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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning , and ending

G Check all that apply. ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☒ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of foundation
DENTAQUEST FOUNDATION, INC. (FORMERLY KNOWN AS ORAL HEALTH FOUNDATION, INC.)

A Employer identification number
04-3265080

Number and street (or P O box number if mail is not delivered to street address) Room/suite
465 MEDFORD STREET

B Telephone number
617-886-1700

City or town, state, and ZIP code
BOSTON, MA 02129

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 54,701,033.

J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc , received	8,263,000.		N/A	
2 Check ▶ ☐ if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	18,052.	18,052.		STATEMENT 1
4 Dividends and interest from securities	1,048,818.	1,048,818.		STATEMENT 2
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	<2,125,700.>			
b Gross sales price for all assets on line 6a 9,769,783.				
7 Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	240,335.	240,335.		STATEMENT 3
12 Total. Add lines 1 through 11	7,444,505.	1,307,205.		
13 Compensation of officers, directors, trustees, etc	368,180.	0.		368,180.
14 Other employee salaries and wages	503,612.	0.		503,612.
15 Pension plans, employee benefits	144,652.	0.		144,652.
16a Legal fees STMT 4	5,134.	0.		5,134.
b Accounting fees STMT 5	12,500.	0.		12,500.
c Other professional fees STMT 6	212,296.	0.		212,296.
17 Interest				
18 Taxes STMT 7	22,200.	0.		0.
19 Depreciation and depletion				
20 Occupancy	47,209.	0.		47,209.
21 Travel, conferences, and meetings	84,466.	0.		84,466.
22 Printing and publications	35,327.	0.		35,327.
23 Other expenses STMT 8	142,294.	72,392.		69,902.
24 Total operating and administrative expenses. Add lines 13 through 23	1,577,870.	72,392.		1,483,278.
25 Contributions, gifts, grants paid	3,907,518.			3,907,518.
26 Total expenses and disbursements. Add lines 24 and 25	5,485,388.	72,392.		5,390,796.
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	1,959,117.			
b Net investment income (if negative, enter -0-)		1,234,813.		
c Adjusted net income (if negative, enter -0-)			N/A	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	490,577.		
	2 Savings and temporary cash investments	3,006,808.	6,474,549.	6,474,549.
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U S and state government obligations STMT 10	2,626,469.	2,919,577.	2,919,577.
	b Investments - corporate stock STMT 11	16,575,379.	25,230,901.	25,230,901.
	c Investments - corporate bonds STMT 12	15,822,856.	20,057,629.	20,057,629.
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 13	6,500,000.	18,377.	18,377.
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers)	45,022,089.	54,701,033.	54,701,033.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ DUE TO AFFILIATE)	0.	10,572.	
	23 **Total liabilities** (add lines 17 through 22)	0.	10,572.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	45,022,089.	54,690,461.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances**	45,022,089.	54,690,461.	
	31 **Total liabilities and net assets/fund balances**	45,022,089.	54,701,033.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	45,022,089.
2	Enter amount from Part I, line 27a	2	1,959,117.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 9	3	7,709,255.
4	Add lines 1, 2, and 3	4	54,690,461.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	54,690,461.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	SALE OF PUBLICLY TRADED SECURITIES			
b	PASSTHROUGH LOSSES FROM ACADIAN INT'L			
c	ALL-CAP FUND K-1			
d	PASSTHROUGH GAINS FROM PRIMUS HIGH YIELD			
e	BOND FUND, L.P. K-1			

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	9,769,783.		11,026,050.	<1,256,267.>
b				
c				<906,051.>
d				
e				36,618.

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any	
a				<1,256,267.>
b				
c				<906,051.>
d				
e				36,618.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	<2,125,700.>
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	6,327,495.	44,185,636.	.143203
2007	3,954,271.	34,759,996.	.113759
2006	4,914,876.	17,435,513.	.281889
2005	2,114,561.	13,775,369.	.153503
2004	1,319,292.	12,018,987.	.109767

2	Total of line 1, column (d)	2	.802121
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.160424
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	46,455,810.
5	Multiply line 4 by line 3	5	7,452,627.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	12,348.
7	Add lines 5 and 6	7	7,464,975.
8	Enter qualifying distributions from Part XII, line 4	8	5,390,796.

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b		1	24,696.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3	Add lines 1 and 2		3	24,696.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-		5	24,696.
6	Credits/Payments			
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a 17,907.		
b	Exempt foreign organizations - tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c 7,000.		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d		7	24,907.
8	Enter any **penalty** for underpayment of estimated tax Check here [X] if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	211.
11	Enter the amount of line 10 to be **Credited to 2010 estimated tax** ▶ 211. **Refunded** ▶		11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? *If the answer is "Yes" to* **1a** *or* **1b**, *attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation ▶ $ 0. (2) On foundation managers ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.DENTAQUESTFOUNDATION.ORG

14 The books are in care of ▶ RALPH FUCCILLO Telephone no ▶617-886-1700

Located at ▶465 MEDFORD STREET, BOSTON, MA ZIP+4 ▶02129

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2009 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

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

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	☐ Yes ☒ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No			
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		X
	If "Yes" to 6b, file Form 8870.				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		368,180.	110144.	0.

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

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MICHAEL MONOPOLI 465 MEDFORD STREET, BOSTON, MA 02129	DIR. OF POLICY & PLANNING 40.00	245,653.	76,897.	0.
JUDITH FOLEY 465 MEDFORD STREET, BOSTON, MA 02129	SNR. PROG. OFFICER 40.00	106,249.	30,180.	0.
BRENDA COCUZZO 465 MEDFORD STREET, BOSTON, MA 02129	EXEC. ASSISTANT 40.00	51,109.	20,302.	0.
BRENDA LAVASTA 465 MEDFORD STREET, BOSTON, MA 02129	GRANT MGMT. ASSOCIATE 40.00	61,472.	9,578.	0.
OLUBIYI OGUNJIMI 465 MEDFORD STREET, BOSTON, MA 02129	PROGRAM COORDINATOR 40.00	59,760.	6,985.	0.

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

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
TRACY GARLAND 4759 51ST PLACE SW, SEATTLE, WA 98116	MANAGEMENT TRAINING	106,959.

Total number of others receiving over $50,000 for professional services. ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

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

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	0.

Form **990-PF** (2009)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	43,776,596.
b	Average of monthly cash balances		1b	3,386,663.
c	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	47,163,259.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	47,163,259.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	707,449.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	46,455,810.
6	**Minimum investment return.** Enter 5% of line 5		6	2,322,791.

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

1	Minimum investment return from Part X, line 6		1	2,322,791.
2a	Tax on investment income for 2009 from Part VI, line 5	2a 24,696.		
b	Income tax for 2009 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	24,696.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	2,298,095.
4	Recoveries of amounts treated as qualifying distributions		4	133,669.
5	Add lines 3 and 4		5	2,431,764.
6	Deduction from distributable amount (see instructions)		6	0.
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	2,431,764.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes:		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	5,390,796.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	5,390,796.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b	5	0.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	5,390,796.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				2,431,764.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004 740,383.				
b From 2005 1,435,772.				
c From 2006 4,068,814.				
d From 2007 2,250,450.				
e From 2008 4,149,415.				
f **Total** of lines 3a through e	12,644,834.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ $ 5,390,796.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				2,431,764.
e Remaining amount distributed out of corpus	2,959,032.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	15,603,866.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	740,383.			
9 **Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a	14,863,483.			
10 Analysis of line 9				
a Excess from 2005 1,435,772.				
b Excess from 2006 4,068,814.				
c Excess from 2007 2,250,450.				
d Excess from 2008 4,149,415.				
e Excess from 2009 2,959,032.				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

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

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2009	Prior 3 years (b) 2008	(c) 2007	(d) 2006	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see the instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

SEE STATEMENT 15

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE STATEMENT 16				
Total			▶ 3a	3907518.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	18,052.	
4 Dividends and interest from securities			14	1,048,818.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	<2,125,700.>	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a SEE STATEMENT 17				240,335.	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		<818,495.>	0.
13 Total. Add line 12, columns (b), (d), and (e)					13 <818,495.>

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
	N/A

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

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)	X	
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		DENTAL SERVICES OF	SEE STATEMENT 18
BIV	141,409.	MASSACHUSETTS, INC.	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [X] Yes [ ] No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
DENTAL SERVICES OF MASSACHUSETTS, INC.	501(C)(4)CORPORATION	SEE STATEMENT 19

Sign Here

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

/ Scott R Hoole — Signature of officer or trustee — Date 11/12/10 — Title Treasurer

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's identifying number
	11/11/10	[ ]	

Firm's name (or yours if self-employed), address, and ZIP code: EDELSTEIN AND COMPANY LLP, 160 FEDERAL STREET, 9TH FLOOR, BOSTON, MA 02110-1772

EIN

Phone no 617-227-6161

Form **990-PF** (2009)

923522
02-02-10

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization
DENTAQUEST FOUNDATION, INC. (FORMERLY KNOWN AS ORAL HEALTH FOUNDATION, INC.)

Employer identification number
04-3265080

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. .. . . ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
DENTAQUEST FOUNDATION, INC. (FORMERLY KNOWN AS ORAL HEALTH FOUNDATION, INC.)

Employer identification number
04-3265080

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DENTAL SERVICES OF MASSACHUSETTS, INC. 465 MEDFORD STREET BOSTON, MA 02129	$ 8,263,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

FEDERAL IDENTIFICATION
no. 04-3265080
Fee: $15 00

Examiner

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

ARTICLES OF AMENDMENT
(General Laws, Chapter 180, Section 7)

Name Approved

We Ralph Puccillo, *President

and Eileen Alvarez, *Clerk

of Oral Health Foundation, Inc.
(Exact name of corporation)

located at 465 Medford Street, Boston, MA 02129
(Address of corporation in Massachusetts)

do hereby certify that these Articles of Amendment affecting articles numbered:

Article I
(Number those articles 1, 2, 3, and/or 4 being amended)

of the Articles of Organization were duly adopted at a meeting held on March 2, 20 09, by vote of:

_____ members, 13 of 14 directors directors, or _____ shareholders**,

☐ Being at least two-thirds of its members legally qualified to vote in meetings of the corporation; OR

☑ Being at least two-thirds of its directors where there are no members pursuant to General Laws, Chapter 180, Section 3; OR

☐ In the case of a corporation having capital stock, by the holders of at least two-thirds of the capital stock having the right to vote therein.

C ☐
P ☐
M ☐
R.A ☐

*Delete the inapplicable words.
**Check only one box that applies.
Note: If the space provided under any article or item on this form is insufficient, additions shall be set forth on one side only of separate 8 1/2 x 11 sheets of paper with a left margin of at least 1 inch. Additions to more than one article may be made on a single sheet so long as each article requiring each addition is clearly indicated.

P.C.

By written consent of the Directors effective 3/2/09,

That the name of the Foundation be changed from Oral Health Foundation, Inc. to DentaQuest Foundation, Inc.

The foregoing amendment(s) will become effective when these Articles of Amendment are filed in accordance with General Laws, Chapter 180, Section 7 unless these articles specify, in accordance with the vote adopting the amendment, a *later* effective date not more than *thirty days* after such filing, in which event the amendment will become effective on such later date.

Later effective date: _____

SIGNED UNDER THE PENALTIES OF PERJURY, this 17th day of March, 20 09

Ralph Fuciello, *President

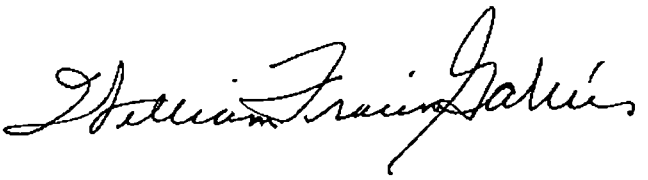
Eileen Alvarez, *Clerk

*Delete the inapplicable words.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

March 26, 2009 12:33 PM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
IRONWOOD	93.
STATE STREET GLOBAL ADVISORS	17,959.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	18,052.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
BANK OF AMERICA	13,443.	0.	13,443.
IRONWOOD	6,874.	0.	6,874.
STATE STREET GLOBAL ADVISORS	1,028,501.	0.	1,028,501.
TOTAL TO FM 990-PF, PART I, LN 4	1,048,818.	0.	1,048,818.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
PASSTHROUGH ACADIAN INT'L ALL-CAP FUND K-1 INCOME	54,925.	54,925.	
PASSTHROUGH PRIMUS HIGH YIELD BOND FUND, LP K-1 INCOME	185,410.	185,410.	
TOTAL TO FORM 990-PF, PART I, LINE 11	240,335.	240,335.	

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL EXPENSE	5,134.	0.		5,134.
TO FM 990-PF, PG 1, LN 16A	5,134.	0.		5,134.

FORM 990-PF ACCOUNTING FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING EXPENSE	12,500.	0.		12,500.
TO FORM 990-PF, PG 1, LN 16B	12,500.	0.		12,500.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING EXPENSE	212,296.	0.		212,296.
TO FORM 990-PF, PG 1, LN 16C	212,296.	0.		212,296.

FORM 990-PF TAXES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES	22,200.	0.		0.
TO FORM 990-PF, PG 1, LN 18	22,200.	0.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	72,392.	72,392.		0.
SUPPLIES	49,930.	0.		49,930.
SUBSCRIPTIONS AND DUES	3,279.	0.		3,279.
TELEPHONE	14,555.	0.		14,555.
POSTAGE	2,138.	0.		2,138.
TO FORM 990-PF, PG 1, LN 23	142,294.	72,392.		69,902.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 9

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	7,543,984.
BOOK TO TAX DIFFERENCES REPORTED ON ACADIAN K-1	31,602.
RETURN OF UNEXPENDED GRANT FUNDS	133,669.
TOTAL TO FORM 990-PF, PART III, LINE 3	7,709,255.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 10

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
SSGA TIPS INDEX CTF Y5	X		2,919,577.	2,919,577.
TOTAL U.S. GOVERNMENT OBLIGATIONS			2,919,577.	2,919,577.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			2,919,577.	2,919,577.

FORM 990-PF CORPORATE STOCK STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
STATE STREET, RUSSELL 1000 GROWTH SL CTF MUTUAL FUND	9,134,612.	9,134,612.
STATE STREET, RUSSELL 1000 VALUE SL CTF MUTUAL FUND	8,845,519.	8,845,519.
ACADIAN INTERNATIONAL ALL CAP FUND	5,555,208.	5,555,208.
SSGA IRONWOOD SMALL COMPANY STOCK FUND	1,695,562.	1,695,562.
TOTAL TO FORM 990-PF, PART II, LINE 10B	25,230,901.	25,230,901.

FORM 990-PF CORPORATE BONDS STATEMENT 12

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SSGA PASSIVE BOND MKT CTF	17,151,287.	17,151,287.
PRIMUS HIGH YIELD BOND FUND, LP	2,906,342.	2,906,342.
TOTAL TO FORM 990-PF, PART II, LINE 10C	20,057,629.	20,057,629.

FORM 990-PF OTHER INVESTMENTS STATEMENT 13

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SSGA MONEY MARKET FUND	FMV	18,377.	18,377.
TOTAL TO FORM 990-PF, PART II, LINE 13		18,377.	18,377.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHESTER W. DOUGLASS, DMD 465 MEDFORD STREET BOSTON, MA 02129	CHAIRMAN 1.00	0.	0.	0.
FAY DONOHUE 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 5.00	0.	0.	0.
RALPH FUCCILLO 465 MEDFORD STREET BOSTON, MA 02129	PRESIDENT/DIRECTOR 40.00	254,548.	81,420.	0.
NEIL B. EPSTEIN, DMD 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
DOUGLAS B. HARDING 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
RODERICK K. KING, MD 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
SHEPARD GOLDSTEIN, DMD 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
HAROLD COX 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
NORMAN TINANOFF 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
MARYLOU SUDDERS 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
SCOTT FROCK 465 MEDFORD STREET BOSTON, MA 02129	TREASURER 5.00	0.	0.	0.

DONALD KENNEY 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
MICHAEL MCPHERSON 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
LINDA NIESSEN 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
EILEEN ALVAREZ 465 MEDFORD STREET BOSTON, MA 02129	MANAGING DIRECTOR/CLERK 40.00	113,632.	28,724.	0.
MARION KANE 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
CASWELL EVANS, JR., DDS 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		368,180.	110144.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 15
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JUDITH FOLEY, SENIOR PROGRAM OFFICER
465 MEDFORD ST
BOSTON, MA 02129

TELEPHONE NUMBER

617-886-1466

FORM AND CONTENT OF APPLICATIONS

DENTAQUEST FOUNDATION USES A SPECIFIC ONLINE APPLICATION PROCESS CONSISTING OF EASY-TO-FOLLOW STEPS FOR GRANT SEEKERS INCLUDING ONLINE DATA ENTRY, THE PREPARATION OF STANDARDIZED FORMS, ADDING REQUIRED ATTACHMENTS AND SAVING AN UNFINISHED APPLICATION TO RETURN TO IT LATER FOR COMPLETION AND SUBMISSION.

ANY SUBMISSION DEADLINES

APPLICATIONS ARE ACCEPTED ON AN ONGOING BASIS, AND DECISIONS ARE MADE WITHIN 6 WEEKS OF RECEIPT

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION INVITES GRANT APPLICATIONS FROM NON-PROFIT ORGANIZATIONS THAT QUALIFY AS TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE CATEGORIZED AS PUBLIC CHARITIES OR GOVERNMENTAL PROGRAMS. GRANT REQUESTS FOR THE FOLLOWING WILL NOT BE CONSIDERED: BUILDING OR ENDOWMENT CAMPAIGNS; INDIVIDUALS; DIRECT CARE FOR AN INDIVIDUAL; INDIVIDUALLY-OWNED PROJECTS; DIRECT INDIVIDUAL SCHOLARSHIPS; GENERAL OVERHEAD OR INDIRECT COSTS ALONE; PREVIOUSLY INCURRED EXPENSES OR TO ELIMINATE BAD DEBT; CLINICAL OR BIO-MEDICAL LAB RESEARCH; PROMULGATION OF RELIGIOUS BELIEFS OR PRACTICES; AND POLITICAL CAMPAIGNS.

FORM 990-PF GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR STATEMENT 16

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
GREAT BROOK VALLEY HEALTH CENTER 19 TACOMA ST. WORCESTER, MA 01605	N/A TO IMPROVE ORAL HEALTH	HOSPITAL SERVICE ORG.	40,590.
FENWAY COMMUNITY HEALTH CENTER 7 HAVILAND ST BOSTON, MA 02115	N/A TO IMPROVE ORAL HEALTH	HOSPITAL SERVICE ORG.	114,235.
PEW CHARITABLE TRUSTS 2005 MARKET ST, STE 1700 PHILADEPHIA, PA 19103	N/A TO IMPROVE ORAL HEALTH	509(A)	160,000.
THIRD SECTOR NEW ENGLAND, INC. 89 SOUTH STREET BOSTON, MA 2111	N/A TO IMPROVE ORAL HEALTH	509(A)	3,468.
HEALTH CARE FOR ALL, INC. 30 WINTER STREET 10TH FLOOR BOSTON, MA 02108	N/A TO IMPROVE ORAL HEALTH	509(A)	175,000.
LAZARUS HOUSE 410 HAMPSHIRE STREET LAWRENCE, MA 01841	N/A TO IMPROVE ORAL HEALTH	509(A)	114,648.
COMMUNITY HEALTH PROGRAMS, INC. 54 CASTLE STREET GREAT BARRINGTON, MA 02157	N/A TO IMPROVE ORAL HEALTH	509(A)	273,490.
UMASS MEMORIAL FOUNDATION 333 SOUTH STREET SHREWSBURY, MA 01545	N/A TO IMPROVE ORAL HEALTH	509(A)	30,999.

WHITTIER ST HEALTH CENTER COMMITTEE, INC. 1125 TREMONT STREET ROXBURY, MA 02120	N/A TO IMPROVE ORAL HEALTH	509(A)	108,483.
CHILDREN'S DENTAL HEALTH PROJECT, INC. 2001 L. STREET NW, SUITE 400 WASHINGTON, DC 20036	N/A TO IMPROVE ORAL HEALTH	509(A)	80,000.
FRAMEWORKS INSTITUTE 1776 EYE STREET, NW 9TH FLOOR WASHINGTON , DC 20006	N/A TO IMPROVE ORAL HEALTH	509(A)	107,500.
VOLUNTEERS IN MEDICINE-BERKSHIRES, INC. 777 MAIN STREET, STE. 4 GREAT BARRINGTON, MA 01230	N/A TO IMPROVE ORAL HEALTH	509(A)	21,385.
COMMUNITY HEALTH CENTER OF FRANKLIN COUNTY 338 MONTAGUE CITY ROAD TURNERS FALLS, MA 01376	N/A TO IMPROVE ORAL HEALTH	HOSPITAL SERVICE ORG.	150,000.
BORINQUEN HEALTH CARE CENTER, INC. 3601 FEDERAL HIGHWAY MIAMI, FL 33137	N/A TO IMPROVE ORAL HEALTH	509(A)	50,000.
COMMUNITY HEALTH OF SOUTH FLORIDA, INC. 10300 SW 216 ST MIAMI, FL 33190	N/A TO IMPROVE ORAL HEALTH	509(A)	50,000.
COMMUNITY HEALTH CONNECTIONS INC. 275 NICHOLS RD FITCHBURG, MA 01420	N/A TO IMPROVE ORAL HEALTH	HOSPITAL SERVICE ORG.	75,434.
CAPE COD FOUNDATION 259 WILLOW STREET YARMOUTHPORT, MA 02675	N/A TO IMPROVE ORAL HEALTH	509(A)	133,314.
HEALTH FIRST FAMILY CARE CENTER 102 COUNTRY ST FALL RIVER, MA 02723	N/A TO IMPROVE ORAL HEALTH	509(A)	100,000.

NORTHEAST CENTER FOR HEALTHY COMMUNITIES 1 CANAL ST LAWRENCE, MA 01840	N/A TO IMPROVE ORAL HEALTH	509(A)	64,242.
GRANT MAKERS IN HEALTH 1100 CONNECTICUT AVE., NW, STE 1200 WASHINGTON , DC 20036	N/A TO IMPROVE ORAL HEALTH	509(A)	52,500.
MEDICAID/SCHIP DENTAL ASSOCIATION 9805 TANDEM COURT RALEIGH, NC 27615	N/A TO IMPROVE ORAL HEALTH	509(A)	58,524.
MSDA CHARITABLE AND EDUCATIONAL FOUNDATION 6410F DOBBIN RD COLUMBIA , MD 21045	N/A TO IMPROVE ORAL HEALTH	509(A)	202,886.
DOTAVE COMMUNITY SERVICE CENTER 80-86 MAIN ST TAUNTON, MA 02780	N/A TO IMPROVE ORAL HEALTH	509(A)	25,000.
FLORIDA PUBLIC HEALTH INSTITUTE, INC. 1622 N. FEDERAL HIGHWAY, STE B LAKE WORTH, FL 33460	N/A TO IMPROVE ORAL HEALTH	509(A)	150,000.
HEALTH CHOICE NETWORK, INC 9064 NW 13 TERRACE MIAMI, FL 33172	N/A TO IMPROVE ORAL HEALTH	509(A)	7,378.
HILLTOWN COMMUNITY HEALTH CENTERS 58 OLD NORTH ROAD WORTHINGTON, MA 01098	N/A TO IMPROVE ORAL HEALTH	509(A)	60,234.
MASSACHUSETTS COALITION OF SCHOOL-BASED HEALTH CENTERS 40 COURT ST, 10TH FLOOR BOSTON, MA 02108	N/A TO IMPROVE ORAL HEALTH	509(A)	195,063.
MASSACHUSETTS HEAD START ASSOCIATION, INC. 68 ALISON AVENUE TAUNTON, MA 02780	N/A TO IMPROVE ORAL HEALTH	509(A)	312,515.

MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS 40 COURT STREET, 10 FLOOR BOSTON, MA 02108	N/A TO IMPROVE ORAL HEALTH	509(A)	210,000.
MORE HEALTH, INC. 3821 HENDERSON BLVD TAMPA, FL 33629	N/A TO IMPROVE ORAL HEALTH	509(A)	85,000.
TUFTS UNIVERSITY SCHOOL OF DENTAL MEDICINE ONE KNEELAND STREET, 3RD FLOOR BOSTON, MA 02111	N/A TO IMPROVE ORAL HEALTH	SCHOOL	214,900.
UNIVERSITY OF MARYLAND 3310 SPH BUILDING COLLEGE PARK, MD 20742	N/A TO IMPROVE ORAL HEALTH	SCHOOL	165,672.
HEALTH RESOURCES IN ACTION 95 BERKELEY ST BOSTON, MA 02116	N/A TO IMPROVE ORAL HEALTH	509(A)	30,000.
MASSACHUSETTS PUBLIC HEALTH ASSOCIATION 434 JAMAICAWAY JAMAICA PLAIN, MA 01230	N/A TO IMPROVE ORAL HEALTH	509(A)	81,723.
BRANDEIS UNIVERSITY 415 SOUTH STREET, STE. MS035 WALTHAM, MA 02454	N/A TO IMPROVE ORAL HEALTH	SCHOOL	25,000.
AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTS 3085 STEVENSON DRIVE, # 200 SPRINGFIELD, IL 62703	N/A TO IMPROVE ORAL HEALTH	509(A)	20,000.
ASSOCIATED GRANT MAKERS, INC. 55 COURT STREET BOSTON, MA 02108	N/A TO IMPROVE ORAL HEALTH	509(A)	8,200.
BEST BUDDIES, INC. 3 ST. MARY'S ROAD MILTON, MA 02186	N/A TO IMPROVE ORAL HEALTH	509(A)	1,500.

BOSTON COLLEGE CARROLL SCHOOL OF MANAGEMENT 55 LEE ROAD CHESTNUT HILL, MA 02467	N/A TO IMPROVE ORAL HEALTH	SCHOOL	2,000.
BOSTON MEDICAL CENTER CORPORATION 88 E. NEWTON STREET BOSTON, MA 02118	N/A TO IMPROVE ORAL HEALTH	509(A)	750.
BOSTON UNIVERSITY 715 ALBANY STREET, SUITE 560 BOSTON, MA 02118	N/A TO IMPROVE ORAL HEALTH	SCHOOL	500.
BRIDGE OVER TROUBLED WATERS, INC. 47 WEST STREET BOSTON, MA 02111	N/A TO IMPROVE ORAL HEALTH	509(A)	2,500.
COLORADO AREA HEALTH AND EDUCATION CENTER SYSTEM 13120 19TH AVENUE, STE. MS-F433 AURORA, CO 80045	N/A TO IMPROVE ORAL HEALTH	509(A)	10,000.
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202	N/A TO IMPROVE ORAL HEALTH	509(A)	9,080.
FPHA FOUNDATION, INC. 1605 PEBBLE BEACH BLVD. GREEN COVE SPRINGS, FL 32043	N/A TO IMPROVE ORAL HEALTH	509(A)	1,456.
HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON, MA 02115	N/A TO IMPROVE ORAL HEALTH	SCHOOL	5,000.
INITIATIVE FOR A COMPETITIVE INNER CITY 200 HIGH STREET, 3RD FLOOR BOSTON, MA 02110	N/A TO IMPROVE ORAL HEALTH	509(A)	2,500.
MASSACHUSETTS DENTAL SOCIETY FOUNDATION TWO WILLOW STREET, SUITE 200 SOUTHBOROUGH, MA 01745	N/A TO IMPROVE ORAL HEALTH	509(A)	2,500.

MASSACHUSETTS HEALTH COUNCIL, INC. 73 OAK STREET, 1ST FLOOR NEWTON, MA 02464	N/A TO IMPROVE ORAL HEALTH	509(A)	1,000.
MASSACHUSETTS PUBLIC HEALTH ASSOCIATION 434 JAMAICAWAY JAMAICA PLAIN, MA 02130	N/A TO IMPROVE ORAL HEALTH	509(A)	1,000.
NEW ENGLAND RURAL HEALTH ROUNDTABLE 10 BENNING STREET, BOX 184 WEST LEBANON, NH 03784	N/A TO IMPROVE ORAL HEALTH	509(A)	4,000.
NORTH END COMMUNITY HEALTH COMMITTEE 332 HANOVER STREET BOSTON, MA 02113	N/A TO IMPROVE ORAL HEALTH	HOSPITAL SERVICE ORG.	99.
NOVA SOUTHEASTERN UNIVERSITY, INC. 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 33314	N/A TO IMPROVE ORAL HEALTH	SCHOOL	4,000.
ORAL HEALTH AMERICA 410 NORTH MICHIGAN AVENUE, STE. 352 CHICAGO, IL 60611	N/A TO IMPROVE ORAL HEALTH	509(A)	11,000.
OSAP FOUNDATION 2530 RIVA ROAD ANNAPOLIS, MD 21401	N/A TO IMPROVE ORAL HEALTH	509(A)	250.
THE ALBERT SCHWEITZER FELLOWSHIP 330 BROOKLINE AVENUE (BR) BOSTON, MA 02215	N/A TO IMPROVE ORAL HEALTH	509(A)	10,000.
THE BOSTON FOUNDATION 75 ARLINGTON STREET BOSTON, MA 02116	N/A TO IMPROVE ORAL HEALTH	509(A)	10,000.
THE DIMOCK CENTER 55 DIMOCK STREET, CHENEY BLDG., 2ND FL. ROXBURY, MA 02119	N/A TO IMPROVE ORAL HEALTH	509(A)	5,000.

THE YAFFEE FOUNDATION 2 REGENCY PLAZA, APT. 912 PROVIDENCE, RI 02903	N/A TO IMPROVE ORAL HEALTH	509(A)	10,000.
THE PAN TENNESSEE DENTAL EDUCATIONAL FOUNDATION 532 TURTLE CREEK DRIVE BRENTWOOD, TN 37027	N/A TO IMPROVE ORAL HEALTH	509(A)	5,000.
AMERICAN CANCER SOCIETY 30 SPEEN STREET FRAMINGHAM, MA 01701	N/A TO IMPROVE ORAL HEALTH	509(A)	12,500.
TRUSTEES OF TUFTS COLLEGE 1 KNEELAND STREET BOSTON, MA 02111	N/A TO IMPROVE ORAL HEALTH	SCHOOL	5,000.
WELCOMING LIGHT, INC. 45 HIGH STREET NASHUA, NH 03060	N/A TO IMPROVE ORAL HEALTH	509(A)	10,000.
WOMEN OF MEANS, INC. 148 LINDEN STREET, SUITE 104A WELLESLEY, MA 02482	N/A TO IMPROVE ORAL HEALTH	509(A)	1,000.
NATIONAL DENTAL ASSOCIATION, INC. P.O. BOX 217 SPRINGFIELD, IL 62705	N/A TO IMPROVE ORAL HEALTH	509(A)	10,000.
MASSACHUSETTS SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN - 99 SUMMER STREET BOSTON, MA 02110	N/A TO IMPROVE ORAL HEALTH	509(A)	12,500.
TOTAL TO FORM 990-PF, PART XV, LINE 3A			3,907,518.

FORM 990-PF OTHER REVENUE STATEMENT 17

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
PASSTHROUGH ACADIAN INT'L ALL-CAP FUND K-1 INCOME			14	54,925.	
PASSTHROUGH PRIMUS HIGH YIELD BOND FUND, LP K-1 INCOME			14	185,410.	
TOTAL TO FORM 990-PF, PG 11, LN 11				240,335.	

990-PF INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 18
PART XVII, LINE 1, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

DENTAL SERVICES OF MASSACHUSETTS, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THE FOUNDATION REIMBURSES DENTAL SERVICES OF MASSACHUSETTS, INC. FOR THE COST OF SHARED OFFICE EXPENSES, RENT, PROFESSIONAL SERVICES AND ADMINISTRATIVE COSTS.

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS STATEMENT 19
PART XVII, LINE 2, COLUMN (C)

NAME OF AFFILIATED OR RELATED ORGANIZATION

DENTAL SERVICES OF MASSACHUSETTS, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

DENTAL SERVICES OF MASSACHUSETTS, INC. IS THE SOLE MEMBER OF THE CORPORATION.