address (home or business)				
a <i>Paid during the year</i>				
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
REDWOODS RURAL HEALTH CENTER INC PO BOX 769 REDWAY, CA 955600769	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
REGENCE HEALTH NETWORK INC 2801 W 8TH ST PLAINVIEW, TX 790726737	NONE	NC	DISASTER RELIEF FUND	20,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
REGENCE HEALTH NETWORK INC 2801 W 8TH ST PLAINVIEW, TX 790726737	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
REGIONAL FOOD BANK OF NORTHEAST FLORIDA INC 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 32254	NONE	NC	COMMUNITY GIVING	100,000
RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS IN FREDERICK COUNTY 27 DEGRANGE ST FREDERICK, MD 217015432	NONE	NC	DISASTER RELIEF FUND	5,000
Total ▶ 3a				16,754,921

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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	DISASTER RELIEF FUND	15,000
RESOURCES FOR HUMAN DEVELOPMENT INC 4700 WISSAHICKON AVE STE 126 PHILADELPHIA, PA 191444248	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
ROSEMAN UNIVERSITY 10894 S RIVER FRONT PARKWAY SOUTH JORDAN, UT 84095	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				16,754,921

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	75,000
RYAN-CHELSEA CLINTON COMMUNITY HEALTH CENTER 645 TENTH AVENUE NEW YORK, NY 10036	NONE	NC	DISASTER RELIEF FUND	30,000
RYAN-CHELSEA CLINTON COMMUNITY HEALTH CENTER 645 TENTH AVENUE NEW YORK, NY 10036	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				16,754,921

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 FOOD BANK & FAMILY SERVICES 3333 THIRD AVENUE SACRAMENTO, CA 95817	NONE	NC	DISASTER RELIEF FUND	100,000
SACRAMENTO LGBT COMMUNITY CENTER 1015 20TH STREET SACRAMENTO, CA 95811	NONE	NC	COMMUNITY GIVING-RANCHO	10,000
SACRAMENTO NATIVE AMERICAN HEALTHCENTER INC 2020 J ST SACRAMENTO, CA 958113120	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	100,000
Total ▶ 3a				16,754,921

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>				
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	15,000
SALUD PARA LA GENTE 195 AVIATION WAY STE 200 WATSONVILLE, CA 950762059	NONE	NC	DISASTER RELIEF FUND	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				16,754,921

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 ANTONIO FOOD BANK 5200 ENRIQUE M BARRERA PKWY SAN ANTONIO, TX 78227	NONE	NC	COMMUNITY GIVING	75,000
SAN BRUNO MOUNTAIN WATCH 44 VISITACION AVE SUITE 206 BRISBANE, CA 94005	NONE	NC	COMMUNITY GIVING-BAY AREA	5,000
SAN FERNANDO COMMUNITY HOSPITAL 732 MOTT ST STE 100 SAN FERNANDO, CA 913404240	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total ▶ 3a				16,754,921

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 CHAMBER OF COMMERCE FOUNDATION 235 MONTGOMERY STREET SUITE 760 SAN FRANCISCO, CA 94104	NONE	NC	COMMUNITY GIVING	10,000
SAN FRANCISCO PRIDE 1663 MISSION STREET SUITE 305 SAN FRANCISCO, CA 94103	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 941073446	NONE	NC	DISASTER RELIEF FUND	200,000
Total ▶ 3a				16,754,921

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	DISASTER RELIEF FUND	5,000
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	10,000
SAN JOSE CLINIC2615 FANNIN HOUSTON, TX 770029224	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total	▶ 3a			16,754,921

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 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
SAVANNAH VOLUNTEER DENTAL CLINIC 5302 FREDERICK ST STE 101 SAVANNAH, GA 314054822	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
SCHOOL - AGED GAP ELIMINATION INTIATIVE INC 1502 S LA BRUCHERIE RD EL CENTRO, CA 922439495	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
Total	▶ 3a			16,754,921

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>				
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA 411 MERCY DRIVE ORLANDO, FL 32805	NONE	NC	COMMUNITY GIVING	50,000
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA 700 EDWARDS AVENUE NEW ORLEANS, LA 70123	NONE	NC	COMMUNITY GIVING	100,000
SECOND HARVEST FOOD BANK OF SAN JOAQUIN & STANISLAUS COUNTY INC 1220 VANDERBILT CIRCLE MANTECA, CA 95337	NONE	NC	COMMUNITY GIVING	25,000
Total ▶ 3a				16,754,921

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>				
SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY 800 OHLONE PARKWAY WATSONVILLE, CA 95076	NONE	NC	COMMUNITY GIVING-BAY AREA	20,000
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVENUE SAN JOSE, CA 95125	NONE	NC	COMMUNITY GIVING	50,000
SLO NOOR FOUNDATION A NON-PROFIT CORPORATION 1428 PHILLIPS LANE STE 203 SAN LUIS OBISPO, CA 934012570	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total ▶ 3a				16,754,921

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>				
SMILES ACROSS MONTANA LLC 105 GREY WOLF TRAIL BOZEMAN, MT 59718	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
SNEAKERS FOR SOLDIERS INC PO BOX 454 CHESTER SPRINGS, PA 19425	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	2,500
SOCIAL GOOD FUND 12651 SAN PABLO AVE 5473 RICHMOND, CA 94805	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
Total ▶ 3a				16,754,921

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>				
SONRISAS DENTAL HEALTH INC 430 NORTH EL CAMINO REAL SAN MATEO, CA 94401	NONE	NC	DISASTER RELIEF FUND	5,000
SONRISAS DENTAL HEALTH INC 430 NORTH EL CAMINO REAL SAN MATEO, CA 94401	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	10,000
SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BLVD STE 210 TORRANCE, CA 905054732	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	45,000
Total				16,754,921

▶ 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 COUNTY COMMUNITY CLINIC 101 PINE MANOR DR OAK RIDGE N, TX 773859059	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
SOUTH COUNTY COMMUNITY HEALTH CENTER INC 1885 BAY RD E PALO ALTO, CA 943031312	NONE	NC	DISASTER RELIEF FUND	25,000
SOUTHEAST COMMUNITY HEALTH SYSTEMS PO BOX 770 ZACHARY, LA 707910770	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				16,754,921

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>				
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-ALPHARETTA	10,000
SPECIAL OLYMPICS PENNSYLVANIA PO BOX 382 SUMMERDALE, PA 17093	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	5,000
Total ▶ 3a				16,754,921

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	100,000
ST LUKES HOSPITAL 801 OSTRUM STREET BETHLEHEM, PA 180151000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				16,754,921

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
ST VINCENT SENIOR CITIZEN NUTRITION PROGRAM INC (DBA ST VINCENT MEALS ON 2303 MIRAMAR STREET LOS ANGELES, CA 90057	NONE	NC	DISASTER RELIEF FUND	25,000
STEPHEN F AUSTIN COMMUNITY HEALTH CENTER INC 1111 W ADOUE ST ALVIN, TX 775112718	NONE	NC	DISASTER RELIEF FUND	34,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
STONY BROOK FOUNDATION INC 230 ADMINISTRATION STONY BROOK, NY 117941188	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
STONY BROOK FOUNDATION INC 230 ADMINISTRATION STONY BROOK, NY 117941188	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	65,000
STO-ROX NEIGHBORHOOD HEALTH COUNCIL INC 710 THOMPSON AVE MCKEES ROCKS, PA 151363808	NONE	NC	DISASTER RELIEF FUND	7,500
Total				16,754,921

▶ 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>				
SULLIVAN COUNTY ACTION INC PO BOX 1 LAPORTE, PA 186260001	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
SUNCOAST COMMUNITY HEALTH CENTERS INC 13110 ELK MOUNTAIN DR RIVERVIEW, FL 335797182	NONE	NC	DISASTER RELIEF FUND	20,000
SUNCOAST COMMUNITY HEALTH CENTERS INC 13110 ELK MOUNTAIN DR RIVERVIEW, FL 335797182	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
Total	▶ 3a			16,754,921

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>				
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
SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC INC 471 HEPBURN ST WILLIAMSPORT, PA 177016122	NONE	NC	DISASTER RELIEF FUND	15,000
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	30,000
Total ▶ 3a				16,754,921

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>				
SWLA CENTER FOR HEALTH SERVICES PO BOX 19010 LAKE CHARLES, LA 706169010	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	60,000
TALBOT HOUSE MINISTRIES OF LAKELAND INC 814 NORTH KENTUCKY AVENUE LAKELAND, FL 338011706	NONE	NC	DISASTER RELIEF FUND	15,000
TEAMSMILE INC 2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	70,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
TEMPLE COMMUNITY FREE CLINIC INC PO BOX 92 TEMPLE, TX 765030092	NONE	NC	DISASTER RELIEF FUND	15,000
TEMPLE UNIVERSITY 3223 N BROAD STREET SUITE L218 PHILADELPHIA, PA 19140	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	20,000
TEXAS A&M COLLEGE OF DENTISTRY 3302 GASTON AVE DALLAS, TX 75246	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
TEXAS SMILES FOUNDATION 1946 S IH 35 SUITE 300 AUSTIN, TX 787043644	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	60,000
THE ALAMEDA COUNTY COMMUNITY FOOD BANK INC 7900 EDGEWATER DRIVE OAKLAND, CA 94621	NONE	NC	DISASTER RELIEF FUND	175,000
THE BILLINGS FOOD BANK 2112 FOURTH AVENUE NORTH BILLINGS, MT 59101	NONE	NC	COMMUNITY GIVING	25,000
Total				16,754,921

▶ 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>				
THE FAMILY GIVING TREE 606 VALLEY WAY MILPITAS, CA 95035	NONE	NC	COMMUNITY GIVING-BAY AREA	5,000
THE FOODBANK OF SOUTHERN CALIFORNIA 1444 SAN FRANCISCO AVENUE LONG BEACH, CA 90813	NONE	NC	COMMUNITY GIVING	25,000
THE HARRISBURG AREA COMMUNITY COLLEGE FOUNDATION ONE HACC DRIVE HARRISBURG, PA 171102999	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	27,400
Total	▶ 3a			16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
THE HARRISBURG AREA COMMUNITY COLLEGE FOUNDATION ONE HACC DRIVE HARRISBURG, PA 171102999	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	82,200
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-RANCHO	25,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
THE PEYTON WALKER FOUNDATION 2929 GETTYSBURG RD SUITE 8 CAMP HILL, PA 17011	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	8,350
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 UNIVERSITY OF TEXAS SCHOOL OF DENTISTRY IN HOUSTON 7500 CAMBRIDGE ST SUITE 4120 HOUSTON, TX 77054	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				16,754,921

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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>				
THREE LOWER COUNTIES COMMUNITY SERVICES INC PO BOX 1978 SALISBURY, MD 218021978	NONE	NC	DISASTER RELIEF FUND	10,000
THREE SQUARE4190 N PECOS ROAD LAS VEGAS, NV 89115	NONE	NC	COMMUNITY GIVING	100,000
THRIVE SS INC2577 SEMMES ST ATLANTA, GA 303442477	NONE	NC	COMMUNITY GIVING	2,500
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
TIBURCIO VASQUEZ HEALTH CENTER INC 22331 MISSION BLVD HAYWARD, CA 945413911	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	100,000
TOLOSA CHILDREN'S DENTAL CENTER 717 WALNUT DRIVE PASO ROBLES, CA 93446	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
TUOLUMNE COUNTY SCHOOLS 175 FAIRVIEW LN SONORA, CA 95370	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
UAB SCHOOL OF DENTISTRY 1919 7TH AVENUE SOUTH BIRMINGHAM, AL 352940007	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
UC REGENTS (UCLA) BOX 951762 A0-111 CHS LOS ANGELES, CA 900951762	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
UC REGENTS (UCSF) 500 PARNASSUS AVENUE MU 201-W SAN FRANCISCO, CA 94143	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
UC REGENTS OFFICE OF STUDENT AFFAIRS A0-111 LOS ANGELES, CA 90095	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
UMMC FUND2500 N STATE ST JACKSON, MS 39216	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY 3875 W BEECHWOOD AVE FRESNO, CA 93722	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY OF THE BAY AREA 550 KEARNY STREET SUITE 1000 SAN FRANCISCO, CA 94108	NONE	NC	COMMUNITY GIVING-BAY AREA	50,000
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	25,000
UNITY HEALTH CARE INC 1100 NEW JERSEY AVE SE WASHINGTON, DC 200033733	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	35,000
Total ▶ 3a				16,754,921

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Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY AT BUFFALO3435 MAIN ST BUFFALO, NY 14214	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
UNIVERSITY OF CALIFORNIA SAN FRANCISCO SCHOOL OF DENTISTRY 500 PARNASSUS AVENUE MU 201-W SAN FRANCISCO, CA 94143	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
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	20,000
Total ▶ 3a				16,754,921

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 FLORIDA FOUNDATION 1938 W UNIVERSITY AVENUE GAINESVILLE, FL 32610	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
UNIVERSITY OF LOUISIANA AT MONROE 700 UNIVERSITY AVENUE MONROE, LA 71209	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY 650 WEST BALTIMORE ST BALTIMORE, MD 21201	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				16,754,921

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 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
UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE 3501 TERRACE STREET PITTSBURGH, PA 15261	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				16,754,921

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 SOUTHERN CALIFORNIA - HERMAN OSTROW SCHOOL OF DENTISTRY OF US 925 W 34TH STREET DEN 218 LOS ANGELES, CA 90089	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE MC 7828 SAN ANTONIO, TX 78229	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
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
Total			▶ 3a	16,754,921

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 THE PACIFIC SCHOOL OF DENTISTRY 155 5TH STREET SAN FRANCISCO, CA 94103	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
UNIVERSITY OF UTAH SCHOOL OF DENTISTRY 530 WAKARA WAY SALT LAKE CITY, UT 84108	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY, UT 84119	NONE	NC	COMMUNITY GIVING	25,000
Total ▶ 3a				16,754,921

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>				
UTAH PARTNERS FOR HEALTH 7651 S MAIN STREET MIDVALE, UT 840477101	NONE	NC	DISASTER RELIEF FUND	10,000
VALLEY HEALTHCARE SYSTEM INC 1600 FORT BENNING RD COLUMBUS, GA 319032834	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	21,000
VIA CARE COMMUNITY HEALTH CENTER 507 S ATLANTIC BLVD LOS ANGELES, CA 900222621	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	45,000
Total ▶ 3a				16,754,921

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>				
VISTA COMMUNITY CLINIC 1000 VALE TERRACE DR VISTA, CA 920845218	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	35,000
VMSN INC1240 N MARTIN L KING BLVD LAS VEGAS, NV 89106	NONE	NC	DISASTER RELIEF FUND	12,500
VMSN INC1240 N MARTIN L KING BLVD LAS VEGAS, NV 89106	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	40,000
Total				16,754,921

▶ 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>				
WALNUT STREET COMMUNITY HEALTH CENTER INC 201 SOUTH CLEVELAND AVENUE HAGERSTOWN, MD 217405745	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	15,000
WASATCH HOMELESS HEALTH CARE INC 409 W 400 S SALT LAKE CTY, UT 841011135	NONE	NC	DISASTER RELIEF FUND	15,000
WATER STREET HEALTH SERVICES PO BOX 7267 LANCASTER, PA 176047267	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total ▶ 3a				16,754,921

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>				
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	75,000
WEST VIRGINIA HEALTH RIGHT INC 1520 WASHINGTON ST E CHARLESTON, WV 253112511	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	25,000
Total				16,754,921

▶ 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>				
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	10,000
WESTERN UNIVERSITY OF HEALTH SCIENCES COLLEGE OF DENTAL MEDICINE 309 E SECOND STREET POMONA, CA 91766	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
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
Total ▶ 3a				16,754,921

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>				
WESTJAX OUTREACH INC 5126 TIMUQUANA RD JACKSONVILLE, FL 322100000	NONE	NC	DISASTER RELIEF FUND	10,000
WESTJAX OUTREACH INC 5126 TIMUQUANA RD JACKSONVILLE, FL 322100000	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	20,000
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360	NONE	NC	DISASTER RELIEF FUND	20,000
Total ▶ 3a				16,754,921

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>				
WHEELING HEALTH RIGHT INC 61 29TH ST WHEELING, WV 260034161	NONE	NC	DISASTER RELIEF FUND	20,000
WHITMAN-WALKER CLINIC INC 1377 R STREET NW WASHINGTON, DC 20009	NONE	NC	DISASTER RELIEF FUND	40,000
WHITMAN-WALKER CLINIC INC 1377 R STREET NW WASHINGTON, DC 20009	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	50,000
Total ▶ 3a				16,754,921

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>				
WHITNEY M YOUNG JR HEALTH CENTER INC 920 LARK DRIVE ALBANY, NY 122071300	NONE	NC	DISASTER RELIEF FUND	10,000
WILLIAM F RYAN COMMUNITY HEALTH CENTER INC 110 W 97TH ST NEW YORK, NY 100256450	NONE	NC	DISASTER RELIEF FUND	220,000
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				16,754,921

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>				
WILMINGTON COMMUNITY CLINIC 1009 N AVALON BLVD WILMINGTON, CA 907444505	NONE	NC	TO PROVIDE IMPROVED ACCESS TO ORAL HEALTH CARE TREATMENT	30,000
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	15,000
Total ▶ 3a				16,754,921

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>				
WORLD CENTRAL KITCHEN 1342 FLORIDA AVENUE NW WASHINGTON, DC 20009	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	10,000
WVU FOUNDATION ONE WATERFRONT PLACE 7TH FLOOR MORGANTOWN, WV 265071650	NONE	NC	SCHOLARSHIPS STUDENT LEADERSHIP AWARDS	10,000
Total ▶ 3a				16,754,921

TY 2020 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	12,500	0	0	0

TY 2020 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	1,257	0	0	0
MISC OUTSIDE SERVICES	83	0	0	0
GENERAL MEMBERSHIPS	6,667	0	0	0

TY 2020 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	1,578,742	0	0	0

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
2020

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.)

Name of organization
 DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number
 37-1570764

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
8	DONATED GRANT MANAGEMENT, ADMINISTRATIVE FEES/EXPENSES	\$ 1,578,741	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	
.		\$	

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 <hr/> 560 MISSION STREET SUITE 1300 <hr/> SAN FRANCISCO, CA 94105	<hr/> \$ 17,200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
2	DELTA DENTAL INSURANCE COMPANY <hr/> 560 MISSION STREET SUITE 1300 <hr/> SAN FRANCISCO, CA 94105	<hr/> \$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
3	DELTA DENTAL OF PENNSYLVANIA <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055	<hr/> \$ 2,296,250	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 <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055	<hr/> \$ 701,000	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 <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055	<hr/> \$ 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 <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055	<hr/> \$ 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/> \$ 1,578,741	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/> \$ 19,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)