

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2018**, and ending **12-31-2018**

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

C Name of organization
DentaQuest Care Group Inc
% JEFFREY C BROWN
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
465 MEDFORD STREET
City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02129

D Employer identification number
46-3674034
E Telephone number
(617) 886-1000
G Gross receipts \$ 0

F Name and address of principal officer
TODD R CRUSE
465 MEDFORD STREET
BOSTON, MA 02129

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2013

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
DENTAQUEST CARE GROUP, INC DEVELOPS MANAGES, AND IMPROVES COST-EFFECTIVE QUALITY DENTAL HEALTHCARE AND ACCESS TO UNDERSERVED COMMUNITIES

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

3	Number of voting members of the governing body (Part VI, line 1a)	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	0
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0
9	Program service revenue (Part VIII, line 2g)	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,940,412
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,940,412
19	Revenue less expenses Subtract line 18 from line 12	-5,940,412
	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,828,407
21	Total liabilities (Part X, line 26)	1,638,945
22	Net assets or fund balances Subtract line 21 from line 20	5,189,462

Part II Signature Block

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

Sign Here
Signature of officer _____ Date 2019-11-08
JEFFREY C BROWN TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name _____ Preparer's signature _____ Date _____
Check if self-employed PTIN P01595811
Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶
Firm's address ▶ 200 CLARENDON STREET Phone no (617) 226-1000
BOSTON, MA 02116

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

DENTAQUEST CARE GROUP, INC AIMS TO DEVELOP, MANAGE AND IMPROVE SYSTEMS FOR COST-EFFECTIVE AND QUALITY-FOCUSED DENTAL HEALTH CARE DENTAQUEST CARE GROUP, INC OPERATES TO INCREASE ACCESS OF CARE AND (CONTINUED IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 5,101,181 including grants of \$ 0) (Revenue \$ 0)
See Additional Data

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,101,181

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	0		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			3b	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
8 Sponsoring organizations maintaining donor advised funds.				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	Yes
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (3); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: JEFFREY C BROWN 465 MEDFORD STREET BOSTON, MA 02129 (617) 886-1000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Thomas J Galligan III Chair/Director (1/18 - 4/18)	0 5 3 5	X						0	98,914	0
(2) Mayur Gupta DIRECTOR (1/18 - 4/18)	0 5 1 5	X						0	0	0
(3) Roderick K King DIRECTOR (1/18 - 4/18)	0 5 3 5	X						0	112,486	0
(4) Donald R LeClair DIRECTOR (1/18 - 4/18)	0 5 3 5	X						0	584	0
(5) Alan L Madison Director (4/18 - 12/18)	0 5 39 5	X						0	896,802	275,669
(6) Steven J Pollock DIRECTOR	0 5 39 5	X						0	2,442,610	1,419,088
(7) Robert J Weyant DIRECTOR (1/18 - 4/18)	0 5 3 5	X						0	105,584	0
(8) Todd R Cruse PRESIDENT/DIRECTOR(4/18-12/18)	5 0 34 5	X		X				0	731,655	370,916
(9) James E Collins TREASURER (1/18 - 4/18)	0 5 39 5			X				0	1,452,634	711,496
(10) Jeffrey C Brown TREASURER (4/18 - 12/18)	0 5 39 5			X				0	577,352	17,593
(11) David Abelman CLERK	0 5 39 5			X				0	1,107,857	651,325
(12) Robert E Lynn EVP-CHIEF SALES & RETEN DQ	0 5 39 5					X		0	1,095,208	705,614
(13) Dennis J Leonard PRESIDENT - DELTA DENTAL	0 5 39 5					X		0	839,618	410,702
(14) Sheryl L Traylor EVP - HUMAN RESOURCES DQ	0 5 39 5					X		0	690,834	32,273
(15) Brett A Bostrack SVP-CLIENT & PROVIDER ENG DQ	0 5 39 5					X		0	656,716	40,954
(16) Alison G Corcoran EVP, Chief Marketing Officer	0 5 39 5					X		0	573,414	43,809
(17) James P Hawkins FORMER DQ CG PRES, PRES DQ	0 5 39 5						X	0	495,578	34,493

Part VIII Statement of Revenue

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

Table for Contributions, Gifts, Grants, and Other Similar Amounts. Includes lines 1a through 1f and a total line 1g. Total revenue is 0.

Table for Program Service Revenue. Includes lines 2a through 2f and a total line 2g. Total revenue is 0.

Main revenue table for Other Revenue. Includes lines 3 through 12. Total revenue is 0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7 Other salaries and wages.	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0	0	0	0
9 Other employee benefits.	0	0	0	0
10 Payroll taxes.	0	0	0	0
11 Fees for services (non-employees):				
a Management.	0	0	0	0
b Legal.	0	0	0	0
c Accounting.	0	0	0	0
d Lobbying.	0	0	0	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0	0	0	0
12 Advertising and promotion.	0	0	0	0
13 Office expenses.	0	0	0	0
14 Information technology.	0	0	0	0
15 Royalties.	0	0	0	0
16 Occupancy.	0	0	0	0
17 Travel.	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	0	0	0	0
20 Interest.	0	0	0	0
21 Payments to affiliates.	6,376,058	5,100,846	1,275,212	0
22 Depreciation, depletion, and amortization.	0	0	0	0
23 Insurance.	0	0	0	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXCISE TAX	35	35	0	0
b TAX FILING FEES	300	300	0	0
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	6,376,393	5,101,181	1,275,212	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	162,190	2	1,161,890
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	0		
	b Less accumulated depreciation	0		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	6,666,217	13	8,290,040
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,828,407	16	9,451,930	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,638,945	25	315,038
	26 Total liabilities. Add lines 17 through 25	1,638,945	26	315,038
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,189,462	27	9,136,892
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,189,462	33	9,136,892	
34 Total liabilities and net assets/fund balances	6,828,407	34	9,451,930	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	0
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,376,393
3	Revenue less expenses Subtract line 2 from line 1	3	-6,376,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,189,462
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	10,323,823
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,136,892

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a	No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	No
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	

Additional Data

Software ID:

Software Version:

EIN: 46-3674034

Name: DentaQuest Care Group Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

DURING THE REPORTING YEAR, DENTAQUEST CARE GROUP, INC DEVELOPED, MANAGED AND IMPROVED COST-EFFECTIVE QUALITY DENTAL HEALTHCARE AND ACCESS THERE TO THROUGH ITS THREE TAX-EXEMPT SUBSIDIARIES, WHICH PROVIDED SERVICES DIRECTLY TO THE POOR (CONTINUED IN SCHEDULE O)

SCHEDULE A
(Form 990 or
990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
DentaQuest Care Group Inc

Employer identification number
46-3674034

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations 1

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) CATALYST INSTITUTE INC	384016550	10	Yes		0	0
Total	1				0	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1	Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2	Yes	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3a	Yes	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b	Yes	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c	Yes	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5a	Yes	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		No
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		No
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
6		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9a		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9b		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
9c		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
10a		No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		1	Yes
		2	No

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		1	
		2	
		3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		2a	
		2b	
		3a	
		3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPORTED ORGANIZATIONS	TYPES OF NON-MONETARY SUPPORT PROVIDED TO SUPPORT ORG SCHEDULE A, PART I, LINE 12G, COLUMNS (V) AND (VI) DENTAQUEST CARE GROUP, INC (DQCG) PROVIDES SUPPORT IN THE FORM OF OVERSEEING DENTAL CARE DELIVERY SERVICES TO CATALYST INSTITUTE (CATALYST) WHICH HELPS CATALYST ACCOMPLISH ITS MISSION OF IMPROVING THE ORAL HEALTH OF ALL MONETARY SUPPORT IS NOT REQUIRED TO QUALIFY AS A SUPPORTING ORGANIZATION

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, LINE 2 & 3B	DENTAQUEST CARE GROUP'S SUPPORTED ORGANIZATION, CATALYST INSTITUTE (CATALYST), HAS BEEN RECOGNIZED BY THE IRS AS TAX-EMEMPT UNDER IRC SECTION 501(C)(4), AND AS A RESULT, DOES NOT HAVE AN IRS DETERMINATION LETTER INDICATING IT MEETS THE PUBLIC SUPPORT TEST OF SEC 509(A)(2) SUBSEQUENT TO THE YEAR ENEDDED DECEMBER 31, 2018, CATALYST INTERNALLY CALCULATED ITS 5 YEAR PUBLIC SUPPORT PERCENTAGE UNDER THE REGULATIONS FOR SECTION 509(A)(2) AND DETERMINED THAT CATALYST EXCEEDS THE 33 1/3% PUBLIC PERCENTAGE AND QUALIFIES AS PUBLICLY SUPPORTED UNDER SEC 509(A)(2)

990 Schedule A, Supplemental Information

Return Reference	Explanation
TYPES OF EXEMPT PURPOSE SUPPORT TO SUPPORTED ORG	SCHEDULE A, PART IV, SECTION A, LINE 3C DENTAQUEST CARE GROUP, INC DELIVERED ALL SERVICES DIRECTLY TO CATALYST INSTITUTE, INC AND TRANSFERRED NO MONETARY SUPPORT, SO DENTAQUEST CARE GROUP, INC CONTROLLED ALL ASPECTS OF THE SERVICE DELIVERY AND ENSURED THAT THE SUPPORT WAS USED FOR CHARITABLE PURPOSES

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUBSTITUTION OF SUPPORTED ORGANIZATION	SCHEDULE A, PART IV, SECTION A, LINE 5A On January 1, 2018, DQCG amended its organizing documents and substituted a new supported organization, Catalyst Institute, Inc (EIN 38-4016550) The reason for the amendment was to allow a new parent entity, Catalyst Institute, Inc , to be its sole member and supported organization Article VIII of DQCG's bylaws gives the Member the power to amend the bylaws

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
DentaQuest Care Group Inc

Employer identification number
46-3674034

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description (1c-1f) and Amount

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

Small table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN SUBSIDIARIES	8,290,040	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	8,290,040	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
INTERCOMPANY PAYABLES	315,038
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	315,038

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 46-3674034

Name: DentaQuest Care Group Inc

Supplemental Information

Return Reference	Explanation
ASC 740 DISCLOSURE (FIN 48)	THERE IS NO FIN 48/ASC 740 FOOTNOTE HOWEVER, THE FOLLOWING DISCLOSURE WAS MADE THE COMPANY DETERMINES WHETHER A TAX POSITION OF THE COMPANY IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OF LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION FOR TAX POSITIONS MEETING THE MORE LIKELY THAN NOT THRESHOLD, THE TAX AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS REDUCED BY THE LARGEST BENEFIT THAT HAS A GREATER THAN FIFTY PERCENT LIKELIHOOD OF BEING REALIZED UPON THE ULTIMATE SETTLEMENT WITH THE RELEVANT TAXING AUTHORITY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

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

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

▶ **Attach to Form 990.**

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

Name of the organization
DentaQuest Care Group Inc

Employer identification number
46-3674034

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes								
	4b		No							
	4c		No							
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No							
	5b	Yes								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No							
	6b	Yes								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No							
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 3 THE OFFICER'S COMPENSATION IS ESTABLISHED BY A RELATED ORGANIZATION, CATALYST INSTITUTE, INC THROUGH THE USE OF A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORMS 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS OR STUDIES AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE Severance Payment Schedule J, Part I, Question 4a JAMES E COLLINS RECEIVED SEVERANCE IN THE AMOUNT OF \$230,264 THIS AMOUNT IS INCLUDED IN JAMES E COLLINS' COMPENSATION ON SCHEDULE J, PART II

Return Reference	Explanation
COMPENSATION CONTINGENT ON REVENUE	SCHEDULE J, PART I, QUESTION 5 DENTAQUEST, LLC SPONSORS A TARGET INCENTIVE PLAN THAT ALLOWS PARTICIPANTS ANNUALLY TO EARN A THRESHOLD, TARGET OR SUPERIOR INCENTIVE (AS A PERCENT OF THEIR BASE SALARY) THE ACTUAL INCENTIVE TO BE AWARDED IS BASED ON THE ACHIEVEMENT OF PERFORMANCE GOALS THAT ARE SET AT THE BEGINNING OF THE YEAR BY THE COMPENSATION COMMITTEE AS PART OF THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY AND PAY-FOR-PERFORMANCE PHILOSOPHY AMONG THE PERFORMANCE GOALS ARE A REVENUE GOAL, A NET INCOME GOAL AND A MEMBERSHIP GOAL EACH PARTICIPANT IN THE TARGET INCENTIVE PLAN HAS A MAXIMUM INCENTIVE THAT CAN BE EARNED REGARDLESS OF THE ATTAINMENT OF THE REVENUE, NET INCOME AND/OR MEMBERSHIP GOALS THE MAXIMUM INCENTIVE OPPORTUNITY FOR EACH PARTICIPANT IS SET SO THAT THE PARTICIPANT'S TOTAL POSSIBLE COMPENSATION IS REASONABLE FOR PURPOSES OF INTERMEDIATE SANCTIONS, SECTION 4958 OF THE INTERNAL REVENUE CODE

Return Reference	Explanation
COMPENSATION CONTINGENT ON NET EARNINGS	<p>SCHEDULE J, PART I, QUESTION 6 & 7 NON-FIXED PAYMENTS DENTAQUEST CARE GROUP, INC (DQCG) AND ITS RELATED ORGANIZATIONS PROVIDE ANNUAL INCENTIVE BONUSES TO MANAGEMENT EMPLOYEES THAT ARE CALCULATED BASED ON THE PERFORMANCE OF THE INDIVIDUAL EMPLOYEE THE PROCESS TO ESTABLISH THE PRESUMPTION THAT COMPENSATION PAID TO THE ORGANIZATION'S CEO AND OTHER TOP MANAGEMENT WAS REASONABLE FOR PURPOSES OF SECTION 4958 THE COMPENSATION COMMITTEE OF THE CATALYST INSTITUTE, INC (CATALYST) BOARD OF DIRECTORS APPROVES THE OVERALL ANNUAL INCENTIVE BONUS POOL AND REVIEWS AND APPROVES COMPENSATION RELEVANT TO EXECUTIVE OFFICERS REPORTING TO DENTAQUEST CARE GROUP, INC 'S CEO THE COMPENSATION COMMITTEE OF THE CATALYST BOARD OF DIRECTORS REVIEWS AND MAKES RECOMMENDATIONS TO THE CATALYST BOARD OF DIRECTORS ON COMPENSATION MATTERS FOR DENTAQUEST CARE GROUP, INC 'S CEO THE CATALYST BOARD OF DIRECTORS APPROVES THE COMPENSATION OF THE COMPANY'S CEO LONG-TERM INCENTIVE COMPENSATION THE FOLLOWING DENTAQUEST CARE GROUP, INC AND DENTAQUEST, LLC EMPLOYEES PARTICIPATE IN THE DENTAQUEST, LLC LONG-TERM INCENTIVE COMPENSATION PLAN AND RECEIVED THE PAYMENTS LISTED BELOW DURING 2018 STEVEN J POLLOCK \$986,428 TODD R CRUSE \$222,427 JAMES E COLLINS \$727,504 JEFFREY C BROWN \$174,055 DAVID ABELMAN \$497,828 ROBERT E LYNN \$535,683 DENNIS J LEONARD \$399,429 ALAN L MADISON \$408,000 SHERYL L TRAYLOR \$250,531 BRETT A BOSTRACK \$268,511 JAMES P HAWKINS \$174,437 LONG-TERM INCENTIVE COMPENSATION PLAN PAYMENTS ARE BASED ON THE VALUATION OF THE COMPANY, DENTAQUEST, LLC, AND ARE PAID OUT OVER A FIVE YEAR PERIOD PAYMENTS ARE MADE ANNUALLY AND PARTICIPANTS RECEIVE PAYOUTS FOR ALL VESTED BALANCES THE ELIGIBLE LISTED EMPLOYEES OVER \$250,000 AS OF 12/31/2018 PARTICIPATE IN A 457(B) SUPPLEMENTAL RETIREMENT PLAN SPONSORED BY CATALYST INSTITUTE, INC OF THOSE ELIGIBLE EMPLOYEES, NO ONE RECEIVED ANY PAYMENTS IN 2018</p>

Return Reference	Explanation
SCHEDULE J, PART II	COMPENSATION PAID BY RELATED ORGANIZATION SCHEDULE J, PART II INCLUDES INDIVIDUALS THAT ARE PAID BY DENTAQUEST, LLC, A RELATED ORGANIZATION, BUT PERFORM SERVICES FOR BOTH DENTAQUEST, LLC AND DENTAQUEST CARE GROUP, INC , THE FILING ORGANIZATION THE COMPENSATION RECEIVED BY THE BOARD MEMBERS LISTED IN PART VII OF THE ORGANIZATION'S FORM 990 IS FOR SERVICES RENDERED TO CATALYST INSTITUTE, INC NO BOARD MEMBER RECEIVES COMPENSATION FOR SERVING AS A BOARD MEMBER OF DENTAQUEST CARE GROUP, INC

Return Reference	Explanation
BONUS PAYMENT	SCHEDULE J, PART II, COLUMN B(II) COLUMN B(II) ON SCHEDULE J PART II INCLUDES BONUSES EARNED AND ACCRUED DURING 2017, BUT PAID IN 2018

Return Reference	Explanation
OTHER REPORTABLE COMPENSATION	SCHEDULE J, PART II, COLUMN B(III) COLUMN B(III) OTHER REPORTABLE COMPENSATION REPRESENTS LONG-TERM INCENTIVE COMPENSATION EXPENSE EARNED PRIOR TO 2018, BUT PAID DURING 2018

Return Reference	Explanation
DEFERRED COMPENSATION	SCHEDULE J, PART II, COLUMN C COLUMN C ON SCHEDULE J PART II INCLUDES LONG-TERM INCENTIVE COMPENSATION AND PENSION AMOUNTS EARNED DURING 2018 BUT PAID IN FUTURE YEARS



Additional Data

Software ID:
Software Version:
EIN: 46-3674034
Name: DentaQuest Care Group Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Alan L Madison Director (4/18 - 12/18)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	423,669	65,133	408,000	273,524	2,145	1,172,471	408,000
Steven J Pollock DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	824,264	631,918	986,428	1,416,746	2,342	3,861,698	986,428
Todd R Cruse PRESIDENT/DIRECTOR (4/18-12/18)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	361,990	147,238	222,427	368,563	2,353	1,102,571	222,427
James E Collins TREASURER (1/18 - 4/18)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	282,158	442,972	727,504	711,496	0	2,164,130	727,504
Jeffrey C Brown TREASURER (4/18 - 12/18)	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	354,215	49,082	174,055	15,533	2,060	594,945	174,055
David Abelman CLERK	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	406,197	203,832	497,828	648,983	2,342	1,759,182	497,828
Robert E Lynn EVP-CHIEF SALES & RETEN DQ	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	380,943	178,582	535,683	703,231	2,383	1,800,822	535,683
Dennis J Leonard PRESIDENT - DELTA DENTAL	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	314,239	125,950	399,429	408,682	2,020	1,250,320	399,429
Sheryl L Traylor EVP - HUMAN RESOURCES DQ	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	301,499	138,804	250,531	30,609	1,664	723,107	250,531
Brett A Bostrack SVP-CLIENT & PROVIDER ENG DQ	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	290,904	97,301	268,511	38,724	2,230	697,670	268,511
Alison G Corcoran EVP, Chief Marketing Officer	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	354,043	153,538	65,833	41,497	2,312	617,223	65,833
James P Hawkins FORMER DQ CG PRES, PRES DQ	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	262,881	58,260	174,437	32,575	1,918	530,071	174,437

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
DentaQuest Care Group Inc

Employer identification number

46-3674034

990 Schedule O, Supplemental Information

Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1 IMPROVE THE OVERALL HEALTH OF ALL PERSONS, REGARDLESS OF INCOME, GEOGRAPHY OR OTHER ADVANTAGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENT	FORM 990, PART III, LINE 4A DENTAQUEST CARE GROUP, INC IS ORGANIZED EXCLUSIVELY TO SUPPORT CATALYST INSTITUTE, INC (CATALYST) DENTAQUEST CARE GROUP, INC AIMS TO DEVELOP, MANAGE AND IMPROVE SYSTEMS FOR COST-EFFECTIVE AND QUALITY-FOCUSED DENTAL HEALTH CARE DENTAQUEST CARE GROUP, INC OPERATES TO INCREASE ACCESS OF CARE AND IMPROVE THE OVERALL HEALTH OF ALL PERSONS, REGARDLESS OF INCOME, STATUS, GEOGRAPHY OR OTHER ADVANTAGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
BUSINESS RELATIONSHIPS	PART VI, LINE 2 STEVEN J POLLOCK, TODD CRUSE, DAVID ABELMAN, ALAN L MADISON, AND JEFFREY C BROWN ALL HAVE A BUSINESS RELATIONSHIP SINCE THEY JOINTLY SERVE AS OFFICERS/DIRECTORS OF THE ORGANIZATION AND AT CATALYST INSTITUTE INC AND ONE OR MORE OF ITS SUBSIDIARIES significant changes to governing documents Part vi, Line 4 Dentaquest Care Group, Inc amended its organizing documents to allow a new parent entity (Catalyst Institute, Inc) to be its sole member The organization's exempt activities have otherwise not changed

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEMBERS OF STOCKHOLDERS	PART VI, LINE 6 CATALYST INSTITUTE, INC IS THE SOLE MEMBER OF DENTAQUEST CARE GROUP, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEMBERSHIP RIGHTS	PART VI, LINE 7A THE MEMBER OF THE ORGANIZATION ELECTS THE DIRECTORS AND MAY REMOVE DIRECTORS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
GOVERNANCE	PART VI, LINE 7B CATALYST INSTITUTE, INC , THE MEMBER, MAY VOTE TO AMEND THE BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
REVIEW PROCESS	ART VI, LINE 11B MEMBERS OF THE EXTERNAL TAX FIRM (CURRENTLY ERNST & YOUNG U S , LLP) INITIALLY DISCUSS, PREPARE AND REVIEW THE FORM 990 RETURN WITH MANAGEMENT MANAGEMENT REVIEWS THE FORM 990 FOR ACCURACY AND COMPLETENESS AND PROVIDES COMMENTS TO THE PREPARER ONCE THE RETURN IS FULLY ANALYZED AND PREPARED, A COPY IS DISTRIBUTED TO THE BOARD OF DIRECTORS IN ADVANCE OF A SPECIFIC MEETING A COPY OF THE FINAL FORM 990 IS SENT TO THE FULL BOARD AND OFFICERS BEFORE IT IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST	<p>PART VI, LINE 12C MONITORING THE ORGANIZATION'S CONFLICT OF INTEREST POLICY PROVIDES THAT ANNUALLY, EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL SIGN A QUESTIONNAIRE AFFIRMING THAT SUCH PERSON RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY AND AGREES TO COMPLY WITH THE POLICY. ADDITIONALLY, THE SIGNED QUESTIONNAIRE AFFIRMS THAT THE PERSON UNDERSTANDS DE NTAQUEST CARE GROUP, INC IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS T AX-EXEMPT STATUS, DENTAQUEST CARE GROUP, INC MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. ENFORCEMENT IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GO VERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSI BLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. WHO IS COVERED? THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS EACH DIRECTOR, PRINCIP AL OFFICER AND MEMBERS OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS. LEVEL OF DETE RMINATION AND REVIEW OF CONFLICTS IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF IN TEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMI TTEES WITH GOVERNING BOARD DELEGATED POWERS. CONSIDERING THE PROPOSED TRANSACTION OR ARRANG EMENT. AFTER PRESENTATION OF A POTENTIAL TRANSACTION OR ARRANGEMENT IS MADE BY AN INTERE D PERSON, THE REMAINING DISINTERESTED BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLI CT OF INTEREST EXISTS. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPRO PRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE TRA NSACTION OR ARRANGEMENT IN QUESTION. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD O R COMMITTEE SHALL DETERMINE IF DENTAQUEST CARE GROUP, INC CAN OBTAIN, WITH REASONABLE EFF ORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NO T GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT I S NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GO VERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTO RS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINAT ION, THE GOVERNING BOARD OR COMMITTEE SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST	RESTRICTIONS PLACED ON CONFLICTED PERSONS IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
WHISTLEBLOWER AND DOCUMENT RETENTION POLICES	PART VI, LINES 13 & 14 THE BOARD OF DENTAQUEST CARE GROUP, INC HAS NOT FORMALLY ADOPTED A WHISTLEBLOWER OR DOCUMENT RETENTION POLICIES HOWEVER, DENTAQUEST CARE GROUP, INC FOLLOWS WHISTLEBLOWER AND DOCUMENT RETENTION POLICIES OF CATALYST INSTITUTE, INC , ITS PARENT ORGANIZATION IN DECEMBER 2015, THE BOARD OF DENTAL SERVICE OF MASSACHUSETTS, INC FORMALLY DELEGATED BOARD AUTHORITY TO APPROVE POLICIES TO ITS COMPLIANCE COMMITTEE, WHICH FORMALLY APPROVED A WHISTLEBLOWER POLICY IN JUNE 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	PART VI, LINES 15A AND 15B CATALYST INSTITUTE, INC , THE SOLE MEMBER OF DENTAQUEST CARE GROUP, INC , HANDLES THE RESPONSIBILITY OF DETERMINING COMPENSATION FOR DENTAQUEST CARE GROUP'S OFFICERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PUBLIC DISCLOSURE	PART VI, LINE 19 WE FILE A MASSACHUSETTS FORM PC WITH AN ATTACHED FORM 990 THE FORM PC IS FILED WITH THE ATTORNEY GENERAL'S OFFICE AND IS AVAILABLE FOR INSPECTION BY ANY OF THE INTERESTED PUBLIC THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BYLAWS ARE MADE AVAILABLE UPON REQUEST Other Changes in Net Assets Form 990, Part XI, Line 9 Transfers from Subsidiaries \$10,323,823 FORM 990, PART XII, LINE 2C DENTAQUEST CARE GROUP, INC DOES NOT HAVE ITS OWN EXECUTIVE COMMITTEE THAT HAS BROAD DELEGATED POWERS OF DECISION MAKING THAT INCLUDE OVERSIGHT OF ITS AUDIT AND SELECTION OF ITS INDEPENDENT ACCOUNTANT HOWEVER, DQCG DOES NOT ISSUE SEPARATE BASIS FINANCIAL STATEMENTS AND IS INCLUDED IN THE FINANCIAL STATEMENTS OF ITS PARENT, CATALYST INSTITUTE, INC CATALYST HAS AN EXECUTIVE COMMITTEE THAT HAS BROAD DELEGATED POWERS OF DECISION MAKING AND IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT AUDITOR, OF CATALYST AND ITS SUBSIDIARY ORGANIZATIONS, INCLUDING DENTAQUEST CARE GROUP, INC

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
DentaQuest Care Group Inc

Employer identification number
46-3674034

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DENTAQUEST FOUNDATION INC 465 MEDFORD STREET BOSTON, MA 02129 04-3265080	ORAL HTH IMPR	MA	501(C)(3)	N/A	CATALYST		No
(2) DENTAQUEST INSTITUTE INC 465 MEDFORD STREET BOSTON, MA 02129 20-5312990	ORAL HTH IMPR	MA	501(C)(3)	12A	CATALYST		No
(3) DNTL HTH PROGS INC DBA COMM DNTL CARE 465 MEDFORD STREET BOSTON, MA 02129 75-1823660	ORAL HTH IMPR	TX	501(C)(3)	7	DQ CAREGROUP	Yes	
(4) SARRELL REGNL DNTL CTR FOR PUB HTH INC 230 E 10TH STREET NO 106 ANNISTON, AL 36207 20-0232609	ORAL HTH IMPR	AL	501(C)(3)	10	DQ CAREGROUP	Yes	
(5) DENTAL SERVICE OF MASSACHUSETTS INC 465 MEDFORD STREET BOSTON, MA 02129 04-6143185	ORAL HTH IMPR	MA	501(C)(4)	N/A	CATALYST		No
(6) COMMUNITY CARE OF KENTUCKY INC 101 S FIFTH STREET 3500 NATIONAL CI LOUISVILLE, KY 40202 46-5159094	ORAL HTH IMPR	KY	501(C)(3)	7	DQ CAREGROUP	Yes	
(7) Catalyst Institute Inc 465 Medford Street Boston, MA 02129 38-4016550	ORAL HTH IMPR	MA	501(c)(4)	N/A	NA		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ADVANTAGE COMMUNITY HOLDINGS COMPANY LLC 442 SW Umatilla Ave Ste 200 REDMOND, OR 97756 20-8939962	CARE DELIVERY	OR	dq group					No	0			
(2) ADVANTAGE AND PETERSEN DENTAL BDLG LLC 442 SW UMATILLA AVE STE 200 REDMOND, OR 97756 27-4218188	CARE DELIVERY	OR	ADV CONTR LLC					No	0			
(3) ADVANTAGE HARBOR QALICB OWNERS LLC 442 SW UMATILLA AVE STE 200 REDMOND, OR 97756 46-3260263	CARE DELIVERY	OR	ADV CONTR LLC					No	0			
(4) ADVANTAGE HARBOR QALICB OWNERS LLC 442 SW UMATILLA AVE STE 200 REDMOND, OR 97756 46-3287102	CARE DELIVERY	OR	ADV CONTR LLC					No	0			
(5) ADVANTAGE QALICB-1 LLC 442 SW UMATILLA AVE REDMOND, OR 97756 46-2098412	CARE DELIVERY	OR	ADV CONTR LLC					No	0			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CATALYST INSTITUTE INC	C	8,700,000	FMV
(2) DENTAQUEST GROUP INC & SUBSIDIARIES	P	6,376,058	FMV

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 46-3674034
Name: DentaQuest Care Group Inc

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) ADVANTAGE DENTAL CLINICS LLC 442 SW Umatilla Ave Redmond, OR 97756 27-0364023	Care Delivery	OR		0	ACHC LLC
(1) Advantage Dental Support Group LLC 442 SW Umatilla Ave Redmond, OR 97756 26-0859755	Care Delivery	OR		0	ACHC LLC
(2) Advantage Member Benefits Co LLC 442 SW Umatilla Ave Redmond, OR 97756 27-4776115	Care Delivery	OR		0	ACHC LLC
(3) Advantage Consulting Services LLC 442 SW Umatilla Ave Redmond, OR 97756 26-3981408	Care Delivery	OR		0	ACHC LLC
(4) Advantage Clinic Properties LLC 442 SW Umatilla Ave Redmond, OR 97756 27-0357326	Care Delivery	OR		0	ACHC LLC
(5) ADVANTAGE PROPERTY MANAGEMENT LLC 442 SW Umatilla Ave Redmond, OR 97756 57-1140840	Care Delivery	OR		0	ACHC LLC
(6) Advantage Dental Specialists LLC 442 SW Umatilla Ave Redmond, OR 97756 81-1185760	Care Delivery	OR		0	ADG PC
(7) Western Oregon Advance Health LLC 442 SW Umatilla Ave Redmond, OR 97756 46-4926946	Care Delivery	OR		0	ACHC LLC
(8) ADVANTAGE EQUIPMENT LEASING LLC 442 SW Umatilla Ave Redmond, OR 97756 80-0426323	Care Delivery	OR		0	ACHC LLC
(9) ADVANTAGE DENTAL SERVICES LLC 442 SW Umatilla Ave Redmond, OR 97756 93-1195386	Care Delivery	OR		0	ACHC LLC
(10) ADVANTAGE PROFESSIONAL MANAGEMENT LLC 442 SW Umatilla Ave Redmond, OR 97756 26-0207886	Care Delivery	OR		0	ACHC LLC
(11) DENTAQUEST OF ARIZONA LLC 465 MEDFORD STREET BOSTON, MA 02129 11-3692025	DENTAL SVCS	WI		-13,236,964	dq group
(12) DENTAQUEST OF GEORGIA LLC 465 MEDFORD STREET BOSTON, MA 02129 14-1885493	DENTAL SVCS	WI		481,094	dq group
(13) DENTAQUEST OF ILLINOIS LLC 465 MEDFORD STREET BOSTON, MA 02129 42-1529687	DENTAL SRVS	WI		-9,951,986	dq group
(14) DENTAQUEST OF KENTUCKY LLC 465 MEDFORD STREET BOSTON, MA 02129 14-1885490	DENTAL SVCS	WI		3,796,050	dq group
(15) DENTAQUEST OF MARYLAND LLC 465 MEDFORD STREET BOSTON, MA 02129 81-0567214	DENTAL SVCS	WI		-4,307,269	dq group
(16) DENTAQUEST OF MINNESOTA LLC 465 MEDFORD STREET BOSTON, MA 02129 56-2356445	DENTAL SVCS	WI		4,423,441	dq group
(17) DENTAQUEST OF NEW JERSEY LLC 465 MEDFORD STREET BOSTON, MA 02129 56-2356433	DENTAL SVCS	WI		585,846	dq group
(18) DENTAQUEST OF NEW MEXICO LLC 465 MEDFORD STREET BOSTON, MA 02129 14-1885481	DENTAL SVCS	WI		2,116,308	dq group
(19) DENTAQUEST IPA OF NEW YORK LLC 465 MEDFORD STREET BOSTON, MA 02129 81-0616910	DENTAL SVCS	WI		21,758,089	dq group

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) DENTAQUEST OF NEW YORK LLC 465 MEDFORD STREET BOSTON, MA 02129 14-1885500	DENTAL SVCS	WI		-3,048,406	dq group
(1) DENTAQUEST OF TENNESSEE LLC 465 MEDFORD STREET BOSTON, MA 02129 35-2177954	DENTAL SVCS	WI		9,015,022	dq group
(2) DENTAQUEST ADMINISTRATIVE SERVICES LLC 465 MEDFORD STREET BOSTON, MA 02129 39-2041298	DENTAL SVCS	CA		274,455	dq group
(3) DENTAQUEST CARE GROUP MANAGEMENT LLC 465 MEDFORD STREET BOSTON, MA 02129 32-0487994	CARE DELIVERY	DE	0	135,155,282	dq group
(4) Access Dental Plan LLC 442 SW Umatilla Ave Redmond, OR 97756 26-0853107	CARE DELIVERY	OR	0	0	ACHC LLC
(5) Dental Services LLC 442 SW Umatilla Ave Redmond, OR 97756 05-0572255	CARE DELIVERY	OR	0	0	ACHC LLC
(6) DENTAQUEST LLC 465 MEDFORD STREET BOSTON, MA 02129 20-0390099	DENTAL SVCS	DE	-10,760,146	-19,491,536	dq group
(7) dentaquest foundation llc 465 MEDFORD STREET boston, MA 02129 82-3645884	dental svcs	MA	0	0	catalyst
(8) dentaquest institute llc 465 MEDFORD STREET boston, MA 02129 82-3649978	dental svcs	MA	0	0	catalyst

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) DENTAQUEST GROUP INC 465 MEDFORD STREET BOSTON, MA 02129 20-4056199	DENTAL SVCS	DE	NA	C CORP					
(1) DSM MASSACHUSETTS INSURANCE COMPANYINC 465 MEDFORD STREET BOSTON, MA 02129 46-5661073	INSURANCE	MA	NA	C CORP					
(2) DENTAQUEST USA INSURANCE COMPANY INC 465 MEDFORD STREET BOSTON, MA 02129 20-2970185	INSURANCE	TX	NA	C CORP					
(3) DSM INVESTMENTS INC 465 MEDFORD STREET BOSTON, MA 02129 04-3428012	DENTAL SVCS	MA	NA	C CORP					
(4) DENTAQUEST OF FLORIDA INC 465 MEDFORD STREET BOSTON, MA 02129 65-0743731	INSURANCE	FL	NA	c corp					
(5) DSM USA INSURANCE COMPANY INC 465 MEDFORD STREET BOSTON, MA 02129 59-0397210	INSURANCE	TX	NA	c corp					
(6) CALIFORNIA DENTAL NETWORK INC 465 MEDFORD STREET BOSTON, MA 02129 93-0954061	INSURANCE	CA	NA	c corp					
(7) PACIFIC DENTAL NETWORK INC 465 MEDFORD STREET BOSTON, MA 02129 33-0672992	DENTAL SVCS	CA	NA	c corp					
(8) DSM INSURANCE SERVICES INC 465 MEDFORD STREET BOSTON, MA 02129 04-3172335	INSURANCE	MA	NA	C CORP					
(9) DENTAQUEST ORAL HEALTH CENTER INC 465 MEDFORD STREET BOSTON, MA 02129 04-3434787	ORAL HTH CTR	MA	NA	C CORP					
(10) COMMUNITY CARE OF NEW MEXICO INC 465 MEDFORD STREET BOSTON, MA 02129 47-1711799	ORAL HTH IMPR	NM	NA	c corp					
(11) American Financial Services Inc 442 SW Umatilla Ave Redmond, OR 97756 93-1319631	Care Delivery	OR	NA	C Corp					
(12) Advantage Leveraged Lenders Inc 442 SW Umatilla Ave Redmond, OR 97756 46-2124368	Care Delivery	OR	NA	C CORP					
(13) ADVANTAGE DENTAL GROUP PC 442 SW UMATILLA AVE REDMOND, OR 97756 80-0437099	CARE DELIVERY	OR	NA	C CORP					
(14) ADVANTAGE DENTAL PLAN INC 442 SW UMATILLA AVE REDMOND, OR 97756 93-1156986	CARE DELIVERY	OR	NA	C CORP					

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) dentaquest impact inc 465 MEDFORD STREET boston, MA 02129 83-2714016	oral hth impr	DE	na	c corp					