

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. 1545-0047 2022 Open to Public Inspection

For calendar year 2022, or tax year beginning 01-01-2022, and ending 12-31-2022

Name of foundation: DELTA DENTAL COMMUNITY CARE FOUNDATION. A Employer identification number: 37-1570764. B Telephone number: (415) 972-8300. G Check all that apply: Initial return, Final return, Address change, etc. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$55,029,278. J Accounting method: Accrual.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12), Operating and Administrative Expenses (13-26), and Summary (27-29).

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	23,193,452	1,628,313	1,628,313
	2 Savings and temporary cash investments	8,096,672	10,556,643	10,556,643
	3 Accounts receivable ▶ <u>24,389,952</u>			
	Less: allowance for doubtful accounts ▶ _____	15,958,169	24,389,952	24,389,952
	4 Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	0 <input checked="" type="checkbox"/>	6,908,926	6,908,926
	c Investments—corporate bonds (attach schedule)	521,171 <input checked="" type="checkbox"/>	12,612,590	11,545,444
	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)	47,769,464	56,096,424	55,029,278	
Liabilities	17 Accounts payable and accrued expenses		1,084	
	18 Grants payable	97,200	50,000	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	97,200	51,084	
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	47,672,264	56,045,340	
	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)	47,672,264	56,045,340		
30 Total liabilities and net assets/fund balances (see instructions) .	47,769,464	56,096,424		

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	47,672,264
2 Enter amount from Part I, line 27a	2	9,620,089
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	57,292,353
5 Decreases not included in line 2 (itemize) ▶ _____ <input checked="" type="checkbox"/>	5	1,247,013
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	56,045,340

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

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, tax based on investment income, credits/payments, and tax due/overpayment.

Part VI-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, foundation changes, unrelated business income, liquidation, and substantial contributors.

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

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VI-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.

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

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

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

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

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

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

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

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

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

Part VII 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 VIII-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 VIII-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 IX 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	16,490,377
b	Average of monthly cash balances.	1b	21,913,358
c	Fair market value of all other assets (see instructions).	1c	24,389,951
d	Total (add lines 1a, b, and c).	1d	62,793,686
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	62,793,686
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	941,905
5	Net value of noncharitable-use assets. Subtract line 4 from line 3.. . . .	5	61,851,781
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	3,092,589

Part X 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 IX, line 6.	1	3,092,589
2a	Tax on investment income for 2022 from Part V, line 5.	2a	8,561
b	Income tax for 2022. (This does not include the tax from Part V.).	2b	
c	Add lines 2a and 2b.	2c	8,561
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	3,084,028
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	3,084,028
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 XII, line 1.	7	3,084,028

Part XI 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	25,897,256
b	Program-related investments—total from Part VIII-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 XII, line 4.. . . .	4	25,897,256

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				3,084,028
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2022:				
a From 2017.	5,928,768			
b From 2018.	14,585,092			
c From 2019.	9,799,529			
d From 2020.	14,761,033			
e From 2021.	18,437,598			
f Total of lines 3a through e.	63,512,020			
4 Qualifying distributions for 2022 from Part XI, line 4: ► \$ <u>25,897,256</u>				
a Applied to 2021, 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 2022 distributable amount.				3,084,028
e Remaining amount distributed out of corpus	22,813,228			
5 Excess distributions carryover applied to 2022. (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	86,325,248			
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 2021. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023.				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 2017 not applied on line 5 or line 7 (see instructions).	5,928,768			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a.	80,396,480			
10 Analysis of line 9:				
a Excess from 2018.	14,585,092			
b Excess from 2019.	9,799,529			
c Excess from 2020.	14,761,033			
d Excess from 2021.	18,437,598			
e Excess from 2022.	22,813,228			

Part XIII Private Operating Foundations (see instructions and Part VI-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 2022, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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 XIV 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 XIV **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				
b <i>Approved for future payment</i>				
Total ▶ 3b				0

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

Part XVI

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.

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 No

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 of officer or trustee, Date (2023-04-05), Title. Includes a box asking if the IRS may discuss the return with the preparer shown below.

Paid Preparer Use Only: 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 VII 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	CHAIR / 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	PRESIDENT 1.00	0	0	0
ALICIA F WEBER 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	TREASURER / CFO 1.00	0	0	0
KENZIE FERGUSON 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	VICE PRESIDENT 40.00	0	0	0
LYNN L FRANZOI 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	DIRECTOR 1.00	0	0	0
BRIAN SHERMAN 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	SR. VICE PRESEIDENT 1.00	0	0	0

Form 990PF Part XIV 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	ACCESS TO CARE	40,000
AID ATLANTA INC 1605 PEACHTREE STREET NE ATLANTA, GA 303092955	NONE	NC	COMMUNITY GIVING- ALPHARETTA	10,000
AIR FORCE ASSOCIATION 1501 LANGSTON BLVD ARLINGTON, VA 22209	NONE	NC	ORAL HEALTH EDUCATION	100,000
Total ▶ 3a				25,897,256

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALBANY AREA PRIMARY HEALTH CARE INC 204 N WESTOVER BLVD ALBANY, GA 317072983	NONE	NC	ACCESS TO CARE	65,000
AMERICAN DIABETES ASSOCIATION PO BOX 7023 MERRIFIELD, VA 221167023	NONE	NC	COMMUNITY GIVING	15,000
AMERICAN FLUORIDATION SOCIETY INC PO BOX 56392 PORTLAND, OR 972386392	NONE	NC	COMMUNITY GIVING	224,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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 HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	NC	COMMUNITY GIVING-ALPHARETTA	5,000
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	NC	COMMUNITY GIVING-BAY AREA	5,000
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	5,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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 HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	NC	COMMUNITY GIVING-RANCHO	5,000
AMERICAN RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	NC	DISASTER FUND	190,000
AMERICAN RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	NC	DISASTER FUND	500,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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	ACCESS TO CARE	20,000
ANTHONY L JORDAN HEALTH CORPORATION 82 HOLLAND ST ROCHESTER, NY 146052131	NONE	NC	ACCESS TO CARE	26,500
ASCENSION DEPAUL SERVICES (FORMERLY DAUGHTERS OF CHARITY OF SAN ANTONIO) 7607 SOMERSET RD SAN ANTONIO, TX 782113752	NONE	NC	ACCESS TO CARE	15,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
ASIAN HEALTH SERVICES 101 8TH STREET SUITE 100 OAKLAND, CA 94607	NONE	NC	ACCESS TO CARE	200,000
ASIAN HEALTH SERVICES 101 8TH STREET SUITE 100 OAKLAND, CA 94607	NONE	NC	COMMUNITY GIVING	500,000
ASIANS ARE STRONG INC 2834 ANZA ST SAN FRANCISCO, CA 941213127	NONE	NC	COMMUNITY GIVING	2,500
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
ASSISTANCE LEAGUE OF SAN BERNARDINO 580 W 6TH STREET SAN BERNARDINO, CA 92410	NONE	NC	ACCESS TO CARE	20,000
ASSISTANCE LEAGUE OF SAN PEDRO SOUTH BAY 1441 W 8TH ST SAN PEDRO, CA 907323803	NONE	NC	ACCESS TO CARE	40,000
ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON, TX 780644033	NONE	NC	ACCESS TO CARE	20,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	NONE	NC	COMMUNITY GIVING- ALPHARETTA	10,000
ATLANTA PRIDE COMMITTEE INC 1530 DEKALB AVE NE SUITE A ATLANTA, GA 30307	NONE	NC	COMMUNITY GIVING- ALPHARETTA	10,000
BARNABAS CENTER INCORPORATED 1303 JASMINE ST STE 101 FERNANDINA, FL 320342991	NONE	NC	ACCESS TO CARE	20,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
BEAR LAKE COMMUNITY HEALTH CENTER 325 W LOGAN HIGHWAY GARDEN CITY, UT 840280000	NONE	NC	ACCESS TO CARE	30,000
BECKLEY HEALTH RIGHT INC 111 RANDOLPH ST BECKLEY, WV 258015962	NONE	NC	ACCESS TO CARE	15,000
BELLMORE LIONS CHARITABLE FOUNDATION PO BOX 1159 BELLMORE, NY 11710	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	5,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
BETANCES HEALTH CENTER 280 HENRY ST NEW YORK, NY 100024816	NONE	NC	ACCESS TO CARE	50,000
BOND COMMUNITY HEALTH CENTER 1720 S GADSDEN ST TALLAHASSEE, FL 323015506	NONE	NC	ACCESS TO CARE	65,000
BREAD FOR THE CITY INC 1525 7TH ST NW WASHINGTON, DC 200013201	NONE	NC	ACCESS TO CARE	40,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
BROWNGIRL RDH 6404 DAVIS BYNUM DR FAYETTEVILLE, NC 283064588	NONE	NC	ORAL HEALTH EDUCATION	100,000
BUDDHIST TZU CHI MEDICAL FOUNDATION 9620 FLAIR DR EL MONTE, CA 91731	NONE	NC	ACCESS TO CARE	125,000
BULLHOOK COMMUNITY HEALTH CENTER INC 521 4TH ST HAVRE, MT 595013649	NONE	NC	ACCESS TO CARE	10,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
BYRNES HEALTH EDUCATION CENTER 515 SOUTH GEORGE STREET YORK, PA 17401	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	10,000
CABIN CREEK HEALTH CENTER INC 104 ALEX LANE CHARLESTON, WV 25304	NONE	NC	ACCESS TO CARE	20,000
CAHABA VALLEY HEALTH CARE INCORP 1515 6TH AVE S BIRMINGHAM, AL 352331601	NONE	NC	ACCESS TO CARE	20,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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 PAN-ETHNIC HEALTH NETWORK 1221 PRESERVATION PARK WAY SUITE 200 OAKLAND, CA 94612	NONE	NC	COMMUNITY GIVING	25,000
CAMILLUS HEALTH CONCERN INC 336 NW 5TH ST MIAMI, FL 331281616	NONE	NC	ACCESS TO CARE	40,000
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	3,500
Total ▶ 3a				25,897,256

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CARE RESOURCE COMMUNITY HEALTH CENTERS INC 3510 BISCAYNE BLVD STE 300 MIAMI, FL 331373851	NONE	NC	ACCESS TO CARE	20,000
CAREING PAWS OF GEORGIA 4 TERRACE PARK NEWNAN, GA 30265	NONE	NC	COMMUNITY GIVING-ALPHARETTA	1,000
CARIDAD CENTER INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 334724415	NONE	NC	ACCESS TO CARE	150,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
CARRY THE LOAD 514 SOUTH HALL STREET DALLAS, TX 75226	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
CATCH GLOBAL FOUNDATION PO BOX 28282 AUSTIN, TX 78755	NONE	NC	ORAL HEALTH EDUCATION	200,000
CATCH GLOBAL FOUNDATION PO BOX 28282 AUSTIN, TX 78755	NONE	NC	ORAL HEALTH EDUCATION	233,334
Total ▶ 3a				25,897,256

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATHOLIC CHARITIES OF CENTRAL FLORIDA INC 1819 N SEMORAN BLVD ORLANDO, FL 328073546	NONE	NC	ACCESS TO CARE	20,000
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON INC 924 G ST NW WASHINGTON, DC 200014532	NONE	NC	ACCESS TO CARE	35,000
CENTRAL CALIFORNIA FOOD BANK 4010 E AMENDOLA DRIVE FRESNO, CA 93725	NONE	NC	COMMUNITY GIVING-RANCHO	11,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
CENTRAL MISSISSIPPI CIVIC IMPROVEMENT ASSOCIATION INC PO BOX 3437 JACKSON, MS 392073437	NONE	NC	ACCESS TO CARE	20,000
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	10,000
CENTRAL TEXAS COMMUNITY HEALTH CENTERS 2115 KRAMER STE 100 AUSTIN, TX 787584013	NONE	NC	ACCESS TO CARE	50,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE STATE COLLEGE, PA 16803	NONE	NC	ACCESS TO CARE	15,000
CENTRO DE SALUD LA COMUNIDAD DE SAN YSIDRO INC 1601 PRECISION PARK LANE SAN DIEGO, CA 921731345	NONE	NC	ACCESS TO CARE	200,000
CHASE BREXTON HEALTH SERVICES INC 1111 N CHARLES ST BALTIMORE, MD 212015505	NONE	NC	ACCESS TO CARE	100,000
Total ▶ 3a				25,897,256

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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>				
CHILDREN NOW 1404 FRANKLIN ST STE 700 OAKLAND, CA 946123232	NONE	NC	ACCESS TO CARE	150,000
CHILDREN NOW 1404 FRANKLIN ST STE 700 OAKLAND, CA 946123232	NONE	NC	ORAL HEALTH EDUCATION	200,000
CHILDRENS DENTAL FOUNDATION 455 EAST COLUMBIA STREET SUITE 32 LONG BEACH, CA 908061620	NONE	NC	ACCESS TO CARE	50,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDRENS MEDICAL CENTER FOUNDATION 2777 STEMMONS FREEWAY DALLAS, TX 75207	NONE	NC	ACCESS TO CARE	35,000
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	NONE	NC	COMMUNITY GIVING	15,000
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA INC PO BOX 2344 AUGUSTA, GA 30903	NONE	NC	ACCESS TO CARE	10,000
Total ▶ 3a				25,897,256

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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	ACCESS TO CARE	15,000
CITYMEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017	NONE	NC	SIGNATURE PROGRAM	50,000
CLINICAS DEL CAMINO REAL INC PO BOX 1270 CAMARILLO, CA 93011	NONE	NC	ACCESS TO CARE	80,000
Total ▶ 3a				25,897,256

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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>				
CLINTON COUNTY HEALTHY COMMUNITIES 266 HOGAN BLVD STE 6 MILL HALL, PA 177511928	NONE	NC	ACCESS TO CARE	15,000
COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION ST BILOXI, MS 395302935	NONE	NC	ACCESS TO CARE	10,000
COLLIER HEALTH SERVICES INC 1454 MADISON AVE W IMMOKALEE, FL 341422200	NONE	NC	ACCESS TO CARE	40,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY COLLEGE OF BALTIMORE COUNTY FOUNDATION INC 7200 SOLLERS POINT RD BALTIMORE, MD 21224649	NONE	NC	ACCESS TO CARE	10,000
COMMUNITY DENTAL CLINIC INC 1008 WOODLAWN ST NO CLEARWATER, FL 33756	NONE	NC	ACCESS TO CARE	35,000
COMMUNITY HEALTH ALLIANCE OF PASADENA 455 W MONTANA ST PASADENA, CA 911031327	NONE	NC	ACCESS TO CARE	30,000
Total ▶ 3a				25,897,256

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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	ACCESS TO CARE	60,000
COMMUNITY HEALTH CENTER OF LUBBOCK INC 1610 5TH ST LUBBOCK, TX 794012622	NONE	NC	ACCESS TO CARE	8,209
COMMUNITY HEALTH DEVELOPMENT INC 908 EVANS ST STE A UVALDE, TX 788016052	NONE	NC	ACCESS TO CARE	150,000
Total	▶ 3a			25,897,256

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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	ACCESS TO CARE	20,000
COMMUNITY OF HOPE INC 4 ATLANTIC ST SW WASHINGTON, DC 200322350	NONE	NC	ACCESS TO CARE	40,000
COMMUNITY VOLUNTEERS IN MEDICINE INC 300 LAWRENCE DR STE B WEST CHESTER, PA 193804289	NONE	NC	ACCESS TO CARE	35,000
Total ▶ 3a				25,897,256

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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	ACCESS TO CARE	250,000
COMPUTER TECHNOLOGIES PROGRAM 3075 ADELIN STREET SUITE 240 BERKELEY, CA 94703	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
CONEJO FREE CLINIC 80 E HILLCREST DR STE 102 THOUSAND OAKS, CA 913604219	NONE	NC	ACCESS TO CARE	60,000
Total ▶ 3a				25,897,256

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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>				
CORNERSTONE CARE INC OLD GLASSWORKS RD GREENSBORO, PA 153380000	NONE	NC	ACCESS TO CARE	70,000
CROHN'S & COLITIS FOUNDATION LAOC CHAPTER 10350 SANTA MONICA BLVD SUITE 120 LOS ANGELES, CA 90025	NONE	NC	COMMUNITY GIVING-RANCHO	5,000
CURRY SENIOR CENTER 333 TURK STREET SAN FRANCISCO, CA 94102	NONE	NC	SIGNATURE PROGRAM	500,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
CURTIS V COOPER PRIMARY HEALTH CARE INC PO BOX 2024 SAVANNAH, GA 314022024	NONE	NC	ACCESS TO CARE	65,000
DEKALB COUNTY BOARD OF HEALTH 445 WINN WAY DECATUR, GA 30030	NONE	NC	ACCESS TO CARE	10,000
DENTAL HEALTH CLINIC 107 S MARKET STREET BERWICK, PA 186034824	NONE	NC	ACCESS TO CARE	15,000
Total ▶ 3a				25,897,256

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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 FOR ARLINGTON INC 501 W SANFORD STREET ARLINGTON, TX 76011	NONE	NC	ACCESS TO CARE	50,000
DENTISTRY 4 VETS 2930 2ND AVENUE SUITE 140 MARINA, CA 93933	NONE	NC	ACCESS TO CARE	25,000
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	NC	ACCESS TO CARE	50,000
Total ▶ 3a				25,897,256

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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	ACCESS TO CARE	40,000
DISTRICT CLINIC HOLDINGS INC 1515 N FLAGLER DRIVE WEST PALM BEACH, FL 33401	NONE	NC	ACCESS TO CARE	25,000
DOCTORS VOLUNTEER CLINIC OF ST GEORGE 1036 E RIVERSIDE DRIVE ST GEORGE, UT 84790	NONE	NC	ACCESS TO CARE	15,000
Total ▶ 3a				25,897,256

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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>				
EAST CENTRAL MISSISSIPPI HEALTH CARE INC PO BOX 142 SEBASTOPOL, MS 393590142	NONE	NC	ACCESS TO CARE	10,000
EAST GEORGIA HEALTHCARE CENTER INC 215 N COLEMAN ST SWAINSBORO, GA 304013530	NONE	NC	ACCESS TO CARE	20,000
EBENZER MEDICAL OUTREACH INC 1448 TENTH AVENUE HUNTINGTON, WV 257013581	NONE	NC	ACCESS TO CARE	10,000
Total ▶ 3a				25,897,256

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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	ACCESS TO CARE	20,000
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 ATLANTA, GA 30322	NONE	NC	ACCESS TO CARE	61,000
EQUAL RIGHTS ADVOCATES INC 611 MISSION ST FL 4 SAN FRANCISCO, CA 94105	NONE	NC	COMMUNITY GIVING	10,000
Total ▶ 3a				25,897,256

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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>				
ESCAMBIA COMMUNITY CLINICS INC 2315 W JACKSON ST PENSACOLA, FL 32505	NONE	NC	ACCESS TO CARE	20,000
ESPERANZA HEALTH CENTER INC 4417 N 6TH ST PHILADELPHIA, PA 191402319	NONE	NC	ACCESS TO CARE	50,000
EXCELTH INC 1515 POYDRAS ST NEW ORLEANS, LA 701124520	NONE	NC	ACCESS TO CARE	40,000
Total ▶ 3a				25,897,256

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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	ACCESS TO CARE	20,000
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES INC 6513 GARFIELD AVE BELL GARDENS, CA 902011805	NONE	NC	ACCESS TO CARE	75,000
FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA INC PO BOX 1357 FT MYERS, FL 339021357	NONE	NC	ACCESS TO CARE	65,000
Total ▶ 3a				25,897,256

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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>				
FINGER LAKES MIGRANT HEALTH CARE PROJECT INC 14 MAIDEN LN PENN YAN, NY 145271208	NONE	NC	ACCESS TO CARE	45,000
FLORIDA DENTAL ASSOCIATION FOUNDATION INC 545 JOHN KNOX ROAD STE 200 TALLAHASSEE, FL 32303	NONE	NC	COMMUNITY GIVING	35,000
FOOD BANK OF CONTRA COSTA AND SOLANO 4010 NELSON AVENUE CONCORD, CA 94520	NONE	NC	COMMUNITY GIVING-BAY AREA	25,000
Total ▶ 3a				25,897,256

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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>				
FOODBANK OF SANTA BARBARA COUNTY 1525 STATE STREET STE 100 SANTA BARBARA, CA 93101	NONE	NC	COMMUNITY GIVING-RANCHO	10,000
FRANKLIN PRIMARY HEALTH CENTER INC 1303 DR MARTIN LUTHER KING JR MOBILE, AL 366030000	NONE	NC	ACCESS TO CARE	50,000
FREE CLINIC OF SIMI VALLEY 2003 ROYAL AVENUE SIMI VALLEY, CA 93065	NONE	NC	ACCESS TO CARE	20,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF THE SACRAMENTO PUBLIC LIBRARY 828 I STREET SUITE 408 SACRAMENTO, CA 95814	NONE	NC	COMMUNITY GIVING-RANCHO	15,000
FULTON COUNTY FAMILY PARTNERSHIP INC 22438 GREAT COVE ROAD MCCONNELLSBURG, PA 172338367	NONE	NC	ACCESS TO CARE	10,000
FUTURE SMILES 3074 ARVILLE STREET LAS VEGAS, NV 89102	NONE	NC	ACCESS TO CARE	50,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
GARY AND MARY WEST SENIOR DENTAL CENTER INC 1525 4TH AVE SAN DIEGO, CA 921013107	NONE	NC	SIGNATURE PROGRAM	250,000
GATEWAY COMMUNITY HEALTH CENTER INC 1515 PAPPAS ST LAREDO, TX 780411705	NONE	NC	ACCESS TO CARE	75,000
GEORGIA MOUNTAINS HEALTH SERVICES INC 165 BLUE RIDGE OVERLOOK BLUE RIDGE, GA 305134431	NONE	NC	ACCESS TO CARE	25,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
GEORGIA STATE UNIVERSITY FOUNDATION INC PO BOX 2668 ATLANTA, GA 303012668	NONE	NC	COMMUNITY GIVING- ALPHARETTA	10,500
GEORGIA STATE UNIVERSITY FOUNDATION INC PO BOX 2668 ATLANTA, GA 303012668	NONE	NC	ORAL HEALTH EDUCATION	36,666
GERISMILES DENTAL HEALTH FOUNDATION 4199 FLAT ROCK DR STE 121 RIVERSIDE, CA 925057116	NONE	NC	ACCESS TO CARE	50,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
GIRLS ON THE RUN PO BOX 30667 PMB 65493 CHARLOTTE, NC 28230	NONE	NC	COMMUNITY GIVING	7,500
GIRLS INC 120 WALL ST SUITE 1800 NEW YORK, NY 10005	NONE	NC	COMMUNITY GIVING	7,500
GLACIER COMMUNITY HEALTH CENTER INC 519 E MAIN ST CUT BANK, MT 594273015	NONE	NC	ACCESS TO CARE	15,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
GOOD SAMARITAN HEALTH CENTER INC 1015 DONALD LEE HOLLOWELL PKWY NW ATLANTA, GA 303186653	NONE	NC	ACCESS TO CARE	40,000
GOOD SAMARITAN HEALTH CENTERS INC 268 HERBERT ST ST AUGUSTINE, FL 320844000	NONE	NC	ACCESS TO CARE	10,000
GREATER PHILADELPHIA HEALTH ACTION 1401 S 31ST ST 2ND FLOOR PHILADELPHIA, PA 191463506	NONE	NC	ACCESS TO CARE	75,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
GREATER PITTSBURGH COMMUNITY FOOD BANK 1 NORTH LINDEN STREET DUQUESNE, PA 15110	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	2,500
GULF COAST DENTAL OUTREACH INC 450 KNIGHTS RUN AVE 1408 TAMPA, FL 33602	NONE	NC	ACCESS TO CARE	10,000
HARCUM COLLEGE 750 MONTGOMERY AVE BRYN MAWR, PA 190103405	NONE	NC	ACCESS TO CARE	19,500
Total ▶ 3a				25,897,256

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HARCUM COLLEGE 750 MONTGOMERY AVE BRYN MAWR, PA 190103405	NONE	NC	ORAL HEALTH EDUCATION	38,000
HEALS INC 515 SPARKMAN DRIVE NW HUNTSVILLE, AL 35816	NONE	NC	ACCESS TO CARE	20,000
HEALTH CARE ACCESS PO BOX 591 PHOENIXVILLE, PA 194600591	NONE	NC	ACCESS TO CARE	10,000
Total ▶ 3a				25,897,256

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEALTH CAREER CONNECTION 300 FRANK H OGAWA PLAZA SUITE 243 OAKLAND, CA 94612	NONE	NC	ORAL HEALTH EDUCATION	50,000
HEALTH SERVICES INC PO BOX 70365 MONTGOMERY, AL 361070365	NONE	NC	ACCESS TO CARE	50,000
HEALTHLINK DENTAL CLINIC INC 1775 STREET RD SOUTHAMPTON, PA 189664564	NONE	NC	ACCESS TO CARE	30,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
HEALTHRIGHT 360 1563 MISSION STREET SAN FRANCISCO, CA 94103	NONE	NC	ACCESS TO CARE	50,000
HEALTHRIGHT 360 1563 MISSION STREET SAN FRANCISCO, CA 94103	NONE	NC	COMMUNITY GIVING	100,000
HEALTHY SMILES FOR KIDS OF ORANGE COUNTY 10602 CHAPMAN AVE SUITE 200 GARDEN GROVE, CA 92840	NONE	NC	ACCESS TO CARE	150,000
Total ▶ 3a				25,897,256

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEALTHY SMILES MOBILE DENTAL FOUNDATION 2045 N DOWER FRESNO, CA 93723	NONE	NC	ACCESS TO CARE	30,000
HEART OF TEXAS COMMUNITY HEALTH CENTER INC 1600 PROVIDENCE DR WACO, TX 767072261	NONE	NC	ACCESS TO CARE	40,000
HIS MERCY AND GRACE INC (DBA HMAG SHOWERS) PO BOX 5252 ALPHARETTA, GA 30023	NONE	NC	COMMUNITY GIVING-ALPHARETTA	30,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
HOMETOWN HEROES 1818 CHURCH STREET PORT GIBSON, MS 39150	NONE	NC	COMMUNITY GIVING- ALPHARETTA	10,000
HOMETOWN HEALTH 1044 STATE ST SCHENECTADY, NY 123071508	NONE	NC	ACCESS TO CARE	10,000
HOSPITAL SERVICE DISTRICT NO 1-A OF THE PARISH OF RICHLAND STATE OF LA 407 CINCINNATI STREET DELHI, LA 71232	NONE	NC	ACCESS TO CARE	15,000
Total ▶ 3a				25,897,256

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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>				
HOWARD UNIVERSITY 600 W STREET NW STE 326 COLLEGE OF DENTISTRY WASHINGTON, DC 200590001	NONE	NC	ACCESS TO CARE	150,000
HOWARD UNIVERSITY 600 W STREET NW STE 326 COLLEGE OF DENTISTRY WASHINGTON, DC 200590001	NONE	NC	COMMUNITY GIVING	1,000
HOWARD UNIVERSITY 600 W STREET NW STE 326 COLLEGE OF DENTISTRY WASHINGTON, DC 200590001	NONE	NC	ORAL HEALTH EDUCATION	50,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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 600 W STREET NW STE 326 COLLEGE OF DENTISTRY WASHINGTON, DC 200590001	NONE	NC	SIGNATURE PROGRAM	160,000
HOWARD UNIVERSITY 600 W STREET NW STE 326 COLLEGE OF DENTISTRY WASHINGTON, DC 200590001	NONE	NC	SIGNATURE PROGRAM	435,575
HUDSON HEADWATERS HEALTH NETWORK 9 CAREY RD QUEENSBURY, NY 128047880	NONE	NC	ACCESS TO CARE	40,000
Total ▶ 3a				25,897,256

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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	ACCESS TO CARE	50,000
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	ACCESS TO CARE	20,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
JESSIE TRICE COMMUNITY HEALTH CENTER INC 5607 NW 27TH AVENUE SUITE STE 1 MIAMI, FL 331422826	NONE	NC	ACCESS TO CARE	60,000
KANAWHA COUNTY DENTAL HEALTH COUNCIL INC 100 FLORIDA ST CHARLESTON, WV 253021131	NONE	NC	ACCESS TO CARE	15,000
KIDS' COMMUNITY CLINIC OF BURBANK 400 W ELMWOOD AVE BURBANK, CA 91506	NONE	NC	ACCESS TO CARE	35,000
Total ▶ 3a				25,897,256

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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>				
KIDS IN NEED OF DEFENSE (KIND) 1201 L STREET NW FLOOR 2 WASHINGTON, DC 200054183	NONE	NC	COMMUNITY GIVING	5,000
KIDS SMILES INC 219 B CHESTER PIKE NORWOOD, PA 19074	NONE	NC	ACCESS TO CARE	35,000
LA CLINICA DE LA RAZA INC PO BOX 22210 OAKLAND, CA 946232210	NONE	NC	ACCESS TO CARE	200,000
Total ▶ 3a				25,897,256

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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 FAMILIA COUNSELING CENTER 5523 34TH STREET SACRAMENTO, CA 958204725	NONE	NC	COMMUNITY GIVING	5,000
LA MAESTRA FAMILY CLINIC INC 4060 FAIRMOUNT AVE SAN DIEGO, CA 921051608	NONE	NC	ACCESS TO CARE	70,000
LA RED HEALTH CENTER INC 21444 CARMEAN WAY GEORGETOWN, DE 199474572	NONE	NC	ACCESS TO CARE	40,000
Total ▶ 3a				25,897,256

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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>				
LAKELAND VOLUNTEERS IN MEDICINE INC 600 WEST PEACHTREE STREET LAKELAND, FL 33815	NONE	NC	ACCESS TO CARE	20,000
LANDISBURG EMS INCORPORATED 301 FACILITY AVE LANDISBURG, PA 17040	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	1,500
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	NC	COMMUNITY GIVING	25,000
Total ▶ 3a				25,897,256

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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>				
LATINA LAWYERS BAR ASSOCIATION PO BOX 86488 LOS ANGELES, CA 90086	NONE	NC	COMMUNITY GIVING	5,000
LCH HEALTH AND COMMUNITY SERVICES 731 WEST CYPRESS STREET KENNETT SQUARE, PA 193482419	NONE	NC	ACCESS TO CARE	25,000
LIFELONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 947122247	NONE	NC	ACCESS TO CARE	750,000
Total ▶ 3a				25,897,256

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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>				
LONE STAR CIRCLE OF CARE 205 E UNIVERSITY AVE STE 200 GEORGETOWN, TX 786266821	NONE	NC	ACCESS TO CARE	20,000
LOS ANGELES FREE CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 900483401	NONE	NC	ACCESS TO CARE	35,000
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST ST LOS ANGELES, CA 90058	NONE	NC	COMMUNITY GIVING	100,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR NE ATLANTA, GA 303243712	NONE	NC	COMMUNITY GIVING	10,000
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR NE ATLANTA, GA 303243712	NONE	NC	COMMUNITY GIVING	50,000
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR NE ATLANTA, GA 303243712	NONE	NC	COMMUNITY GIVING- ALPHARETTA	10,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
LOUISIANA DENTAL ASSOCIATION FOUNDATION 5637 BANKERS AVE BATON ROUGE, LA 70808	NONE	NC	COMMUNITY GIVING	20,000
LSU HEALTH SCIENCES CENTER FOUNDATION 2000 TULANE AVE 4TH FLOOR NEW ORLEANS, LA 701122250	NONE	NC	COMMUNITY GIVING-RANCHO	1,000
MACON VOLUNTEER CLINIC INC 376 ROGERS AVE MACON, GA 312042506	NONE	NC	ACCESS TO CARE	10,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
MAGIC TOOTH BUS 580 CALIFORNIA STREET SUITE 1616 SAN FRANCISCO, CA 94104	NONE	NC	COMMUNITY GIVING-BAY AREA	5,000
MANNA MINISTERIES INC 120 STREET A SUITE A PICAYUNE, MS 394665466	NONE	NC	ACCESS TO CARE	45,000
MANOS DE CRISTO INC 4911 HARMON AVE AUSTIN, TX 787512710	NONE	NC	ACCESS TO CARE	30,000
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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	ACCESS TO CARE	30,000
MARYLAND FOOD BANK 2200 HALETHORPE FARMS RD BALTIMORE, MD 21227	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	3,500
MARYLAND FOUNDATION OF DENTISTRY FOR THE HANDICAPPED INC 8901 HERRMANN DR COLUMBIA, MD 210454710	NONE	NC	ACCESS TO CARE	10,000
Total ▶ 3a				25,897,256

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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>				
MARY'S CENTER 2333 ONTARIO RD NW WASHINGTON, DC 20009	NONE	NC	ACCESS TO CARE	200,000
MARY'S CENTER 2333 ONTARIO RD NW WASHINGTON, DC 20009	NONE	NC	COMMUNITY GIVING	500
MARY'S CENTER 2333 ONTARIO RD NW WASHINGTON, DC 20009	NONE	NC	SIGNATURE PROGRAM	50,000
Total ▶ 3a				25,897,256

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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>				
MARY'S CENTER 2333 ONTARIO RD NW WASHINGTON, DC 20009	NONE	NC	SIGNATURE PROGRAM	564,424
MAZZONI CENTER 1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	10,000
MEALS ON WHEELS OF SAN FRANCISCO INC 1375 FAIRFAX AVE SAN FRANCISCO, CA 941241735	NONE	NC	ACCESS TO CARE	400,000
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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	ACCESS TO CARE	30,000
MIAMI BEACH COMMUNITY HEALTH CENTER INC 11645 BISCAYNE BLVD STE 207 MIAMI, FL 331813138	NONE	NC	ACCESS TO CARE	20,000
MIAMI CHILDREN'S HEALTH SYSTEM INC 3100 SW 62ND AVE MIAMI, FL 33155	NONE	NC	ACCESS TO CARE	45,000
Total ▶ 3a				25,897,256

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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>				
MIDTOWN COMMUNITY HEALTH CENTER INC 2240 ADAMS AVE OGDEN, UT 844011511	NONE	NC	ACCESS TO CARE	40,000
MINISTRY OF CARING INC 115 E 14TH ST WILMINGTON, DE 198013209	NONE	NC	ACCESS TO CARE	20,000
MIRACLE MESSAGES 845 MARKET ST SUITE 450 SAN FRANCISCO, CA 94103	NONE	NC	COMMUNITY GIVING	10,000
Total ▶ 3a				25,897,256

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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>				
MISSION FIRST INC PO BOX 250 JACKSON, MS 392050250	NONE	NC	ACCESS TO CARE	20,000
MISSION OF MERCY INC 103 W MIDDLE ST GETTYSBURG, PA 173252109	NONE	NC	ACCESS TO CARE	35,000
MOM-N-PA 420 E ORANGE ST SHIPPENSBURG, PA 172572140	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	10,000
Total ▶ 3a				25,897,256

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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	ACCESS TO CARE	150,000
MOSAIC HEALTH INC (FORMERLY ROCHESTER PRIMARY CARE NETWORK INC) 1 SOUTH WASHINGTON STREET SUITE 300 ROCHESTER, NY 14614	NONE	NC	ACCESS TO CARE	50,000
MOUNTAIN VALLEYS HEALTH CENTERS PO BOX 277 BIEBER, CA 960090277	NONE	NC	ACCESS TO CARE	100,000
Total ▶ 3a				25,897,256

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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>				
MOUNTAINEER FOOD BANK INC 484 ENTERPRISE DRIVE GASSAWAY, WV 26624	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	5,000
MOUNTAINLANDS COMMUNITY HEALTH CENTER INC 589 S STATE ST PROVO, UT 846065056	NONE	NC	ACCESS TO CARE	20,000
NAACP EMPOWERMENT PROGRAMS INC 4805 MOUNT HOPE DR BALTIMORE, MD 21215	NONE	NC	COMMUNITY GIVING	100,000
Total ▶ 3a				25,897,256

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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	ACCESS TO CARE	50,000
NATIONAL NETWORK FOR ORAL HEALTH ACCESS 181 E 56TH AVE SUITE 401 DENVER, CO 80216	NONE	NC	ORAL HEALTH EDUCATION	22,000
NEIGHBORHOOD HEALTH CLINIC INC 88 12TH STREET NORTH SUITE 100 NAPLES, FL 34102	NONE	NC	ACCESS TO CARE	15,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
NEIGHBORHOOD HEALTHCARE 425 N DATE ST ESCONDIDO, CA 920253413	NONE	NC	ACCESS TO CARE	50,000
NEVADA HEALTH CENTERS INC 3325 RESEARCH WAY CARSON CITY, NV 897067913	NONE	NC	ACCESS TO CARE	50,000
NEW YORK COUNTY DENTAL SOCIETY 622 THIRD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	2,000
Total ▶ 3a				25,897,256

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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>				
NEW YORK COUNTY DENTAL SOCIETY 622 THIRD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	NC	COMMUNITY GIVING - MID ATLANTIC	2,000
NO AIDS TASK FORCE 1631 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117	NONE	NC	ACCESS TO CARE	60,000
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER INC 200 MLK JR BLVD WICHITA FALLS, TX 763011152	NONE	NC	ACCESS TO CARE	75,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
NORTH COUNTY HEALTH PROJECT INC 150 VALPREDA RD SAN MARCOS, CA 920692973	NONE	NC	ACCESS TO CARE	85,000
NORTH EAST MEDICAL SERVICES 2171 JUNIPERO SERRA BLVD DALY CITY, CA 94014	NONE	NC	ACCESS TO CARE	129,000
NORTH FLORIDA MEDICAL CENTERS INC 2804 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 323088707	NONE	NC	ACCESS TO CARE	50,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
NORTH SIDE CHRISTIAN HEALTH CENTER 816 MIDDLE ST PITTSBURGH, PA 152124915	NONE	NC	ACCESS TO CARE	15,000
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	NC	COMMUNITY GIVING-RANCHO	10,000
NORTHEAST VALLEY HEALTH CORPORATION 1172 N MACLAY AVE SAN FERNANDO, CA 913401328	NONE	NC	ACCESS TO CARE	70,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHERN OSWEGO COUNTY HEALTH SERVICES INC 61 DELANO ST PULASKI, NY 131421400	NONE	NC	ACCESS TO CARE	27,000
NORTHWEST ALABAMA COMMUNITY HEALTH ASSOCIATION 309B WC HANDY PLACE FLORENCE, AL 356305274	NONE	NC	ACCESS TO CARE	10,000
NORTHWEST BUFFALO COMMUNITY HEALTH CARE CENTER INC 155 LAWN AVE BUFFALO, NY 142071816	NONE	NC	ACCESS TO CARE	75,000
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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>				
OASIS LEGAL SERVICES 1900 ADDISON ST SUITE 100 BERKELEY, CA 94704	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
OLE HEALTH 1141 PEAR TREE LANE SUITE 100 NAPA, CA 945586485	NONE	NC	ACCESS TO CARE	200,000
ON DEMAND KARE 2500 WEST BROADWAY LOUISVILLE, KY 402111081	NONE	NC	DISASTER FUND	10,000
Total ▶ 3a				25,897,256

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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>				
OPEN DOOR FAMILY MEDICAL CENTER INC 165 MAIN ST OSSINING, NY 105624702	NONE	NC	ACCESS TO CARE	50,000
OUTREACH HEALTH SERVICES INC PO BOX 527 SHUBUTA, MS 393600527	NONE	NC	ACCESS TO CARE	25,000
PASADENA HEALTH CENTER INC 908 SOUTHMORE AVENUE PASADENA, TX 775021134	NONE	NC	ACCESS TO CARE	100,000
Total ▶ 3a				25,897,256

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Name and address (home or business)				
a <i>Paid during the year</i>				
PEDIATRIC DENTAL INITIATIVE OF THE NORTH COAST 1380 19TH HOLE DRIVE WINDSOR, CA 954927713	NONE	NC	ACCESS TO CARE	30,000
PENNSYLVANIA COALITION FOR ORAL HEALTH PO BOX 242 DELMONT, PA 15626	NONE	NC	ACCESS TO CARE	20,000
PEOPLES COMMUNITY CLINIC INC 1101 CAMINO LA COSTA AUSTIN, TX 787523930	NONE	NC	ACCESS TO CARE	75,000
Total ▶ 3a				25,897,256

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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	ACCESS TO CARE	30,000
PRIMARY CARE COALITION OF MONTGOMERY COUNTY MD INC 8757 GEORGIA AVE 10TH FL SILVER SPRING, MD 209103737	NONE	NC	ACCESS TO CARE	15,000
PRIMARY HEALTH NETWORK PO BOX 176 SHARON, PA 161460000	NONE	NC	ACCESS TO CARE	40,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 191302936	NONE	NC	ACCESS TO CARE	25,000
PROJECT OPEN HAND 730 POLK ST FL 3 SAN FRANCISCO, CA 941097813	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
QUEENSCARE HEALTH CENTERS 950 SOUTH GRAND AVE 2ND FL S LOS ANGELES, CA 900154202	NONE	NC	ACCESS TO CARE	175,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	NC	COMMUNITY GIVING	10,000
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	NC	COMMUNITY GIVING-BAY AREA	5,000
REDWOODS RURAL HEALTH CENTER INC PO BOX 769 REDWAY, CA 955600769	NONE	NC	ACCESS TO CARE	200,000
Total ▶ 3a				25,897,256

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK UB COMMONS SUITE 211 BUFFALO, NY 142282567	NONE	NC	ACCESS TO CARE	389,691
RICHMONDERMET AID FOUNDATION 942 DIVISADERO STREET STE 201 SAN FRANCISCO, CA 94115	NONE	NC	COMMUNITY GIVING-RANCHO	10,000
RURAL HEALTH CORPORATION OF NORTHEASTERN PENNSYLVANIA 1084 ROUTE 315 WILKES BARRE, PA 187027012	NONE	NC	ACCESS TO CARE	20,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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	ACCESS TO CARE	99,000
SACRAMENTO FOOD BANK & FAMILY SERVICES 3333 THIRD AVENUE SACRAMENTO, CA 95817	NONE	NC	COMMUNITY GIVING	75,000
SACRAMENTO LGBT COMMUNITY CENTER 1015 20TH STREET SACRAMENTO, CA 95811	NONE	NC	COMMUNITY GIVING-RANCHO	15,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
SALT LAKE DONATED DENTAL SERVICES 1383 S 900 W STE 128 SALT LAKE CTY, UT 841041652	NONE	NC	ACCESS TO CARE	30,000
SALUD PARA LA GENTE PO BOX 1870 WATSONVILLE, CA 950771870	NONE	NC	ACCESS TO CARE	25,000
SAN FERNANDO COMMUNITY HOSPITAL 732 MOTT ST STE 100/110 SAN FERNANDO, CA 913404240	NONE	NC	ACCESS TO CARE	45,000
Total ▶ 3a				25,897,256

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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>				
SAN FRANCISCO-MARIN FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 941073446	NONE	NC	COMMUNITY GIVING	100,000
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HEALTH 15559 RAUSCH ROAD 3683 CITY OF INDUSTRY, CA 91744	NONE	NC	ACCESS TO CARE	40,000
SAN JOSE CLINIC 2615 FANNIN HOUSTON, TX 770029224	NONE	NC	ACCESS TO CARE	35,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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	ACCESS TO CARE	85,000
SANTA ROSA CHILDRENS HOSPITAL FOUNDATION 1 INTL CENTER 100 NE LOOP 410 NO 706 SAN ANTONIO, TX 782160000	NONE	NC	ACCESS TO CARE	20,000
SAVANNAH VOLUNTEER DENTAL CLINIC 5302 FREDERICK ST STE 101 SAVANNAH, GA 314054822	NONE	NC	ACCESS TO CARE	10,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
SIERRA PACIFIC FURBABIES INC 12523 LIMONITE AVE SUITE 440412 MIRA LOMA, CA 91752	NONE	NC	COMMUNITY GIVING-RANCHO	500
SLO NOOR FOUNDATION A NON-PROFIT CORPORATION 1428 PHILLIPS LANE STE 203 SAN LUIS OBISPO, CA 934012570	NONE	NC	ACCESS TO CARE	40,000
SMILES ACROSS MONTANA LLC 105 GREY WOLF TRAIL BOZEMAN, MT 59718	NONE	NC	ACCESS TO CARE	100,100
Total ▶ 3a				25,897,256

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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>				
SMILES ACROSS MONTANA LLC 105 GREY WOLF TRAIL BOZEMAN, MT 59718	NONE	NC	COMMUNITY GIVING	8,980
SOCIAL GOOD FUND 12651 SAN PABLO AVE 5473 RICHMOND, CA 94805	NONE	NC	COMMUNITY GIVING	100,000
SONRISAS DENTAL HEALTH INC 430 NORTH EL CAMINO REAL SAN MATEO, CA 94401	NONE	NC	ACCESS TO CARE	100,000
Total ▶ 3a				25,897,256

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTH COUNTY COMMUNITY HEALTH CENTER INC 1885 BAY ROAD EAST PALO ALTO, CA 943031312	NONE	NC	ACCESS TO CARE	100,000
SOUTHWEST UTAH COMMUNITY HEALTH CENTER 25 N 100 E STE 102 ST GEORGE, UT 847707369	NONE	NC	ACCESS TO CARE	35,000
SPACE COAST HEALTH FOUNDATION INC 1100 ROCKLEDGE BLVD SUITE 100 ROCKLEDGE, FL 32955	NONE	NC	COMMUNITY GIVING-ALPHARETTA	20,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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	ACCESS TO CARE	100,000
ST JOHNS WELL CHILD AND FAMILY CENTER INC 808 W 58TH ST LOS ANGELES, CA 900373632	NONE	NC	ACCESS TO CARE	350,000
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVE SAN FRANCISCO, CA 94102	NONE	NC	COMMUNITY GIVING	100,000
Total ▶ 3a				25,897,256

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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>				
STEPHEN F AUSTIN COMMUNITY HEALTH CENTER INC 1111 W ADOUE ST ALVIN, TX 775112718	NONE	NC	ACCESS TO CARE	30,000
STONY BROOK FOUNDATION INC 230 ADMINISTRATION STONY BROOK, NY 117941188	NONE	NC	ACCESS TO CARE	120,000
SULLIVAN COUNTY ACTION INC PO BOX 1 LAPORTE, PA 186260001	NONE	NC	ACCESS TO CARE	10,000
Total ▶ 3a				25,897,256

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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>				
SUNCOAST COMMUNITY HEALTH CENTERS INC 13110 ELK MOUNTAIN DR RIVERVIEW, FL 335797182	NONE	NC	ACCESS TO CARE	65,000
SUSAN DEW HOFF MEMORIAL CLINIC INC 623 LIBERTY STREET WEST MILFORD, WV 264510000	NONE	NC	ACCESS TO CARE	20,000
SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC INC 471 HEPBURN ST WILLIAMSPORT, PA 177016122	NONE	NC	ACCESS TO CARE	45,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC 335 MARKET ST STE 1 SUNBURY, PA 178013411	NONE	NC	ACCESS TO CARE	20,000
TAMPA FAMILY HEALTH CENTERS INC PO BOX 82969 TAMPA, FL 336822969	NONE	NC	ACCESS TO CARE	60,000
TEAM RUBICON 5230 PACIFIC CONCOURSE DRIVE SUITE 200 LOS ANGELES, CA 90045	NONE	NC	DISASTER FUND	150,000
Total ▶ 3a				25,897,256

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEAMSMILE INC 2000 SWIFT AVE KANSAS CITY, MO 641163424	NONE	NC	ACCESS TO CARE	250,000
TECHBRIDGE GIRLS 114 LINDEN STREET OAKLAND, CA 94607	NONE	NC	ORAL HEALTH EDUCATION	50,000
TEXAS MISSION OF MERCY INC 1946 S IH35 SUITE 400 AUSTIN, TX 78704	NONE	NC	ACCESS TO CARE	35,000
Total ▶ 3a				25,897,256

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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 ALAMEDA COUNTY COMMUNITY FOOD BANK INC 7900 EDGEWATER DRIVE OAKLAND, CA 94621	NONE	NC	COMMUNITY GIVING	100,000
THE CENTER FOR BLACK WOMEN'S WELLNESS CBWW INC 477 WINDSOR ST SW RM 309 ATLANTA, GA 30312	NONE	NC	COMMUNITY GIVING-ALPHARETTA	10,000
THE GUBBIO PROJECT INC 1661 15TH STREET SAN FRANCISCO, CA 94103	NONE	NC	COMMUNITY GIVING	10,000
Total ▶ 3a				25,897,256

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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 HARRISBURG AREA COMMUNITY COLLEGE FOUNDATION ONE HACC DRIVE HARRISBURG, PA 171102999	NONE	NC	ORAL HEALTH EDUCATION	600,000
THE HENRY W GRADY HEALTH SYSTEM FOUNDATION INC 191 PEACHTREE ST NE STE 820 ATLANTA, GA 303031755	NONE	NC	ACCESS TO CARE	60,000
THE MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014	NONE	NC	COMMUNITY GIVING-RANCHO	15,000
Total ▶ 3a				25,897,256

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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 TREVOR PROJECT PO BOX 69232 WEST HOLLYWOOD, CA 90069	NONE	NC	COMMUNITY GIVING	5,000
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST SUITE 1200 HOUSTON, TX 77030	NONE	NC	ACCESS TO CARE	160,000
THREE LOWER COUNTIES COMMUNITY SERVICES INC PO BOX 1978 SALISBURY, MD 218021978	NONE	NC	ACCESS TO CARE	15,000
Total ▶ 3a				25,897,256

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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>				
TIBURCIO VASQUEZ HEALTH CENTER INC 1260 B STREET HAYWARD, CA 94541	NONE	NC	ACCESS TO CARE	400,000
TOLOSA CHILDREN'S DENTAL CENTER 717 WALNUT DRIVE PASO ROBLES, CA 93446	NONE	NC	ACCESS TO CARE	30,000
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131 STREET 4TH FLOOR NEW YORK, NY 100277984	NONE	NC	ACCESS TO CARE	125,000
Total				25,897,256

▶ 3a

Form 990PF Part XIV 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>				
TUOLUMNE COUNTY SCHOOLS 175 FAIRVIEW LN SONORA, CA 95370	NONE	NC	ACCESS TO CARE	35,000
UCLA SCHOOL OF DENTISTRY 10833 LE CONTE AVE 53-038 CHS LOS ANGELES, CA 90405	NONE	NC	BIG BITE	1,668,777
UNION COMMUNITY HEALTH CENTER INC 260 E 188TH STREET BRONX, NY 10458	NONE	NC	ACCESS TO CARE	50,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY 3875 W BEECHWOOD AVE FRESNO, CA 93722	NONE	NC	ACCESS TO CARE	600,000
UNITED WAY OF DELAWARE 625 NORTH ORANGE STREET WILMINGTON, DE 198012250	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	2,500
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 170251497	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	25,000
Total ▶ 3a				25,897,256

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITY HEALTH CARE INC 1100 NEW JERSEY AVE SE WASHINGTON, DC 200033733	NONE	NC	ACCESS TO CARE	40,000
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 513 PARNASSUS AVENUE 6TH FLOOR SAN FRANCISCO, CA 94143	NONE	NC	ORAL HEALTH EDUCATION	20,000
UNIVERSITY OF LOUISIANA AT MONROE 700 UNIVERSITY AVENUE MONROE, LA 71209	NONE	NC	ACCESS TO CARE	15,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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 MARYLAND SCHOOL OF DENTISTRY 650 W BALTIMORE STREE BALTIMORE, MD 21201	NONE	NC	ACCESS TO CARE	100,000
UNIVERSITY OF PENNSYLVANIA SCHOOL OF DENTAL MEDICINE 240 S 40TH STREET PHILADELPHIA, PA 191046030	NONE	NC	ACCESS TO CARE	200,000
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 SOUTH FLOWER STREET LOS ANGELES, CA 90089	NONE	NC	ACCESS TO CARE	300,000
Total ▶ 3a				25,897,256

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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>				
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 SOUTH FLOWER STREET LOS ANGELES, CA 90089	NONE	NC	ORAL HEALTH EDUCATION	1,080,000
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE MC 7835 SAN ANTONIO, TX 78229	NONE	NC	ACCESS TO CARE	50,000
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 952110110	NONE	NC	ACCESS TO CARE	250,000
Total ▶ 3a				25,897,256

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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>				
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 952110110	NONE	NC	ORAL HEALTH EDUCATION	1,000,000
URBAN ED ACADEMY INC 1485 BAY SHORE BLVD STE 317 SAN FRANCISCO, CA 94124	NONE	NC	ORAL HEALTH EDUCATION	50,000
UTAH PARTNERS FOR HEALTH 7651 S MAIN STREET MIDVALE, UT 840477101	NONE	NC	ACCESS TO CARE	20,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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>				
VALLEY HEALTHCARE SYSTEM INC 1600 FORT BENNING RD COLUMBUS, GA 319032834	NONE	NC	ACCESS TO CARE	10,000
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	NONE	NC	ACCESS TO CARE	175,000
VERLAND FOUNDATION INC 212 IRIS RD SEWICKLEY, PA 151432402	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	5,000
Total ▶ 3a				25,897,256

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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>				
VIA CARE COMMUNITY HEALTH CENTER 507 S ATLANTIC BLVD LOS ANGELES, CA 900222621	NONE	NC	ACCESS TO CARE	125,000
VILLAGE FOR VETS PO BOX 491971 LOS ANGELES, CA 90049	NONE	NC	ACCESS TO CARE	35,000
VISION Y COMPROMISO 1000 N ALAMEDA STREET LOS ANGELES, CA 90012	NONE	NC	ORAL HEALTH EDUCATION	50,000
Total ▶ 3a				25,897,256

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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>				
VISTA COMMUNITY CLINIC 1000 VALE TERRACE DR VISTA, CA 920845218	NONE	NC	ACCESS TO CARE	70,000
VMSN INC 1240 N MARTIN L KING BLVD LAS VEGAS, NV 89106	NONE	NC	ACCESS TO CARE	50,000
VOLUNTEER FLORIDA FOUNDATION 1545 RAYMOND DIEHL RD TALLAHASSEE, FL 32308	NONE	NC	DISASTER FUND	150,000
Total ▶ 3a				25,897,256

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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>				
WASATCH HOMELESS HEALTH CARE INC 409 W 400 S SALT LAKE CTY, UT 841011135	NONE	NC	ACCESS TO CARE	20,000
WELLSPAN HEALTH PO BOX 2767 YORK, PA 174052767	NONE	NC	ACCESS TO CARE	50,000
WELSH MOUNTAIN HEALTH CENTERS 304 N WATER STREET LANCASTER, PA 176033374	NONE	NC	ACCESS TO CARE	175,000
Total ▶ 3a				25,897,256

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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>				
WEST VIRGINIA HEALTH RIGHT INC 1520 WASHINGTON ST E CHARLESTON, WV 253112511	NONE	NC	ACCESS TO CARE	65,000
WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E 2ND ST POMONA, CA 917661854	NONE	NC	ACCESS TO CARE	200,000
WESTJAX OUTREACH INC 5126 TIMUQUANA RD JACKSONVILLE, FL 322100000	NONE	NC	ACCESS TO CARE	40,000
Total ▶ 3a				25,897,256

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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>				
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL CIRCLE THOUSAND OAKS, CA 91360	NONE	NC	ACCESS TO CARE	65,000
WHEELING HEALTH RIGHT INC 61 29TH ST WHEELING, WV 260034161	NONE	NC	ACCESS TO CARE	40,000
WHITE PONY EXPRESS 3380 VINCENT ROAD 107 PLEASANT HILL, CA 945234324	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
Total ▶ 3a				25,897,256

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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>				
WHITMAN-WALKER CLINIC INC 1377 R STREET NW WASHINGTON, DC 20009	NONE	NC	ACCESS TO CARE	100,000
WILLIAM F RYAN COMMUNITY HEALTH CENTER INC 110 W 97TH ST NEW YORK, NY 100256450	NONE	NC	ACCESS TO CARE	100,000
WILLIAMSON HEALTH & WELLNESS CENTER INC PO BOX 2080 WILLIAMSON, WV 256612080	NONE	NC	ACCESS TO CARE	15,000
Total ▶ 3a				25,897,256

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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>				
WILMINGTON COMMUNITY CLINIC 1009 N AVALON BLVD WILMINGTON, CA 907444505	NONE	NC	ACCESS TO CARE	50,000
WINN COMMUNITY HEALTH CENTER INC PO BOX 1288 WINNFIELD, LA 714831288	NONE	NC	ACCESS TO CARE	40,000
WORKING PEOPLES FREE CLINIC INC 1543 MCGINNIS ST ALEXANDRIA, LA 713016249	NONE	NC	ACCESS TO CARE	15,000
Total ▶ 3a				25,897,256

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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>				
WORLD CENTRAL KITCHEN 655 NEW YORK AVENUE 6TH FLOOR WASHINGTON, DC 20001	NONE	NC	COMMUNITY GIVING-ALPHARETTA	10,000
WORLD CENTRAL KITCHEN 655 NEW YORK AVENUE 6TH FLOOR WASHINGTON, DC 20001	NONE	NC	COMMUNITY GIVING-BAY AREA	10,000
WORLD CENTRAL KITCHEN 655 NEW YORK AVENUE 6TH FLOOR WASHINGTON, DC 20001	NONE	NC	COMMUNITY GIVING-MID-ATLANTIC	10,000
Total ▶ 3a				25,897,256

Form 990PF Part XIV 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 655 NEW YORK AVENUE 6TH FLOOR WASHINGTON, DC 20001	NONE	NC	COMMUNITY GIVING-RANCHO	10,000
WOUNDED VETERANS RELIEF FUND 300 PROSPERITY FARMS RD UNIT F NORTH PALM BEACH, FL 33408	NONE	NC	ACCESS TO CARE	15,000
Total			▶ 3a	25,897,256

TY 2022 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 2022 Investments Corporate Bonds Schedule

Name: DELTA DENTAL COMMUNITY CARE FOUNDATION

EIN: 37-1570764

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
ABBOTT LABORATORIES	232,435	226,996
ABBOTT LABORATORIES	106,471	98,052
CHUBB INA HOLDINGS INC	107,392	98,480
ALLSTATE CORP	201,401	198,532
ALLSTATE CORP	88,487	88,873
AMERIPRISE FINANCIAL INC	119,157	112,085
AMERIPRISE FINANCIAL INC	236,442	213,976
ANALOG DEVICES INC	121,098	109,815
ANALOG DEVICES INC	242,943	212,295
APPLE INC	361,474	338,207
ARCHER-DANIELS-MIDLAND CO	237,310	203,429
ARCHER-DANIELS-MIDLAND CO	117,227	106,738
BANK OF AMERICA CORP	104,673	97,436
BANK OF AMERICA CORP	118,939	104,360
BANK OF AMERICA CORP	117,018	99,850
BANK OF AMERICA CORP	119,265	107,779
BANK OF NEW YORK MELLON CORP	105,348	97,584
BANK OF NEW YORK MELLON CORP	262,652	235,075
BRISTOL-MYERS SQUIBB CO	264,383	232,097
BURLINGTON NORTHERN SANTA FE LLC	342,890	320,510

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CATERPILLAR INC	239,350	205,247
CHUBB INA HOLDINGS INC	276,772	232,183
CISCO SYSTEMS INC	200,776	196,448
CITIBANK NA	255,589	246,549
COCA-COLA REFRESHMENTS USA LLC	104,363	103,929
COMCAST CORP	123,621	119,091
COMCAST CORP	119,776	106,238
COMCAST CORP	237,042	204,931
COSTCO WHOLESALE CORP	254,355	243,343
CUMMINS INC	110,473	109,539
JOHN DEERE CAPITAL CORP	256,912	223,217
JOHN DEERE CAPITAL CORP	99,833	86,659
ECOLAB INC	315,997	280,186
EMERSON ELECTRIC CO	245,345	213,910
GENERAL DYNAMICS CORP	204,258	182,139
HOME DEPOT INC	209,501	204,389
INTEL CORP	152,501	146,004
INTEL CORP	250,749	215,933
INTERNATIONAL BUSINESS MACHINES CORP	113,682	105,866
INTERNATIONAL BUSINESS MACHINES CORP	239,117	219,003

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
JPMORGAN CHASE & CO	118,057	113,749
JPMORGAN CHASE & CO	117,070	101,862
JPMORGAN CHASE & CO	120,623	109,545
KIMBERLY-CLARK CORP	71,880	71,705
LAM RESEARCH CORP	264,806	244,680
MICROSOFT CORP	344,528	336,342
NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	268,727	234,165
NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	120,955	110,115
NIKE INC	200,171	198,180
NVIDIA CORP	240,998	206,366
PNC FINANCIAL SERVICES GROUP INC	264,852	229,280
PEPSICO INC	190,678	164,085
PFIZER INC	256,255	245,413
PUBLIC STORAGE	249,133	219,914
STATE STREET CORP	274,090	235,478
TARGET CORP	82,176	84,677
TARGET CORP	257,213	244,887
TEXAS INSTRUMENTS INC	146,218	140,436
TOYOTA MOTOR CREDIT CORP	351,276	348,625
TRUIST FINANCIAL CORP	142,258	126,788

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
TRUIST FINANCIAL CORP	241,407	210,973
UNITED PARCEL SERVICE INC	153,073	144,582
UNITED PARCEL SERVICE INC	260,756	235,257
VISA INC	258,373	241,367

TY 2022 Investments Corporate Stock Schedule**Name:** DELTA DENTAL COMMUNITY CARE FOUNDATION**EIN:** 37-1570764**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VANGUARD VCEB	4,359,227	4,359,227
VANGUARD VSMPX	2,549,699	2,549,699

TY 2022 Other Decreases Schedule**Name:** DELTA DENTAL COMMUNITY CARE FOUNDATION**EIN:** 37-1570764

Description	Amount
UNREALIZED LOSS ON EQUITY INVESTMENTS	1,247,013

TY 2022 Other Expenses Schedule**Name:** DELTA DENTAL COMMUNITY CARE FOUNDATION**EIN:** 37-1570764**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSES AND FEES	2,612	0	0	0
MISC OUTSIDE SERVICES	25	0	0	0
MISC INCOME/EXPENSE	104	0	0	0

TY 2022 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	1,515,077	0	0	0

Schedule B
(Form 990)
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
2022

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 FOUNDATIONEmployer 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
1	DELTA DENTAL OF CALIFORNIA 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	\$ 26,750,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	DELTA DENTAL INSURANCE COMPANY 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	\$ 2,696,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	DELTA DENTAL OF PENNSYLVANIA ONE DELTA DRIVE MECHANICSBURG, PA 17055	\$ 3,850,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	DELTA DENTAL OF NEW YORK INC ONE DELTA DRIVE MECHANICSBURG, PA 17055	\$ 1,600,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
5	DR CHRISTOPHER KOTCHICK 300 COMMUNITY DRIVE TOBYHANNA, PA 18466	\$ 20,700	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
6	DELTA DENTAL OF CALIFORNIA 560 MISSION STREET SUITE 1300 SAN FRANCISCO, CA 94105	\$ 1,515,077	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

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
6	DONATED GRANT MANAGEMENT, ADMINISTRATIVE FEES/EXPENSES	\$ 1,515,077	
-		\$	
-		\$	
-		\$	
-		\$	
-		\$	
-		\$	
-		\$	
-		\$	

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	
_____ _____		_____ _____	