

Form 990-PF

Return of Private Foundation

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

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. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$ 319,684. 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).

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

Part II Balance Sheets		Beginning of year			End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	1,157,184	319,684	319,684		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	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)	1,157,184	319,684	319,684			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable	990,000				
	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)	990,000	0				
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>						
	and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted	167,184	319,684			
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>						
	and complete lines 27 through 31.						
27	Capital stock, trust principal, or current funds						
28	Paid-in or capital surplus, or land, bldg, and equipment fund						
29	Retained earnings, accumulated income, endowment, or other funds						
30	Total net assets or fund balances (see instructions)	167,184	319,684				
31	Total liabilities and net assets/fund balances (see instructions)	1,157,184	319,684				

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 30 (must agree with end-of-year figure reported on prior year's return)	1	167,184
2	Enter amount from Part I, line 27a	2	152,500
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	319,684
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	319,684

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			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

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

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

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

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

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

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


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	1,985,000	0	0 000000
2012	1,670,000	0	0 000000
2011	268,399	0	0 000000
2010	0	0	0 000000
2009			
2	Total of line 1, column (d).		2 0 000000
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3 0 000000
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.		4
5	Multiply line 4 by line 3.		5 0
6	Enter 1% of net investment income (1% of Part I, line 27b).		6 0
7	Add lines 5 and 6.		7 0
8	Enter qualifying distributions from Part XII, line 4.		8 2,690,000

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ <u>0</u> (2) On foundation managers <input type="checkbox"/> \$ <u>0</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ <u>0</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> CA _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> 	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>HTTP //WWW DDCCF COM</u>	13	Yes			
14	The books are in care of ▶ <u>MICHAEL J CASTRO TREASURER</u> Telephone no ▶ <u>(415) 972-8300</u> Located at ▶ <u>100 FIRST STREET SAN FRANCISCO CA</u> ZIP+4 ▶ <u>94105</u>					
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <table border="1" style="display: inline-table;"><tr><td>15</td><td></td></tr></table>	15				
15						
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No		

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
1b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
1c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ <u>20___, 20___, 20___, 20___</u>			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ <u>20___, 20___, 20___, 20___</u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>) <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

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

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

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

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	0
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	0
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	0
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5.	6	0

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

1	Minimum investment return from Part X, line 6.	1	0
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	0
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	0
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	0

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	2,690,000
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,690,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,690,000

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			0	
b Total for prior years 20__ , 20__ , 20__		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.	181,250			
c From 2011.	268,399			
d From 2012.	1,670,000			
e From 2013.	1,985,000			
f Total of lines 3a through e.	4,104,649			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ <u>2,690,000</u>				
a Applied to 2013, 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 2014 distributable amount.				0
e Remaining amount distributed out of corpus	2,690,000			
5 Excess distributions carryover applied to 2014 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,794,649			
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 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				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 2009 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	6,794,649			
10 Analysis of line 9				
a Excess from 2010.	181,250			
b Excess from 2011.	268,399			
c Excess from 2012.	1,670,000			
d Excess from 2013.	1,985,000			
e Excess from 2014.	2,690,000			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, 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) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization 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))

GARY D RADINE

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 (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total				3a 2,690,000
b <i>Approved for future payment</i>				
Total				3b 0

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

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

Table with 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) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule
Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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

Sign Here ***** 2015-03-30
Signature of officer or trustee Date

Paid Preparer Use Only
Print/Type preparer's name Preparer's Signature
Firm's name CBIZ MHM LLC
Firm's address 3625 CUMBERLAND BLVD STE 800 ATLANTA, GA 30082

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

(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
GARY D RADINE 100 FIRST STREET SAN FRANCISCO, CA 94105	PRESIDENT 1 00	0	0	0
MICHAEL J CASTRO 100 FIRST STREET SAN FRANCISCO, CA 94105	TREASURER 1 00	0	0	0
MICHAEL G HANKINSON ESQ 100 FIRST STREET SAN FRANCISCO, CA 94105	SECRETARY 1 00	0	0	0
ANTHONY S BARTH 100 FIRST STREET SAN FRANCISCO, CA 94105	DIRECTOR 1 00	0	0	0
JOHN M YAMAMOTO DDS 100 FIRST STREET SAN FRANCISCO, CA 94105	DIRECTOR 1 00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACCESS FAMILY HEALTH SERVICES INC - DENTAL CLINIC 60024 OLIVE STREET SMITHVILLE,MS 38870	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ACCESS HEALTH LOUISIANAST CHARLES COMMUNITY HEALTH CENTER 843 MILLING AVENUE LULING,LA 70070	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ALBANY AREA PRIMARY HEALTH CARE INCWEST ALBANY DENTAL & MEDICAL CENTER 204 NORTH WESTOVER BOULEVARD ALBANY,GA 31707	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ALBERT EINSTEIN MEDICAL CENTER 5501 OLD YORK ROAD PHILADELPHIA,PA 19141	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ALTOONA REGIONAL PARTNERSHIP FOR A HEALTHY COMMUNITY 501 HOWARD AVENUE SUITE D103 ALTOONA,PA 16601	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
AMITE COUNTY MEDICAL SERVICES INCLIBERTY DENTAL SERVICES 102 WEST FREEDOM DRIVE PO BOX 511 LIBERTY,MS 39645	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
AMPLA HEALTH 935 MARKET STREET YUBA CITY,CA 959914217	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 WEST STATE STREET DOYLESTOWN,PA 18901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ARROYO VISTA FAMILY HEALTH CENTER 6000 NORTH FIGUEROA STREET LOS ANGELES,CA 90042	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND,CA 94607	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ASSISTANCE LEAGUE OF SAN PEDRO-SOUTH BAY 1441 WEST 8TH STREET SAN PEDRO,CA 90732	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
AVENAL COMMUNITY HEALTH CENTER 1000 SKYLINE BOULEVARD PO BOX 700 AVENAL,CA 93204	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BARNABAS CENTER INC - DENTAL CLINIC 1303 JASMINE ST STE 101 FERNANDINA BEACH,FL 32034	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BARRIO COMPREHENSIVE FAMILY HEALTH CARE CENTER INCCOMMUNICARE HEALTH CEN 3066 EAST COMMERCE STREET SAN ANTONIO,TX 78220	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BEAR LAKE COMMUNITY HEALTH CENTER 1515 NORTH 400 EAST NORTH LOGAN,UT 84341	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BIRMINGHAM HEALTH CARE INC NORTHSIDE DENTAL CLINIC 1333 19TH STREET NORTH BIRMINGHAM,AL 35020	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BOND COMMUNITY HEALTH CENTER 1720 S GADSDEN STREET TALLAHASSEE,FL 323015506	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BRADFORD COUNTY DENTAL HEALTH SERVICES INC 1 ELIZABETH STREET SUITE 6 TOWANDA,PA 18848	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BRANDON OUTREACH CLINIC INC 517 NORTH PARSONS AVENUE BRANDON,FL 33511	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BREAD FOR THE CITY INC - DENTAL CLINIC 1525 7TH STREET NW WASHINGTON,DC 20001	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BREVARD HEALTH ALLIANCE 3661 SOUTH BABCOCK STREET MELBOURNE,FL 32901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BROWNSVILLE COMMUNITY HEALTH CENTER 191 EAST PRICE ROAD BROWNSVILLE,TX 78521	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BROWNSVILLE MULTI-SERVICE FAMILY HEALTH CENTER 592 ROCKAWAY AVENUE BROOKLYN,NY 11212	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BULLHOOK COMMUNITY HEALTH CENTER 220 3RD AVENUE ATRIUM MALL SUITE 404 HAVRE,MT 59501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BUTTE COMMUNITY HEALTH CENTER 445 CENTENNIAL AVENUE BUTTE,MT 59701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
BUTTE VALLEY HEALTH CENTER MOUNTAIN VALLEY HEALTH CENTERS PO BOX 277 BIEBER,CA 96009	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	5,000
CABIN CREEK HEALTH 107 KOONTZ AVENUE SUITE 200 CLENDENIN,WV 25045	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CAHABA VALLEY HEALTH CARE 4515 SOUTHLAKE PARKWAY SUITE 150 BIRMINGHAM,AL 35244	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CARE RESOURCE COMMUNITY AIDS RESOURCE INC 3510 BISCAYNE BOULEVARD SUITE 300 MIAMI,FL 33137	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CATHOLIC CHARITIES HEALTH CARE CENTER INC 212 NINTH STREET PITTSBURGH,PA 15222	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON INC - DENTAL CLINICS 1618 MONROE STREET NW WASHINGTON,DC 20017	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRAL CALIFORNIA DENTAL SURGICENTERCASTLE SURGICENTER 3605 HOSPITAL ROAD SUITE H ATWATER,CA 95301	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRAL FLORIDA HEALTH CARE INCLAKE WALES DENTAL 225 LINCOLN AVENUE LAKE WALES,FL 33853	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRAL MISSISSIPPI CIVIC IMPROVEMENT ASSOCIATION INCJACKSON-HINDS COMPR 3502 WEST NORTHSIDE DRIVE JACKSON,MS 39213	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE SUITE D STATE COLLEGE,PA 16803	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHASE BREXTON HEALTH SERVICES INC 1001 CATHEDRAL STREET BALTIMORE,MD 21201	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CHESPENN HEALTH SERVICES 744 EAST LINCOLN HIGHWAY COATESVILLE,PA 19320	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	5,000
CHESTER COUNTY COMMUNITY DENTAL CENTER 744 EAST LINCOLN HIGHWAY COATESVILLE,PA 19320	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	5,000
CHRIST COMMUNITY HEALTH SERVICES AUGUSTA INC PO BOX 2344 AUGUSTA,GA 30903	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CLAY-BATTELLE COMMUNITY HEALTH CENTER 5861 MASON DIXON HIGHWAY PO BOX 72 BLACKSVILLE,WV 26521	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CLINICAS DEL CAMINO REAL INC 200 SOUTH WELLS ROAD SUITE 200 VENTURA,CA 93004	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CLINTON COUNTY COMMUNITY DENTAL CLINIC 266 HOGAN BOULEVARD SUITE 6 MILL HALL,PA 17751	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COASTSIDE MEDICAL DENTAL CLINICS INCSONRISAS COMMUNITY DENTAL CENTER 210 SAN MATEO ROAD SUITE 104 HALF MOON BAY,CA 94019	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY DENTAL CLINIC INC 1008 WOODLAWN STREET CLEARWATER,FL 33756	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	5,000
COMMUNITY DENTAL CLINIC INC 200 ORANGWOOD DRIVE DUNEDIN,FL 34698	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	5,000
Total				2,690,000

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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>				
COMMUNITY FREE DENTAL CLINIC 2227 DRAKE AVENUE SUITE 4 HUNTSVILLE,AL 35805	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH ALLIANCE (FORMERLY HAWC INC) 1450 RIDGEVIEW DRIVE SUITE 200 RENO,NV 89519	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH ALLIANCE - MOBILE DENTAL RESTORATIVE PROGRAM 1450 RIDGEVIEW DRIVE SUITE 200 RENO,NV 89519	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH ALLIANCE - MOBILE DENTAL SEALANT PROGRAM 1450 RIDGEVIEW DRIVE SUITE 200 RENO,NV 89519	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH ALLIANCE OF PASADENA 837 SOUTH FAIR OAKS AVENUE SUITE 204 PASADENA,CA 91105	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH AND DENTAL CARE INC 11 ROBINSON STREET SUITE 100 POTTSTOWN,PA 19464	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTER OF LUBBOCK INC 1313 BROADWAY SUITE 5 LUBBOCK,TX 79401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTER INC 6289 VETERANS MEMORIAL HIGHWAY SUITE 12C AUSTELL,GA 30168	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS INC 228 ST GEORGE STREET GONZALES,TX 78629	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST INC 150 TEJAS PLACE PO BOX 430 NIPOMO,CA 934449123	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS INC 110 SOUTH WOODLAND STREET WINTER GARDEN,FL 34787	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CENTERS INC 220 W 7200 SOUTH SUITE A MIDVALLE,UT 84047	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CLINIC OF BUTLER COUNTY 103 BONNIE DRIVE BUTLER,PA 16002	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CLINIC OLESISTER ANN DENTAL CLINIC 1141 PEAR TREE LANE SUITE 100 NAPA,CA 94558	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH CLINIC INC 943 FOURTH AVENUE NEW KENSINGTON,PA 15068	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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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>				
COMMUNITY HEALTH DEVELOPMENT INC 908 SOUTH EVANS STREET BLDG A UVALDE, TX 78801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTH SERVICE AGENCY INC 4500 WESLEY STREET GREENVILLE, TX 75402	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY HEALTHCARE NETWORK INC 60 MADISON AVENUE 5TH FLOOR NEW YORK, NY 10010	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COMMUNITY OF HOPE INC - DENTAL CLINIC 4 ATLANTIC STREET SW WASHINGTON, DC 20032	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
COOPERATIVE HEALTH CENTER 1930 9TH AVENUE HELENA, MT 59601	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CORNERSTONE CARE INC 1227 SMITH TOWNSHIP STATE ROAD BURGETTSTOWN, PA 15021	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CRESCENT PARK DENTAL CLINIC 2 CRESCENT PARK WEST WARREN, PA 16365	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CROSS TIMBERS HEALTH CLINICS INC 1100 WEST REYNOSA STREET DELEON, TX 76444	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
CURTIS V COOPER PRIMARY HEALTH CARE INC 106 EAST BROAD STREET SAVANNAH, GA 31402	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DEKALB COUNTY BOARD OF HEALTH DENTAL HEALTH SERVICES PROGRAM 440 WINN WAY ROOM 3107 DECATUR, GA 30031	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	5,000
DENTAL HEALTH ARLINGTON 201 NORTH EAST STREET PO BOX 1542 ARLINGTON, TX 76011	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DFDD CLINICAL SERVICESWE CARE DENTAL 42-900 BOB HOPE DRIVE SUITE 111 RANCHO MIRAGE, CA 92270	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DIENES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 95065	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DOCTOR'S VOLUNTEER CLINIC OF ST GEORGE 1036 EAST RIVERSIDE DRIVE ST GEORGE, UT 84790	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
DR EARL R CRANE CHILDREN'S DENTAL HEALTH CENTER 580 WEST 6TH STREET SAN BERNARDINO, CA 92410	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
EAST CENTRAL MISSISSIPPI HEALTH CARE SEBASTOPOL DENTAL CLINIC 1488 HIGHWAY 487 EAST SEBASTOPOL, MS 39359	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EAST GEORGIA HEALTHCARE CENTER INC 215 NORTH COLEMAN STREET SWAINSBORO, GA 30401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EAST TEXAS COMMUNITY HEALTH SERVICES INC 1210 DOUGLASS ROAD PO BOX 632040 NACOGDOCHES, TX 75963	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EBENEZER MEDICAL OUTREACH INC 1448 10TH AVENUE HUNTINGTON, WV 25701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 77223	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ENTERPRISE VALLEY MEDICAL CLINIC INC 223 SOUTH 200 EAST ENTERPRISE, UT 84725	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ESCAMBIA COMMUNITY CLINICS INC 14 WEST JORDAN STREET PENSACOLA, FL 32501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ESPERANZA HEALTH CENTER 4417 NORTH 6TH STREET PHILADELPHIA, PA 19140	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
EXCELTH INC 1111 NEWTON STREET SUITE 207 NEW ORLEANS, LA 70114	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY FIRST HEALTH CORPORATION GETTYSBURG DENTAL CENTER 116 SOUTH GEORGE STREET YORK, PA 17401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA INC PO BOX 1357 FORT MYERS, FL 33902	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY HEALTH NETWORK OF CENTRAL NEW YORK INC 17-29 MAIN STREET SUITE 302 CORTLAND, NY 13045	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY HEALTHCARE NETWORK 305 EAST CENTER AVENUE VISALIA, CA 93291	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAMILY PRACTICE & COUNSELING NETWORK 4700 WISSAHICKON AVENUE SUITE 118 PHILADELPHIA, PA 19144	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FAYETTE CARE CLINIC INC 1260 HIGHWAY 54 W SUITE 204 FAYETTEVILLE, GA 30214	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FINGER LAKES MIGRANT HEALTH CARE PROJECT INC FINGER LAKES COMMUNITY HEALT 14 MAIDEN LANE PO BOX 423 PENN YAN, NY 14527	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FLATHEAD COMMUNITY HEALTH CENTER 1035 1ST AVENUE WEST KALISPELL, MT 59901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FLORIDA COMMUNITY HEALTH CENTERS INC 4450 SOUTH TIFFANY DRIVE WEST PALM BEACH, FL 334073241	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FOURTH WARD CLINIC GOOD NEIGHBOR HEALTHCARE CENTER 190 HEIGHTS BOULEVARD HOUSTON, TX 77090	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FRANKLIN PRIMARY HEALTH CENTER 1303 DR MARTIN LUTHER KING JR AVENUE MOBILE, AL 36603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FRANKLIN PRIMARY HEALTH CENTER LOXLEY FAMILY DENTAL CENTER 3147 FIRST AVENUE LOXLEY, AL 36551	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
FULTON COUNTY PARTNERSHIP INC 22438 GREAT COVE ROAD SUITE 102 MCCONNELLSBURG, PA 17233	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GA CARMICHAEL FAMILY HEALTH CENTER 1668 WEST PEACE STREET CANTON, MS 39046	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GATEWAY COMMUNITY HEALTH CENTER INC PO BOX 3397 LAREDO, TX 780443397	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GEISINGER CLINIC 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GEORGIA HEALTH SCIENCES UNIVERSITY COLLEGE OF DENTAL MEDICINE GIVE A SMILE 1120 15TH STREET GC-5024 AUGUSTA, GA 30912	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GEORGIA MOUNTAINS HEALTH SERVICES INC 165 BLUE RIDGE OVERLOOK BLUE RIDGE, GA 30513	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GLACIER COMMUNITY HEALTH CENTER INC 519 EAST MAIN STREET CUT BANK, MT 59427	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GOLDEN VALLEY HEALTH CENTERS 747 WEST CHILDS AVENUE MERCED, CA 95341	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GOOD NEWS CLINICS GREEN WARREN DENTAL CLINIC 810 PINE STREET PO BOX 2683 GAINESVILLE, GA 30503	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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GOOD SAMARITAN HEALTH CENTERS - WILDFLOWER CLINIC 268 HERBERT STREET ST AUGUSTINE,FL 32084	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GREATER BADEN MEDICAL SERVICES INC 7450 ALBERT ROAD 3RD FLOOR BRANDYWINE,MD 20613	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GREATER MERIDIAN HEALTH CLINIC INC 2701 DAVIS STREET MERIDIAN,MS 39301	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GREATER NORTH PENN DENTAL INITIATIVE 51 MEDICAL CAMPUS DRIVE LANSDALE,PA 19446	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GREATER PHILADELPHIA HEALTH ACTION INC 432 NORTH 6TH STREET PHILADELPHIA,PA 19123	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GREEN RIVER MEDICAL CENTER INC 585 WEST MAIN STREET PO BOX 417 GREEN RIVER,UT 84525	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GULF COAST DENTAL OUTREACH INC 2323 CURLEW ROAD SUITE 2F DUNEDIN,FL 34698	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
GULF COAST HEALTH CENTER INC 2548 MEMORIAL BOULEVARD PORT ARTHUR,TX 77640	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HAMILTON HEALTH CENTER 1650 WALNUT STREET HARRISBURG,PA 17103	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALS INC 1100 MERIDIAN STREET HUNTSVILLE,AL 35801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTH MINISTRY OF THE SOUTHERN TIER INCCORNING COMMUNITY CARE CENTER 300 NASSER CIVIC CENTER PLAZA SUITE 230 CORNING,NY 14830	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTH PARTNERS INC 16803 OLD FIELD LANE HUGHESVILLE,MD 20637	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTH SERVICES INC RIVER REGION HEALTH CENTER 1845 CHERRY STREET PO BOX 70365 MONTGOMERY,AL 36107	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA PO BOX 877 IMMOKALEE,FL 34143	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTHLINK MEDICAL CENTER 1775 STREET ROAD SOUTHAMPTON,PA 18966	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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HEALTHY SMILES COMMUNITY ORAL HEALTH CENTERSHENANDOAH VALLEY MEDICAL SYSTE 58 WARM SPRINGS AVENUE MARTINSBURG,WV 25404	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEALTHY SMILES HAPPY KIDS 211 NORTH 12TH STREET LEHIGHTON,PA 18235	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEART OF FLORIDA HEALTH CENTER 1025 SW 1ST AVENUE OCALA,FL 34471	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HEART OF TEXAS COMMUNITY HEALTH CENTER INCFAMILY HEALTH CENTER 1600 PROVIDENCE DRIVE WACO,TX 76707	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HILL COUNTRY HEALTH AND WELLNESS CENTER 29632 HIGHWAY 299 EAST PO BOX 228 ROUND MOUNTAIN,CA 96084	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HOPE CENTER INC 10274-A HIGHWAY 104 FAIRHOPE,AL 36532	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HOPE MEDICAL CLINIC INC 1125 FORREST AVENUE SUITE 201 DOVER,DE 19904	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HOWARD UNIVERSITY 600 W STREET NW SUITE 521 WASHINGTON,DC 20059	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
HUDSON HEADWATERS HEALTH NETWORKALBERT R TUCKER DENTAL CLINIC 9 CAREY ROAD QUEENSBURY,NY 12804	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
INLAND BEHAVIORAL AND HEALTH SERVICES INC 1963 NORTH E STREET SAN BERNARDINO,CA 92405	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
JEFFERSON COMMUNITY HEALTH CARE CENTERS INC 1855 AMES BOULEVARD MARRERO,LA 70072	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
JEFFERSON COMPREHENSIVE HEALTH CENTER INC 225 COMMUNITY DRIVE PO BOX 98 FAYETTE,MS 39069	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
JEFFERSON COUNTY DEPARTMENT OF HEALTH 1400 6TH AVENUE SOUTH BIRMINGHAM,AL 35233	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
JESSIE TRICE COMMUNITY HEALTH CENTERS INC 5607 NW 27TH AVENUE MIAMI,FL 33142	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
KANAWHA COUNTY DENTAL HEALTH COUNCIL INC 100 FLORIDA STREET CHARLESTON,WV 25302	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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KEYSTONE DENTAL CARE 767 5TH AVENUE SUITE B-3A CHAMBERSBURG,PA 17201	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
KIDS SMILES INC 2821 ISLAND AVENUE SUITE 210 PHILADELPHIA,PA 19153	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LA AMISTAD DE JOSE FAMILY HEALTH CENTERST JOSEPH HOSPITAL FOUNDATION 1100 WEST STEWART DRIVE ORANGE,CA 92868	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	5,000
LA CLINICA DE LA RAZA INC 1450 FRUITVALE AVENUE THIRD FLOOR PO BOX 22210 OAKLAND,CA 94623	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LA ESPERANZA CLINIC INC 2029 WEST BEAUREGARD SAN ANGELO,TX 76901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LA MAESTRA COMMUNITY HEALTH CENTERS 4060 FAIRMOUNT AVENUE SAN DIEGO,CA 92105	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LA RED HEALTH CENTER INC 21444 CARMEAN WAY GEORGETOWN,DE 19947	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LAFAYETTE COMMUNITY HEALTH CARE CLINIC 1317 JEFFERSON STREET LAFAYETTE,LA 70501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LAKELAND VOLUNTEERS IN MEDICINE 1021 LAKELAND HILLS BOULEVARD LAKELAND,FL 33805	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LINCOLN COUNTY COMMUNITY HEALTH CENTER INCNORTHWEST COMMUNITY HEALTH CEN 320 EAST 2ND STREET LIBBY,MT 59923	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LONE STAR CIRCLE OF CARE 205 EAST UNIVERSITY AVENUE SUITE 200 GEORGETOWN,TX 78626	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LOS BARRIOS UNIDOS COMMUNITY CLINIC INC 809 SINGLETON BOULEVARD DALLAS,TX 75212	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
LUTHERAN MEDICAL CENTER 5800 THIRD AVENUE BROOKLYN,NY 11220	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MACON VOLUNTEER CLINIC INC 376 ROGERS AVENUE MACON,GA 31204	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MANATEE COUNTY RURAL HEALTH SERVICES INC 12271 US 301 NORTH PARRISH,FL 34219	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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MANOS DE CRISTO 4911 HARMON AVENUE AUSTIN,TX 78751	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MARY'S CENTER FOR MATERNAL AND CHILD CARE INC 2333 ONTARIO ROAD NW WASHINGTON,DC 200092627	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MAY VAN SICKLE CHILDREN'S DENTAL CLINIC 475 BILTMORE WAY SUITE 110 CORAL GABLES,FL 33134	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MENDOCINO COAST CLINICS INC 205 SOUTH STREET FORT BRAGG,CA 95437	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MENDOCINO COMMUNITY HEALTH CLINIC INC 333 LAWS AVENUE UKIAH,CA 95482	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MIAMI BEACH COMMUNITY HEALTH CENTER INC 11645 BISCAYNE BOULEVARD SUITE 207 NORTH MIAMI,FL 33181	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MIAMI CHILDREN'S HOSPITAL FOUNDATION INC 3100 SW 62ND AVENUE MIAMI,FL 33155	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MIDDLETOWN COMMUNITY HEALTH CENTER INC PO BOX 987 MIDDLETOWN,NY 10940	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MIDTOWN COMMUNITY HEALTH CENTER INC 2240 ADAMS AVENUE OGDEN,UT 84401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MIFFLIN-JUNIATA DENTAL CLINIC INC 31 SOUTH DORCAS STREET COMPASS CENTER SUITE E LEWISTOWN,PA 17044	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MOBILE COUNTY HEALTH DEPARTMENT 251 NORTH BAYOU STREET BOX 2867 MOBILE,AL 36652	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MOM-N-PA 420 EAST ORANGE STREET SHIPPENSBURG,PA 17257	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MONONGALIA COUNTY HEALTH DEPARTMENT DENTISTRY 453 VAN VOORHIS ROAD MORGANTOWN,WV 26505	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MOREHOUSE COMMUNITY MEDICAL CENTERS INC 518 DURHAM STREET BASTROP,LA 71220	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MORRIS HEIGHTS HEALTH CENTER 85 WEST BURNSIDE AVENUE BRONX,NY 10453	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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MOUNT VERNON NEIGHBORHOOD HEALTH CENTER NETWORK 107 WEST 4TH STREET MOUNT VERNON,NY 10550	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
MOUNTAIN VALLEYS HEALTH CENTERSBUTTE VALLEY HEALTH CENTER PO BOX 277 BIEBER,CA 96009	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	5,000
MOUNTAINLANDS COMMUNITY HEALTH CENTER 589 SOUTH STATE STREET PROVO,UT 84606	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE BUFFALO,NY 14207	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD NORTH NAPLES,FL 34102	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEIGHBORHOOD HEALTHCARE 425 DATE STREET ESCONDIDO,CA 92025	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEVADA HEALTH CENTERS INCEASTERN FAMILY MEDICAL AND DENTAL CENTER 3325 RESEARCH WAY 2ND FLOOR CARSON CITY,NV 89706	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEVADA HEALTH CENTERS INCELKO FAMILY MEDICAL AND DENTAL CENTER 3325 RESEARCH WAY 2ND FLOOR CARSON CITY,NV 89706	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEVADA HEALTH CENTERSRONALD MCDONALD CARE MOBILE 3325 RESEARCH WAY 2ND FLOOR CARSON CITY,NV 89706	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NEW YORK UNIVERSITY COLLEGE OF DENTISTRY 345 EAST 24TH STREET SUITE 1039W NEW YORK,NY 10010	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE CENTER INCCOMMUNITY HEALTHCARE 200 MARTIN LUTHER KING JR BOULEVARD PO BOX 720 WICHITA FALLS,TX 76307	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH EAST MEDICAL SERVICES 1520 STOCKTON STREET 4TH FLOOR DENTAL CLINIC SAN FRANCISCO,CA 941333354	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTH FLORIDA MEDICAL CENTERS INCTAYLOR DENTAL CENTER 535 JOHN KNOX ROAD TALLAHASSEE,FL 32303	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTHEAST VALLEY HEALTH CORPORATION 1172 NORTH MACLAY AVENUE SAN FERNANDO,CA 91340	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NORTHERN OSWEGO COUNTY HEALTH SERVICES INC 61 DELANO STREET PULASKI,NY 13142	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
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NORTHWEST ALABAMA COMMUNITY HEALTH ASSOCIATIONSHOALS COMMUNITY CLINIC 309-B HANDY HOMES FLORENCE,AL 35630	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
NYS MISSION OF MERCY 20 CORPORATE WOODS BOULEVARD SUITE 602 ALBANY,NY 12211	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
OPEN DOOR FAMILY MEDICAL CENTER INC 165 MAIN STREET OSSINING,NY 10562	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
OUTPATIENT MEDICAL CENTER INC 1640 BREAZEALE SPRINGS STREET NATCHITOCHE,LA 71457	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PALMETTO HEALTH COUNCIL INC 643 MAIN STREET PALMETTO,GA 30268	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PANCARE OF FLORIDA INC 431 OAK AVENUE PANAMA CITY,FL 32401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PARTNERSHIP FOR THE CHILDREN OF SAN LUIS OBISPO COUNTYLA CLINICA DE TOLOSA PO BOX 15259 SAN LUIS OBISPO,CA 93406	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PARTNERSHIP HEALTH CENTER 323 WEST ALDER STREET MISSOULA,MT 59802	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PASADENA HEALTH CENTER INC 908 SOUTHMORE SUITE 100 PASADENA,TX 77502	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PEACH TREE CLINIC 5730 PACKARD AVENUE SUITE 600 MARYSVILLE,CA 95901	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PEDIATRIC & FAMILY MEDICAL CENTEREISNER PEDIATRIC & FAMILY MEDICAL CENTER 1530 SOUTH OLIVE STREET LOS ANGELES,CA 90015	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PETALUMA HEALTH CENTER - DENTAL CLINIC 1179 NORTH MCDOWELL BOULEVARD PETALUMA,CA 94954	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PHOENIXVILLE HEALTHCARE ACCESS FOUNDATION 723 WHEATLAND STREET SUITE 2C PO BOX 591 PHOENIXVILLE,PA 19460	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PREMIER COMMUNITY HEALTHCARE GROUP INC PO BOX 232 DADE CITY,FL 33526	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY CARE COALITION OF MONTGOMERY COUNTY MDMONTGOMERY COUNTY CARE FOR 8757 GEORGIA AVENUE 10TH FLOOR SILVER SPRING,MD 20910	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANARKM PRIMARY CARE 11990 JACKSON STREET PO BOX 395 CLINTON,LA 70722	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY CARE PROVIDERS FOR A HEALTHY FELICIANARKM PRIMARY CARE PO BOX 395 CLINTON,LA 70722	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY HEALTH CARE CENTER OF DADE INC 13570 NORTH MAIN STREET TRENTON,GA 30752	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
PRIMARY HEALTH NETWORKFARRELL DENTAL CENTER 100 SHENANGO AVENUE PO BOX 716 SHARON,PA 16146	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
QUALITY OF LIFE HEALTH SERVICES INC 1411 PIEDMONT CUT-OFF PO BOX 97 GADSDEN,AL 35902	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
QUEENSCARE HEALTH CENTERS 1300 NORTH VERMONT AVENUE SUITE 1002 LOS ANGELES,CA 90027	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
REDWOODS RURAL HEALTH CENTER INC 101 WEST COAST ROAD REDWAY,CA 95560	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ROCHESTER PRIMARY CARE NETWORK 259 MONROE AVENUE ROCHESTER,NY 14607	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
RURAL HEALTH CORPORATION OF NORTHEASTERN PAMONROE-NOXEN DENTAL CENTER 2888 SR 29 SOUTH MONROE TOWNSHIP,PA 18636	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
RURAL HEALTH MEDICAL PROGRAM INC 228 SELMA AVENUE PO BOX 2213 SELMA,AL 367022213	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
RYANCHELSEA-CLINTON COMMUNITY HEALTH CENTER 645 TENTH AVENUE NEW YORK,NY 10036	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SADLER HEALTH CENTER CORPORATION 100 NORTH HANOVER STREET CARLISLE,PA 17013	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SALT LAKE DONATED DENTAL SERVICES 1383 SOUTH 900 WEST SUITE 128 SALT LAKE CITY,UT 84104	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SALUD PARA LA GENTE 195 AVIATION WAY SUITE 200 WATSONVILLE,CA 95076	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SAN FERNANDO COMMUNITY HEALTH CENTER DENTAL CLINIC 732 MOTT STREET SUITE 100 SAN FERNANDO,CA 91340	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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Name and address (home or business)				
a <i>Paid during the year</i>				
SAN GABRIEL VALLEY FOUNDATION FOR DENTAL HEALTH PO BOX 99 TEMPLE CITY,CA 91780	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SAN YSIDRO HEALTH CENTER 1275 30TH STREET SAN DIEGO,CA 92154	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SANTA BARBARA NEIGHBORHOOD CLINICS 1900 STATE STREET SUITE G SANTA BARBARA,CA 93101	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SCHENECTADY FAMILY HEALTH SERVICES INC 1044 STATE STREET SCHENECTADY,NY 12307	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SCRANTON PRIMARY HEALTH CARE CENTER INC 959 WYOMING AVENUE PO BOX 31 SCRANTON,PA 18501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SECOND MILE MISSION CENTER 1135 HIGHWAY 90A MISSOURI CITY,TX 77489	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SMILEFAITH FOUNDATION 8125 US HIGHWAY 19 PORT RICHEY,FL 34668	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTH BAY FAMILY HEALTHCARE 23430 HAWTHORNE BOULEVARD SUITE 210 TORRANCE,CA 90505	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHBRIDGE MEDICAL ADVISORY COUNCIL INCHENRIETTA JOHNSON MEDICAL CENTER 601 NEW CASTLE AVENUE WILMINGTON,DE 19801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHEAST COMMUNITY HEALTH SYSTEMS 6351 MAIN STREET PO BOX 770 ZACHARY,LA 70791	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHEAST LANCASTER HEALTH SERVICES 333 NORTH ARCH STREET LANCASTER,PA 17603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE INCHATTIESBURG COMMUNITY D 5488 US HIGHWAY 49 HATTIESBURG,MS 39401	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SOUTHWEST UTAH COMMUNITY HEALTH CENTER INCFAMILY HEALTHCARE 25 NORTH 100 EAST SUITE 102 ST GEORGE,UT 84770	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST GABRIEL HEALTH CLINIC INC 5760 MONTICELLO STREET ST GABRIEL,LA 70776	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST JEANNE DE LESTONNAC FREE CLINICLESTONNAC FREE CLINIC 1215 E CHAPMAN AVENUE ORANGE,CA 92866	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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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>				
ST JOSEPH HOSPITAL OF ORANGELA AMISTAD DE JOSE FAMILY HEALTH CENTER 1100 WEST STEWART DRIVE ORANGE,CA 92868	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	5,000
ST JOSEPH MEDICAL CENTER (CHILDREN'S FREE DENTAL CLINIC) PO BOX 316 READING,PA 196030316	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST JOSEPH'S NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER,NY 14620	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST LUKE'S HOSPITAL & HEALTH NETWORK 801 OSTRUM STREET BETHLEHEM,PA 18015	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
ST PAUL'S NEIGHBORHOOD FREE MEDICAL & DENTAL CLINIC 1608 WALNUT STREET ERIE,PA 16502	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
STO-ROX NEIGHBORHOOD FAMILY HEALTH CENTER 710 THOMPSON AVENUE MCKEES ROCKS,PA 15136	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
STONY BROOK UNIVERSITY SCHOOL OF DENTAL MEDICINE 184C SULLIVAN HALL STONY BROOK,NY 117948705	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SULLIVAN COUNTY ACTION INCSULLIVAN COUNTY DENTAL CLINIC PO BOX 1 LAPORTE,PA 18626	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SUNCOAST COMMUNITY HEALTH CENTERS INC 13110 ELK MOUNTAIN DRIVE RIVERVIEW,FL 33579	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SUSAN DEW HOFF MEMORIAL CLINIC INC 925 LIBERTY STREET PO BOX 120 WEST MILFORD,WV 26451	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CENTER 469 HEPBURN STREET WILLIAMSPORT,PA 17701	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
SUSQUEHANNA RIVER VALLEY DENTAL HEALTH CLINIC 335 MARKET STREET SUITE 1 SUNBURY,PA 17801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TEMPLE COMMUNITY FREE CLINIC 1905 CURTIS B ELLIOTT DRIVE TEMPLE,TX 76501	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TEXAS COMMUNITY HEALTH NETWORKBRIGHTER SMILES FOR KIDS 8235 AGORA PARKWAY SUITE 111 BOX 393 SELMA,TX 781541335	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE COMMUNITY COLLEGE OF BALTIMORE COUNTY FOUNDATION INC 7200 SOLLERS POINT ROAD BALTIMORE,MD 21222	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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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)				
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THE DENTAL HEALTH CLINIC 107 SOUTH MARKET STREET BERWICK, PA 18603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE GARY CENTER 341 SOUTH HILLCREST STREET LA HABRA, CA 90631	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE GREATER HUDSON VALLEY FAMILY HEALTH CENTER INC 2570 US HIGHWAY 9W SUITE 10 CORNWALL, NY 12518	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE MINISTRY OF CARING INCPIERRE TOUSSAINT DENTAL OFFICE 903 NORTH MADISON STREET WILMINGTON, DE 19801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
THE WEST ANNISTON MEDICAL CLINIC INC 501 RIVERCHASE PARKWAY EAST SUITE 100 HOOVER, AL 35244	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TIBURCIO VASQUEZ HEALTH CENTER INC 22331 MISSION BOULEVARD HAYWARD, CA 94541	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TREASURE COAST COMMUNITY HEALTH INC 2182 PONCE DE LEON CIRCLE VERO BEACH, FL 32960	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TUG RIVER HEALTH ASSOCIATION INC PO BOX 507 GARY, WV 24836	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
TWO RIVERS HEALTH & WELLNESS FOUNDATIONNORTHAMPTON DENTAL INITIATIVE 1101 NORTHAMPTON STREET SUITE 101 EASTON, PA 18042	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEYHURON HEALTH CENTER 650 ZEDIKER AVENUE PARLIER, CA 93648	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNITY HEALTH CARE INC 1220 12TH STREET SE SUITE 120 WASHINGTON, DC 20003	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNIVERSITY AT BUFFALO FOUNDATIONS-MILES TO GO MOBILE DENTAL CLINIC UNIV AT BUFFALO 901 KIMBALL TOWER BUFFALO, NY 14214	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION INC 650 WEST BALTIMORE STREET ROOM 6207 BALTIMORE, MD 21201	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNIVERSITY OF NEVADA LAS VEGAS FOUNDATIONMILES FOR BETTER SMILES PROGRAM UNLV SCHOOL OF DENTAL MEDICINE 1001 SHADOW LANE MS 7410 LAS VEGAS, NV 89106	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIORICARDO SALINAS DE 7703 FLOYD CURL DRIVE MSC 7888 SAN ANTONIO, TX 78229	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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a <i>Paid during the year</i>				
UTAH NAVAJO HEALTH SYSTEM INC EAST HIGHWAY 262 PO BOX 130 MONTEZUMA CREEK, UT 84534	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
VALLEY HEALTHCARE SYSTEM INC 1600 FORT BENNING ROAD COLUMBUS, GA 31903	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
VICTOR VALLEY COMMUNITY DENTAL SERVICE PROGRAM 14357 7TH STREET VICTORVILLE, CA 92395	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
VOLUNTEERS IN MEDICINE-SAN FRANCISCOCLINIC BY THE BAY 4877 MISSION STREET SAN FRANCISCO, CA 94112	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	5,000
WALNUT STREET COMMUNITY HEALTH CENTER INC 24 NORTH WALNUT STREET HAGERSTOWN, MD 21740	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WASATCH HOMELESS HEALTH CAREFOURTH STREET CLINIC 409 WEST 400 SOUTH SALT LAKE CITY, UT 84101	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WATER STREET HEALTH SERVICES 210 SOUTH PRINCE STREET LANCASTER, PA 17603	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WEST VIRGINIA HEALTH RIGHT INC 1520 WASHINGTON STREET EAST CHARLESTON, WV 25311	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WEST VIRGINIA UNIVERSITY FOUNDATION INCWEST VIRGINIA SCHOOL OF DENTISTRY G110 HEALTH SCIENCES NORTH PO BOX 9415 MORGANTOWN, WV 265069415	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WESTJAX OUTREACH INCCOMMUNITY HEALTH OUTREACH 5126 TIMUQUANA ROAD JACKSONVILLE, FL 32210	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WESTSIDE FAMILY HEALTHCARE INC - DOVER SITE 300 WATER STREET SUITE 200 WILMINGTON, DE 19801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WESTSIDE FAMILY HEALTHCARE INC 300 WATER STREET SUITE 200 WILMINGTON, DE 19801	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WHATLEY HEALTH SERVICES INC 2731 MARTIN LUTHER KING JR BOULEVARD PO BOX 2400 TUSCALOOSA, AL 35403	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WHATLEY HEALTH SERVICES INGREENSBORO SITE 2731 MARTIN LUTHER KING JR BOULEVARD TUSCALOOSA, AL 35403	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WHITMAN-WALKER CLINIC INCWHITMAN-WALKER HEALTH 1701 14TH STREET NW WASHINGTON, DC 20009	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total				2,690,000

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WHITNEY M YOUNG JR HEALTH CENTER INC 920 LARK DRIVE ALBANY, NY 12207	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WILLIAM F RYAN COMMUNITY HEALTH CENTER 110 WEST 97TH STREET NEW YORK, NY 10025	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
WILLIAMSON HEALTH & WELLNESS CENTER 184 EAST 2ND AVENUE SUITE 210 WILLIAMSON, WV 25661	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
YORK HOSPITALWELLSPAN HEALTH 912 SOUTH GEORGE STREET YORK, PA 17403	NONE	501(C)(3)	TO PROVIDE DENTAL EDUCATION AND IMPROVED ACCESS TO DENTAL HEALTH CARE TREATMENT	10,000
Total ▶ 3a				2,690,000

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at**
www.irs.gov/form990.

2014

Name of the organization
DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number
37-1570764

Organization type (check one)

- Filers of:** 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 Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
 DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number
 37-1570764

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

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

Name of organization
DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number
37-1570764

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

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

Name of organization
DELTA DENTAL COMMUNITY CARE FOUNDATION

Employer identification number
37-1570764

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

Additional Data

Software ID:
Software Version:
EIN: 37-1570764
Name: DELTA DENTAL COMMUNITY CARE FOUNDATION

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DELTA DENTAL INSURANCE COMPANY <hr/> 100 FIRST STREET <hr/> SAN FRANCISCO, CA 94105 <hr/>	\$ <u>261,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
2	DELTA DENTAL OF DELAWARE INC <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055 <hr/>	\$ <u>9,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
3	DELTA DENTAL OF NEW YORK INC <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055 <hr/>	\$ <u>52,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
4	DELTA DENTAL OF PENNSYLVANIA <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055 <hr/>	\$ <u>138,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
5	DELTA DENTAL OF WEST VIRGINIA INC <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055 <hr/>	\$ <u>19,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
6	DELTA DENTAL OF THE DISTRICT OF COLUMBIA <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055 <hr/>	\$ <u>19,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DELTA DENTAL OF CALIFORNIA <hr/> 100 FIRST STREET <hr/> SAN FRANCISCO, CA 94105 <hr/>	\$ <u>152,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
8	DELTA DENTAL OF CALIFORNIA <hr/> 100 FIRST STREET <hr/> SAN FRANCISCO, CA 94105 <hr/>	\$ <u>279,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
9	DELTA DENTAL OF DELAWARE INC <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055 <hr/>	\$ <u>59,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
10	DELTA DENTAL OF NEW YORK INC <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055 <hr/>	\$ <u>263,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
11	DELTA DENTAL OF PENNSYLVANIA <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055 <hr/>	\$ <u>1,410,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
12	DELTA DENTAL OF THE DISTRICT OF COLUMBIA <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055 <hr/>	\$ <u>62,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DELTA DENTAL OF WEST VIRGINIA INC <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055 <hr/>	\$ <u>112,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
14	DELTA DENTAL OF PENNSYLVANIA <hr/> ONE DELTA DRIVE <hr/> MECHANICSBURG, PA 17055 <hr/>	\$ <u>2,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
15	DR CHRISTOPHER KOTCHICK <hr/> 300 COMMUNITY DRIVE <hr/> TOBYHANNA, PA 18466 <hr/>	\$ <u>1,250</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
16	DR CHRISTOPHER KOTCHICK <hr/> 300 COMMUNITY DRIVE <hr/> TOBYHANNA, PA 18466 <hr/>	\$ <u>1,250</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
17	DR CHRISTOPHER KOTCHICK <hr/> 300 COMMUNITY DRIVE <hr/> TOBYHANNA, PA 18466 <hr/>	\$ <u>1,250</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
18	DR CHRISTOPHER KOTCHICK <hr/> 300 COMMUNITY DRIVE <hr/> TOBYHANNA, PA 18466 <hr/>	\$ <u>1,250</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

TY 2014 Substantial Contributors Schedule

Name: DELTA DENTAL COMMUNITY CARE FOUNDATION

EIN: 37-1570764

Name	Address
DELTA DENTAL INSURANCE COMPANY	100 FIRST STREET SAN FRANCISCO,CA 94105
DELTA DENTAL OF DELAWARE INC	ONE DELTA DRIVE MECHANICSBURG,PA 17055
DELTA DENTAL OF NEW YORK INC	ONE DELTA DRIVE MECHANICSBURG,PA 17055
DELTA DENTAL OF PENNSYLVANIA	ONE DELTA DRIVE MECHANICSBURG,PA 17055
DELTA DENTAL OF WEST VIRGINIA INC	ONE DELTA DRIVE MECHANICSBURG,PA 17055
DELTA DENTAL OF CALIFORNIA	100 FIRST STREET SAN FRANCISCO,CA 94105
DELTA DENTAL OF THE DISTRICT OF COLUMBIA	ONE DELTA DRIVE MECHANICSBURG,PA 17055
DR CHRISTOPHER KOTCHICK	300 COMMUNITY DRIVE TOBYHANNA,PA 18466