

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
CALIFORNIA DENTAL ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 13749

City or town, state or province, country, and ZIP or foreign postal code
SACRAMENTO, CA 958534749

D Employer identification number
95-2822367

E Telephone number
(916) 554-5307

G Gross receipts \$ 34,774,685

F Name and address of principal officer
KEVIN ROACH
1201 K STREET
SACRAMENTO, CA 95814

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) (6) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.CDA.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1973 **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CDA IS COMMITTED TO THE SUCCESS OF OUR MEMBERS IN SERVICE TO THEIR PATIENTS AND THE PUBLIC

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)	49
4 Number of independent voting members of the governing body (Part VI, line 1b)	49
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	183
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	820,725
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	0
9 Program service revenue (Part VIII, line 2g)	18,767,629	19,201,016
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	653,604	645,927
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,216,124	7,989,719
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,637,357	27,836,662
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,630	57,744
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,544,102	11,500,101
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,507,030	15,288,526
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	25,095,762	26,846,371
19 Revenue less expenses Subtract line 18 from line 12	-2,458,405	990,291

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	242,693,381	251,385,669
21 Total liabilities (Part X, line 26)	9,550,025	10,423,792
22 Net assets or fund balances Subtract line 21 from line 20	233,143,356	240,961,877

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 2017-11-13

KEVIN ROACH CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name CHRISTOPHER A WASHBURN CPA	Preparer's signature CHRISTOPHER A WASHBURN CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00111127
Firm's name ▶ CAMPBELL TAYLOR & COMPANY			Firm's EIN ▶ 68-0251243	
Firm's address ▶ 3741 DOUGLAS BLVD SUITE 350 ROSEVILLE, CA 95661			Phone no (916) 929-3680	

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
 THE CALIFORNIA DENTAL ASSOCIATION IS COMMITTED TO THE SUCCESS OF OUR MEMBERS IN SERVICE TO THEIR PATIENTS AND THE PUBLIC

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 \$ including grants of \$) (Revenue \$)
 See Additional Data

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

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

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗑️		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 🗑️	Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 🗑️		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		
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>		
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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		No
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>		
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>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (49), 1b (49), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CA), 18, 19, 20 (KEVIN ROACH 1201 K STREET NO 1511 SACRAMENTO, CA 95814 (916) 554-5307).

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			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							4,131,236	371,270	555,766	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 17

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ARNOLD & PORTER LLC PO BOX 37116 BALTIMORE, MD 21297	CONSULTING SERVICES	815,522
SMG FOOD & BEVERAGE LLC 5TH FLOOR 747 HOWARD ST SAN FRANCISCO, CA 94103	CATERING	311,936
POLITICAL SOLUTIONS 1414 K STREET 400 SACRAMENTO, CA 95814	GOVERNMENT RELATIONS	210,914
MAKAR ANAHEIM-ANAHEIM HILTON 777 CONVENTION WAY ANAHEIM, CA 92802	ACCOMODATIONS	149,519
LIZ SNOW 1001 HARRINGTON WAY CARMICHAEL, CA 95608	STRATEGIC CONSULTING	120,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f					
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	9,794,359	9,794,359		
	b SEMINAR OR TRADESHOW INCOME	900099	8,352,432	8,352,432		
	c PUBLICATIONS	511120	1,038,163	353,081	685,082	
	d RENTAL INCOME - CDAF	531120	16,062	16,062		
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		19,201,016				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		755,735		8,401	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		603,822			
	6a Gross rents	(i) Real				
		(ii) Personal				
			1,597,993			
		b Less rental expenses		1,063,846		
	c Rental income or (loss)		534,147			
	d Net rental income or (loss)		534,147		204,038	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
			5,764,369			
		b Less cost or other basis and sales expenses		5,737,381	136,796	
	c Gain or (loss)		26,988	-136,796		
	d Net gain or (loss)		-109,808		-136,796	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a NON-RECURRING INSURANCE RECOVERY	900099	5,926,761			5,926,761	
b MISCELLANEOUS REVENUE	900099	493,617		60,000	433,617	
c SPONSORSHIP REVENUE	511190	431,372			431,372	
d All other revenue						
e Total. Add lines 11a-11d		6,851,750				
12 Total revenue. See Instructions		27,836,662	18,515,934	820,725	8,500,003	

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.	57,744			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	4,105,761			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	4,917,277			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	454,127			
9 Other employee benefits.	1,401,020			
10 Payroll taxes.	621,916			
11 Fees for services (non-employees)				
a Management.				
b Legal.	1,022,561			
c Accounting.				
d Lobbying.	2,321,329			
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	47,095			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.	235,145			
13 Office expenses.	690,260			
14 Information technology.	1,212,024			
15 Royalties.				
16 Occupancy.	1,899,117			
17 Travel.	1,734,659			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,483,438			
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,596,554			
23 Insurance.	337,455			
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 PRINTING & PUBLICATIONS	665,728			
b BANK CHARGES	565,058			
c OTHER EXPENSE	307,931			
d TRAINING & TUITION	70,687			
e All other expenses	99,485			
25 Total functional expenses. Add lines 1 through 24e.	26,846,371			
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).				

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		1	
	2 Savings and temporary cash investments	5,016,487	2	6,483,025
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net	4,279,568	7	7,101,047
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	919,307	9	1,169,092
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	16,513,831		
	b Less accumulated depreciation	12,356,395		
	11 Investments—publicly traded securities	27,413,243	11	28,208,050
	12 Investments—other securities See Part IV, line 11	199,069,739	12	202,790,540
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	587,287	15	1,476,479
16 Total assets. Add lines 1 through 15 (must equal line 34)	242,693,381	16	251,385,669	
Liabilities	17 Accounts payable and accrued expenses	5,118,115	17	6,165,538
	18 Grants payable		18	
	19 Deferred revenue	4,372,065	19	4,234,144
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	59,845	25	24,110
	26 Total liabilities. Add lines 17 through 25	9,550,025	26	10,423,792
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	233,143,356	27	240,961,877
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	233,143,356	33	240,961,877
	34 Total liabilities and net assets/fund balances	242,693,381	34	251,385,669

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	27,836,662
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,846,371
3	Revenue less expenses Subtract line 2 from line 1	3	990,291
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	233,143,356
5	Net unrealized gains (losses) on investments	5	1,109,335
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,718,895
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	240,961,877

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 _____</p> <p>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?</p> <p>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?</p> <p>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?</p> <p>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: 95-2822367

Name: CALIFORNIA DENTAL ASSOCIATION

Form 990 (2016)

Form 990, Part III, Line 4a:

CDA PRESENTS THE ART AND SCIENCE OF DENTISTRY - PROFESSIONAL TRADE SHOWS TOTAL ANNUAL ATTENDANCE FOR SHOWS ARE APPROXIMATELY 50,531 THIS INCLUDES ASSOCIATION MEMBERS AND DENTAL PROFESSIONALS CONTINUING EDUCATION CREDIT, SPECIALIZED SEMINARS, AND PROFESSIONAL SERVICES ARE AVAILABLE FOR ATTENDEES

Form 990, Part III, Line 4b:

INTEGRATED MEMBERSHIP COMMUNICATIONS INCLUDING MASS ADVERTISING, CAMPAIGN PROMOTING AND GENERAL DENTAL WELFARE MONTHLY PUBLICATIONS
INCLUDE JOURNAL OF THE CALIFORNIA DENTAL ASSOCIATION, A SCIENTIFIC, PEER-REVIEWED PUBLICATION AND CDA UPDATE, A MONTHLY MEMBERSHIP NEWSLETTER
MONTHLY CIRCULATION FOR EACH PUBLICATION IS APPROXIMATELY 24,000

Form 990, Part III, Line 4c:

ADVOCACY - CDA RESPONDS TO AND ANTICIPATES THE TOP ISSUES FACING THE DENTAL PROFESSION BY TAKING POSITIONS ON ISSUES FROM ABUSE DETECTION AND REPORTING TO HEALTH-CARE REFORM, LICENSING AND THIRD-PARTY PAYMENT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
SHARINE V THENARD DDS MS TRUSTEE	1 00	X						0	0	0
DAVID ANSON DDS TRUSTEE	1 00	X						0	0	0
MICHAEL CADRA DMD MD TRUSTEE	1 00	X						0	0	0
ADRIAN CARRINGTON DDS TRUSTEE	1 00	X						0	0	0
ALAN CASCIO DDS TRUSTEE	1 00	X						0	0	0
MARTIN COURTNEY DDS TRUSTEE	1 00	X						0	0	0
RICHARD W BARNES DDS TRUSTEE	1 00	X						0	0	0
JEAN CREASEY DDS TRUSTEE	1 00	X						0	0	0
NATASHA A LEE DDS VICE PRESIDENT	15 00	X		X				40,000	0	0
GAIL DUFFALA DDS TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ALAN FELSENFELD DDS TRUSTEE	1 00	X						0	0	0
SAM KENNEDY DDS TRUSTEE	1 00	X						0	0	0
PARISA ZARBAFIAN DDS TRUSTEE	1 00	X						0	0	0
NAVA FATHI DDS TRUSTEE	1 00	X						0	0	0
IRENE V HILTON DDS TRUSTEE	1 00	X						0	0	0
M SALEH KHOLAKI DDS TRUSTEE	1 00	X						0	0	0
GEORGE A MARANON TRUSTEE	1 00	X						0	0	0
CARLIZA MARCOS DDS TRUSTEE	1 00	X						0	0	0
RICHARD J NAGY DDS TRUSTEE	1 00	X						0	0	0
NANNETTE BENDICT DDS TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
ALMA CLARK DDS TRUSTEE	1 00	X						0	0	0
RICHARD GRAHAM DDS TRUSTEE	1 00	X						0	0	0
KENNETH HARRISON DDS TRUSTEE	1 00	X						0	0	0
BIJAN MODJTAHEDI DDS TRUSTEE	1 00	X						0	0	0
JOHN K HALL DDS TRUSTEE	1 00	X						0	0	0
TERRENCE W JONES DDS TRUSTEE	1 00	X						0	0	0
BRENDA J BUZBY DDS TRUSTEE	1 00	X						0	0	0
MARK C FAGAN DDS TRUSTEE	1 00	X						0	0	0
STEPHEN M LOJESKI DDS TRUSTEE	1 00	X						0	0	0
ARIANE R TERLET DDS TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
CRAIG S YARBOROUGH DDS SPEAKER OF THE HOUSE	15 00	X		X				30,000	0	0
DOUGLAS N CHRISTIANSEN DDS TRUSTEE	1 00	X						0	0	0
GERALD L DANIELSON DDS TRUSTEE	1 00	X						0	0	0
MICHAEL W MARSHALL DDS TRUSTEE	1 00	X						0	0	0
GERALD M MIDDLETON DDS TRUSTEE	1 00	X						0	0	0
BERT D ROULEAU DMD TRUSTEE	1 00	X						0	0	0
MELANIE PARKER DDS TRUSTEE	1 00	X						0	0	0
KENNETH G WALLIS DDS PRESIDENT	15 00	X		X				80,000	0	0
SANJAY PATEL DDS TRUSTEE	1 00	X						0	0	0
KEVIN M KEATING DDS TREASURER	15 00	X		X				40,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALTER G WEBER DDS PAST PRESIDENT	15 00	X		X				30,000	0	0
LYNN SAYRE-CARSTAIRS DMD TRUSTEE	1 00	X						0	0	0
WILLIAM W EVANS DMD MD TRUSTEE	1 00	X						0	0	0
CHARLOTTE SENSENY DMD TRUSTEE	1 00	X						0	0	0
KERRY K CARNEY DDS EDITOR	15 00	X		X				40,000	0	0
CLELAN EHRLER DDS PRESIDENT-ELECT	15 00	X		X				55,000	0	0
SCOTT SMITH DDS TRUSTEE	1 00	X						0	0	0
R DEL BRUNNER SECRETARY	15 00 0 00	X		X				40,000	0	0
RUCHI SAHOTA DDS TRUSTEE	1 00	X						0	0	0
JAMES SANDERSON DDS TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
PETER DUBOIS EXECUTIVE DIRECTOR/CEO	18 00 22 00			X				335,453	274,462	32,399
KEVIN ROACH CHIEF FINANCIAL OFFICER	9 00 31 00			X				297,666	0	45,598
ALISON SANDMAN GENERAL COUNSEL	16 00 24 00			X				281,923	0	43,090
JENNIFER GEORGE CHIEF MARKETING OFFICER	23 00 17 00			X				279,402	0	24,742
CARRIE GORDON CHIEF STRATEGIC OFFICER	40 00 0 00			X				281,989	0	43,090
THOMAS OSTEEEN CHIEF INFORMATION TECHNOLOGY	13 00 27 00			X				238,487	0	27,936
AMII BARNARD-BAHN CHIEF ADMIN OFFICER	40 00 0 00			X				230,022	0	17,800
ANDERS BJORK DIRECTOR, MARKET RESEARCH	23 00 17 00				X			195,460	0	41,433
DEBORAH IRWIN VP MEETINGS AND CONVENTIONS	30 00 10 00				X			187,389	0	38,230
EVERT HENDRIX VP, HUMAN RESOURCES	12 00 28 00				X			196,528	0	23,270

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
KRISTINE ALLINGTON DIRECTOR, MARKETING	23 00 17 00				X			182,666	0	35,495
LEWIS TODD VP, FINANCE	11 00 29 00				X			178,389	0	1,728
STEPHEN BROWN CORPORATE COUNSEL	16 00 24 00					X		164,016	0	39,170
BRIAN BURCH CREATIVE DIRECTOR, MARKETI	23 00 17 00					X		152,755	0	25,989
POLIN CHAN AVP, SYSTEMS	15 00 25 00					X		156,413	0	20,425
MICHAEL PONTILLO DIRECTOR, PROJECT MANAGEME	14 00 26 00					X		170,384	0	39,616
GARY PILKINGTON DIRECTOR IT NETWORK & INFRASTRUCTURE	11 00 29 00					X		150,486	0	33,255
CATHY MUDGE VP PUBLIC AFFAIRS	19 00 21 00						X	96,808	96,808	22,500

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization CALIFORNIA DENTAL ASSOCIATION	Employer identification number 95-2822367
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ \$ _____ 0

3 Volunteer hours _____ 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ 0

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____ 0

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____ 0

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) CALIF DENTAL PAC	1201 K ST 15TH FL SACRAMENTO, CA 95814	23-7090703		2,159,721
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	9,697,122
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	2,321,329
b Carryover from last year	2b	2,908,686
c Total	2c	5,230,015
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	4,942,623
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	287,392
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization CALIFORNIA DENTAL ASSOCIATION

Employer identification number 95-2822367

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, Aggregate value at end of year, and two Yes/No questions about donor advisement.

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

Form with multiple sections: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements modified, Does the organization have a written policy regarding the periodic monitoring, Staff and volunteer hours devoted to monitoring, Amount of expenses incurred in monitoring, 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)?, 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.

Form with multiple sections: 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. 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. 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? Yes No

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? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| 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? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
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 | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,468,471		1,468,471
b Buildings				
c Leasehold improvements		1,722,930	891,209	831,721
d Equipment		5,971,127	4,905,106	1,066,021
e Other		7,351,303	6,560,080	791,223
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,157,436

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	202,790,540	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	▶ 202,790,540	

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	▶	

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	
DUE TO RELATED PARTIES	36,156
DEFERRED INCOME TAX	-12,046
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 24,110

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: 95-2822367

Name: CALIFORNIA DENTAL ASSOCIATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	SINCE JANUARY 1, 2009, THE ASSOCIATION HAS ACCOUNTED FOR THE UNCERTAINTY OF INCOME TAXES UNDER ASC ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THESE PROVISIONS, ONLY TAX POSITIONS THAT MET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ON JANUARY 1, 2009 WERE RECOGNIZED OR CONTINUE TO BE RECOGNIZED UPON ADOPTION THE ASSOCIATION PREVIOUSLY RECOGNIZED INCOME TAX PROVISIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT WAS REASONABLY POSSIBLE THAT A LIABILITY HAD BEEN INCURRED FOR UNRECOGNIZED INCOME TAX BENEFITS BY APPLYING ASC, A ACCOUNTING FOR CONTINGENCIES

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization CALIFORNIA DENTAL ASSOCIATION

Employer identification number 95-2822367

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION'S MANAGEMENT TEAM EVALUATES POTENTIAL DONATIONS TO OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THE OUTSIDE ORGANIZATION ALIGNS WITH THE ORGANIZATION'S MISSION

Additional Data

Software ID:
Software Version:
EIN: 95-2822367
Name: CALIFORNIA DENTAL ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA DENTAL ASSOCIATION FOUNDATION 1201 K STREET SACRAMENTO, CA 95814	68-0411536	501(C)(3)	122,315				DENTAL CARE
LEAGUE OF CALIFORNIA CITIES 1400 K ST STE 400 SACRAMENTO, CA 95814	94-6000835	501(C)(3)	10,000				SPONSOR WOMEN'S CAUCUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO UNITED 150 POST ST STE 3-0130 SAN FRANCISCO, CA 94108	47-4141204	501(C)(3)	60,000				REDUCE DIABETES IN CHILDREN
SAVE LIVES CALIFORNIA 555 CAPITOL MALL STE 1425 SACRAMENTO, CA 95814	46-3001004	501(C)(3)	1,000,000				FUNDING FOR TOBACCO ISSUES IN CALIFORNIA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYU COLLEGE OF DENTISTRY RM 1017 W DENTAL CENTER 421 FIRST AVE NEW YORK, NY 10010	13-5562308	501(C)(3)	15,000				DENTAL CARE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization CALIFORNIA DENTAL ASSOCIATION	Employer identification number 95-2822367
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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	Yes								
<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	Yes								
<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>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<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>	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>	5a									
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b									
<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>	6a									
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b									
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7									
<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									
<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 II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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				
See Additional Data Table							

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
PART I, LINE 1A	<p>SCHEDULE J PART 1 LINE 1A TRAVEL FOR COMPANIONS CDA'S EXECUTIVE DIRECTOR MAY HAVE OCCASION TO ATTEND APPROVED CONFERENCES, SEMINARS AND OTHER BUSINESS FUNCTIONS THAT MAY REQUIRE THE ATTENDANCE OF HIS SPOUSE. CDA HAS DETERMINED THAT FOR THESE CONFERENCES OR EVENTS THAT MAY REQUIRE HIS SPOUSE'S ATTENDANCE, THE BUSINESS PURPOSE UNDER THE ACCOUNTABLE PLAN RULES IS MET AND CDA WILL PROVIDE TRAVEL EXPENSES FOR THE SPOUSE. HEALTH OR SOCIAL CLUB DUES - CDA PROVIDES A SOCIAL CLUB MEMBERSHIP IN SACRAMENTO FOR THE EXECUTIVE DIRECTOR. THE MEMBERSHIP ALLOWS CDA TO HOLD STRATEGIC PLANNING AND VARIOUS OTHER MEETINGS OR EVENTS AT THE CLUB. CDA HAS DETERMINED THAT FOR THESE MEETINGS, THE BUSINESS PURPOSE UNDER THE ACCOUNTABLE PLAN RULES IS MET, AND THEREFORE THESE DUES ARE TREATED AS REASONABLE BUSINESS EXPENSES.</p>

Additional Data

Software ID:
Software Version:
EIN: 95-2822367
Name: CALIFORNIA DENTAL ASSOCIATION

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				
1 PETER DUBOIS EXECUTIVE DIRECTOR/CEO	(i)	277,703	57,750	0	7,563	10,256	353,272	0
	(ii)	227,212	47,250	0	6,188	-	289,042	0
2 KEVIN ROACH CHIEF FINANCIAL OFFICER	(i)	252,666	45,000	0	17,950	27,648	343,264	0
	(ii)	0	0	0	0	0	0	0
3 ALISON SANDMAN GENERAL COUNSEL	(i)	248,923	33,000	0	17,950	25,140	325,013	0
	(ii)	0	0	0	0	0	0	0
4 JENNIFER GEORGE CHIEF MARKETING OFFICER	(i)	234,402	45,000	0	16,150	8,592	304,144	0
	(ii)	0	0	0	0	0	0	0
5 CARRIE GORDON CHIEF STRATEGIC OFFICER	(i)	237,989	44,000	0	17,950	25,140	325,079	0
	(ii)	0	0	0	0	0	0	0
6 THOMAS OSTEEN CHIEF INFORMATION TECHNOLOGY	(i)	225,737	12,750	0	5,208	22,728	266,423	0
	(ii)	0	0	0	0	0	0	0
7 AMII BARNARD-BAHN CHIEF ADMIN OFFICER	(i)	185,022	45,000	0	8,428	9,372	247,822	0
	(ii)	0	0	0	0	0	0	0
8 ANDERS BJORK DIRECTOR, MARKET RESEARCH	(i)	188,819	6,641	0	13,737	27,696	236,893	0
	(ii)	0	0	0	0	0	0	0
9 DEBORAH IRWIN VP MEETINGS AND CONVENTIONS	(i)	165,939	21,450	0	13,090	25,140	225,619	0
	(ii)	0	0	0	0	0	0	0
10 EVERT HENDRIX VP, HUMAN RESOURCES	(i)	196,528	0	0	542	22,728	219,798	0
	(ii)	0	0	0	0	0	0	0
11 KRISTINE ALLINGTON DIRECTOR, MARKETING	(i)	161,736	20,930	0	12,767	22,728	218,161	0
	(ii)	0	0	0	0	0	0	0
12 LEWIS TODD VP, FINANCE	(i)	178,389	0	0	528	1,200	180,117	0
	(ii)	0	0	0	0	0	0	0
13 STEPHEN BROWN CORPORATE COUNSEL	(i)	164,016	0	0	11,474	27,696	203,186	0
	(ii)	0	0	0	0	0	0	0
14 BRIAN BURCH CREATIVE DIRECTOR, MARKETI	(i)	152,755	0	0	10,665	15,324	178,744	0
	(ii)	0	0	0	0	0	0	0
15 POLIN CHANAVP, SYSTEMS	(i)	156,413	0	0	10,921	9,504	176,838	0
	(ii)	0	0	0	0	0	0	0
16 MICHAEL PONTILLO DIRECTOR, PROJECT MANAGEME	(i)	170,384	0	0	11,920	27,696	210,000	0
	(ii)	0	0	0	0	0	0	0
17 GARY PILKINGTON DIRECTOR IT NETWORK & INFRASTRUCTURE	(i)	150,486	0	0	10,527	22,728	183,741	0
	(ii)	0	0	0	0	0	0	0
18 CATHY MUDGE VP PUBLIC AFFAIRS	(i)	82,183	14,625	0	6,186	5,064	108,058	0
	(ii)	82,183	14,625	0	6,186	5,064	108,058	0

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
CALIFORNIA DENTAL ASSOCIATION

Employer identification number

95-2822367

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF THE BOARD AFFECTING THE GOVERNANCE STRUCTURE OF THE ORGANIZATION ARE SUBJECT TO RATIFICATION BY THE HOUSE OF DELEGATES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE. THE ORGANIZATION'S CFO AND VP OF FINANCE WORK CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM IT ENGAGES TO PREPARE THE RETURN, AND REVIEWS THE DRAFT OF THE FORM 990 PRIOR TO PROVIDING THE DRAFT TO THE AUDIT COMMITTEE. IN ADDITION TO CONSULTING WITH THE CFO AND VP OF FINANCE, THE AUDIT COMMITTEE ALSO MET WITH THE ACCOUNTING FIRM HIRED TO PREPARE THE FORM 990. SUBSEQUENT TO ITS REVIEW, THE AUDIT COMMITTEE INFORMED THE BOARD THAT IT HAD REVIEWED THE FORM 990 AND THE FINAL DRAFT WAS PROVIDED TO THE ENTIRE VOTING BOARD BEFORE THE RETURN WAS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE CDA LEGAL DEPARTMENT IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS PURSUANT TO THE CONFLICTS OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (I E , BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP OR KEY EMPLOYEES) COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE WHEN SOMEONE BECOMES A COVERED PERSON AND ANNUALLY THEREAFTER, EACH COVERED PERSON IS REQUIRED TO SIGN A STATEMENT AFFIRMING THAT HE/SHE (1) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY, AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICTS OF INTEREST QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE LEGAL DEPARTMENT AND ANY PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS ARE INFORMED VERBALLY OR VIA WRITTEN COMMUNICATION THE PROCEDURES FOR ADDRESSING ANY CONFLICT OF INTEREST INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD, (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEING CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING, (3) THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, AND (4) THE TRANSACTION OF ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AN EVALUATION COMMITTEE, ESTABLISHED AND OUTLINED BY THE BY-LAWS OF THE ASSOCIATION AND COMPRISED SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHICH HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION AGREEMENT, IS ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR ALL OFFICERS REPORTING TO A BOARD (INCLUDING THE EXECUTIVE DIRECTOR) THE EVALUATION COMMITTEE DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S STRATEGIC PLAN, PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION FOR EACH OFFICER REPORTING TO A BOARD THE EVALUATION COMMITTEE ALSO HIRES A QUALIFIED INDEPENDENT COMPENSATION EXPERT TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFFICERS AND KEY EMPLOYEES APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, I.E., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS (BOTH TAXABLE AND TAX EXEMPT) FOR SIMILAR JOB RESPONSIBILITIES THE COMMITTEE'S WRITTEN RECORDS INCLUDE 1) THEIR DELIBERATIONS AND CONCLUSIONS, (2) A LIST OF MEMBERS PRESENT DURING THE DISCUSSION AND DECISION PROCESS (INCLUDING MOTIONS MADE, APPROVED AND TABULATED), AND (3) A DESCRIPTION OF THE COMPARABLE DATA RELIED ON BY THE COMMITTEE KEY DELIBERATIONS OF THE COMMITTEE ARE ALSO DOCUMENTED IN MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING KEY EMPLOYEES CALIFORNIA DENTAL ASSOCIATION (CDA) USES A MARKET-BASED COMPENSATION PROGRAM TO ATTRACT, RETAIN AND MOTIVATE THE BEST EMPLOYEES POSSIBLE BY ENSURING IT PAYS COMPETITIVELY WHEN COMPARED WITH AN APPROPRIATE LABOR MARKET CDA BENCHMARKS (I.E. COMPARES LIKE JOBS) AS MANY POSITIONS AS POSSIBLE USING RELIABLE SALARY SURVEYS THAT PROVIDE DATA FOR MARKETS WHERE CDA COMPETES FOR TALENT BOTH NONPROFIT AND FOR-PROFIT ORGANIZATIONS ARE CONSIDERED AS APPROPRIATE FOR EACH POSITION CDA ESTABLISHES THE MIDPOINT OF ITS PAY RANGES AT THE 50TH PERCENTILE OF THE COMPETITIVE MARKETS BASED ON DATA FROM THESE SURVEYS, CDA WORKS WITH OUTSIDE SUBJECT MATTER EXPERTS TO DEVELOP APPROPRIATE PAY RANGES AND STRUCTURES AND PLACES SIMILAR VALUE JOBS TOGETHER IN THE SAME PAY RANGES THESE RANGES ARE USED TO PROVIDE GUIDANCE TO MANAGEMENT UPON HIRING AND FOR FUTURE PAY DECISIONS OUTSIDE SUBJECT MATTER EXPERTS ARE ALSO USED TO INDIVIDUALLY BENCHMARK SENIOR MANAGEMENT JOBS AND MAKE PAY RECOMMENDATIONS CDA'S COMPENSATION PHILOSOPHY IS TO HIRE COMPETITIVELY BASED UPON MARKET, SKILLS, KNOWLEDGE, ABILITIES, AND PRIOR EXPERIENCE MARKET DATA AND INDIVIDUAL PERFORMANCE ARE REVIEWED ANNUALLY IN DETERMINING PERFORMANCE BASED PAY INCREASES A COMPENSATION MARKET ANALYSIS IS CONDUCTED ON A REGULAR BASIS AND ADJUSTMENTS ARE MADE TO THE SALARY RANGES AND STRUCTURES, AS REQUIRED THIS PROCESS WAS REVIEWED AND APPROVED BY THE CDA AUDIT COMMITTEE FORM 990, PART VI, SECTION B, LINE 16B WHILE CDA HAS NOT ADOPTED A WRITTEN POLICY OR PROCEDURE REQUIRING STEPS BE TAKEN TO SAFEGUARD ITS TA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	X-EXEMPT STATUS WHEN ENTERING INTO JOINT VENTURE AGREEMENTS, BY PRACTICE, IT ONLY ENTERS INTO SUCH AGREEMENTS WHERE CDA IS A CONTROLLING PARTNER OR MEMBER AND SPECIFIC LANGUAGE HAS BEEN ADDED TO THE JOINT VENTURE AGREEMENT WHICH STATES THAT THE JOINT VENTURE WILL FOLLOW CDA'S EXEMPT PURPOSE AND REMAIN IN-LINE WITH THOSE PRINCIPALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BOOK INVESTMENT IN SUBSIDIARIES - EQUITY METHOD 5,718,895

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED THE OVERSIGHT PROCESS OR SELECTION PROCESS IN REGARDS TO THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CALIFORNIA DENTAL ASSOCIATION

Employer identification number

95-2822367

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

(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) CALIFORNIA DENTAL ASSOCIATION - ROTUNDA POST OFFICE BOX 13749 SACRAMENTO, CA 94583 95-2822367	REAL ESTATE	CA	0	0	N/A

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)CDA FOUNDATION 1201 K STREET SUITE 1511 SACRAMENTO, CA 95814 68-0411536	EDUCATION	CA	501(C)(3)	LINE 7	N/A		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) CDA ROTUNDA PARTNERS LLC POST OFFICE BOX 13749 SACRAMENTO, CA 95812 68-0201866	REAL ESTATE	CA	N/A	INVESTMENT	210,463	32,555,454		No			No	100 000 %

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.

(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) CDA HOLDING COMPANY INC POST OFFICE BOX 13749 SACRAMENTO, CA 95853 68-0317339	MGMT	CA	N/A	C	10,513	203,453,409	100 000 %		No
(2) THE DENTISTS INSURANCE CO POST OFFICE BOX 13749 SACRAMENTO, CA 95853 94-2698799	INSURANCE	CA	N/A	C	2,718,943	353,272,354	100 000 %		No
(3) TDIC INSURANCE SOLUTIONS POST OFFICE BOX 13749 SACRAMENTO, CA 95853 68-0065239	BROKER	CA	N/A	C	1,226,220	3,238,350	100 000 %		No
(4) DENTISTS SERVICE COMPANY POST OFFICE BOX 13749 SACRAMENTO, CA 95853 47-2354867	MGMT	CA	N/A	C	-7,053,993	8,753,124	100 000 %		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	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 95-2822367
Name: CALIFORNIA DENTAL ASSOCIATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	TDIC INSURANCE SOLUTIONS	A	574,823	FINANCIAL RECORDS
(1)	THE DENTISTS INSURANCE COMPANY	A	478,158	FINANCIAL RECORDS
(2)	CDA ROTUNDA PARTNERS LLC	A	340,973	FINANCIAL RECORDS
(3)	CDA FOUNDATION	A	16,062	FINANCIAL RECORDS
(4)	CDA FOUNDATION	B	100,000	FINANCIAL RECORDS
(5)	TDIC INSURANCE SOLUTIONS	Q	2,150,121	FINANCIAL RECORDS
(6)	THE DENTISTS INSURANCE COMPANY	Q	5,221,815	FINANCIAL RECORDS
(7)	CDA ROTUNDA PARTNERS LLC	Q	322,630	FINANCIAL RECORDS
(8)	CDA FOUNDATION	Q	449,773	FINANCIAL RECORDS
(9)	CDA ROTUNDA PARTNERS LLC	D	32,081,059	FINANCIAL RECORDS
(10)	THE DENTISTS SERVICE COMPANY	Q	3,211,321	FINANCIAL RECORDS