Form **990**

DLN: 93493347001327 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

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

2016

foundations) D

Department of the Treasury Internal Revenue Service		► Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.IRS.gov/form990				C	Open to Public Inspection	
A F	or the 2016		ginning 02-01-2016 $$, and ending 01	-31-2017				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return Final ☐ eturn/terminated ☐ Amended return ☐ Application pending		C Name of organization Massachusetts State Health Care Professionals Dental Fund				D Employer identification number 04-2946668		
		Doing business as						
		Number and street (or P O box if mail is not delivered to street address) Room/suite c/o Alicare Inc PO Box 9631				E Telephone number (800) 338-4330		
		City or town, state or province, country, and ZIP or foreign postal code Boston, MA 02114			G Gross receipts \$ 6,036,134			
		F Name and address of princ	F Name and address of principal officer		s this a group return for		030,134	
					ibordinates?		□Yes ☑No	
	x-exempt status			— `´ ın	e all subordinat cluded?		☐ Yes ☑ No	
	ebsite: ► N/	□ 501(c)(3) □ 501(c)(9)	◀ (insert no)		If "No," attach a list (see instructions) H(c) Group exemption number ▶			
	ebsite: P N/			., ,	- Cap exemption			
K Form	n of organizatio	n Corporation 🗹 Trust 🗌 A	ssociation Other	L Year of f	ar of formation 1989 M State of legal domicile MA			
Pa	rt I Sun	nmary						
		escribe the organization's mission I provides dental and vision bene	n or most significant activities Efits to eligible participants and their depe	endents as de	scribed in the F	und's Pla	n of Benefits	
Governance		The Fund provided delitar and Tislor portents to disgiste paracipants and their dependents do described in the Fund of Fund of Sentents						
ma I								
o ve	2 Check ti	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets						
Ğ		3 Number of voting members of the governing body (Part VI, line 1a)					10	
20 √1		Number of independent voting members of the governing body (Part VI, line 1b)				4	10	
Ě	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)					5	0	
Activities &	6 Total number of volunteers (estimate if necessary)				6	0		
4	7a Total unrelated business revenue from Part VIII, column (C), line 12					7a 7b	0	
	b Net unrelated business taxable income from Form 990-T, line 34				· · Prior Year	7,0	Current Year	
	8 Contribi	utions and grants (Part VIII, line	1h)		THOI Tear	+-	0	
Rəvenue		ogram service revenue (Part VIII, line 2g)			3,731,3	359	3,886,014	
ĕΛċ	_	envestment income (Part VIII, column (A), lines 3, 4, and 7d)					545,138	
<u> </u>	11 Other re	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0	
	12 Total re	2 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				513	4,431,152	
	13 Grants a	Grants and similar amounts paid (Part IX, column (A), lines 1–3)					0	
	14 Benefits	nefits paid to or for members (Part IX, column (A), line 4)			3,420,731		3,196,998	
\mathfrak{L}		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				+	0	
Expenses		ia Professional fundraising fees (Part IX, column (A), line 11e)					0	
		ndraising expenses (Part IX, column (D), line 25) 0			560.4	105	606.101	
		xpenses (Part IX, column (A), lines 11a-11d, 11f-24e) penses Add lines 13-17 (must equal Part IX, column (A), line 25)			568,195 3,988,926		606,184	
	1	ue less expenses Subtract line 18 from line 12			722,587		3,803,182 627,970	
<u>8</u> 8	15 Kevena	THE 1633 EXPENSES SUBTRACT THE TO HOTH THE TZ			· · ·		End of Year	
Net Assets or Fund Balances	20 Total as	otal assets (Part X, line 16)			11,654,7	727	12,665,519	
A B		liabilities (Part X, line 26)			602,713		264,992	
şŝ		22 Net assets or fund balances Subtract line 21 from line 20			11,052,0	_	12,400,527	
Pai	t III Sigi	nature Block						
knowl			amined this return, including accompanyi ete Declaration of preparer (other than c					
	****	2017-06						
Sign		ture of officer Date						
Here	Kevin	ı M Hayes Co-Chair						
	Туре	or print name and title						
Paid Preparer		Print/Type preparer's name Robert D Boudreau CPA	Preparer's signature Robert D Boudreau CPA	Date	Check \bigsqcup If $\lceil F \rceil$	1 0 1 3 0 0 3 1 3		
					self-employed Firm's EIN ►			
		Firm's address ► 255 Route 80 - PO E	Firm's address ► 255 Route 80 - PO Box 698 Pho			663-1190		
-55	~,	Killingworth CT 06419						

☑ Yes ☐ No