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# Department of the Treasury

SCANNED MAY 2 0 2010

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

		0.000								, , , , , , , , , , , , , , , , , , , ,						
For calendar year 2009, or tax year beginning				inning	, 2009, and endin				ing	· · · · · · · · · · · · · · · · · · ·						
G	Che	eck all t	hat apply.		Initial retui	rn		Initial return	of a former p	ublic cha	rity	Į	Fina	ıl retu	urn	
_				<u> </u>	Amended	return		Addre	ss change			lame change				
			Name of fou	ndat	tion							A Employer iden	tification r	umbe	<b>: "</b>	
Į	Jse tl	he IRS														
	lab	oel.	AMERICAN	1 D	ENTAL PA	ARTNEF	RS FOUN	NDATION,	INC.			0	4-3477	129	)	
-		rwise,	Number and	stre	et (or PO box	number if	f mail is not o	delivered to stree	t address)	Room/su	ute	B Telephone number	(see page 10	of the ins	structions)	
		int														
9		ype. pecific	401 EDGE	CWA	TER PLAC	CE				430		( )	781) 2	24-	-0880	)
		ctions.	City or town,	sta	ite, and ZIP co	de						C If exemption app pending, check h	olication is		▶	·L
											D 1. Foreign organ			, .▶	· 🔲	
_			WAKEFIE	"D,	MA 0188	30						2. Foreign organ			3	
H	Che	ck type	e of organiza	tion	X Secti	on 501(	(c)(3) exe	mpt private	foundation			85% test, che computation			▶	-
$\perp$	s	Section 4	1947(a)(1) no	nexe					rivate founda			E If private founda	ation etatile w	ae tom	ninated	
ı	Fair	marke	et value of all	ass	ets at end	J Acco	unting m	ethod 🔙 C	ash 🔼 Acc	rual		under section 50			_	. []
	of y	ear (fro	m Part II, col				ther (spe					F If the foundation	nısına 60-π	onth te	ermination	
		▶ \$			168.		,	d) must be or	cash basis )			under section 50	7(b)(1)(B), c	eck he	re . 🕨	
F	art l	Analy	sis of Reve	nue	and Expens	ses (The	(a) Re	venue and	(E) \$1=4		۱.	a). A divinata di mast			ırseme	
			f amounts in co not necessanly				` éxpe	expenses per Inc.		estment ne	۱ '	c) Adjusted net income	1		arıtable oses	•
_			n (a) (see pag				, t	ooks					(ca		asis on	ly)
	1	Contribut	tion <u>s, gif</u> ts, grants,					225,197					_			
	2	Check	If the for attach	ound Sch	lation is <b>not</b> req	urred to										
	3	Interest	on savings and	temp	porary cash inve	stments		1,305		1,305.			<u> </u>	'CH	_1	
	4	Divider	nds and intere	st fr	om secunties											
	5 a	Gross r	ents								ļ					
	b	Net rent	tal income or (los	ss) _												
ne			n or (loss) from	sale (	of assets not on	line 10					-					
evenue	b		ales pnce for all on line 6a							-	ļ					
é	7	Capital	l gain net ınco	me (	(from Part IV,	line 2) .					ļ	<del></del>				
_	8		ort-term capita	_							<u> </u>	-	_			
	9		e modifications	3 • ;							ļ	<del></del>				
	IU a	and allo	ales less returns wances													
			ost of goods sold						1							
			profit or (loss)					<del></del>	<del> </del>							
			ncome (attach					226,502	<del></del>	1,305.	-					
_	12		Add lines 1 thi					0	<b>-</b>	1,303.						
			nsation of officer					595	<del></del>		ļ					
S	14		employee sala		_			393			<del> </del> -					
)Su	15		n plans, emplo	-							-	<del></del>				
Expe			ees (attach sc						<del> </del>		-	REC	EVE	D	-	
			nting fees (atta					577	<del> </del>			1120			10	
IIVe			professional fe			•						le) .	1 4 00		28082	
נום	17		t			ىك بىك		107				MAY MAY	<del>1                                    </del>	ı <b>U</b> —	젊	
7	18		attach schedule)				<u> </u>		<del> </del>		-				<del>」(</del>	
	19	-	ciation (attach		-	-	<u> </u>		<del>                                     </del>			OGD	EN, L	Tt	$\overline{}$	
₹	20		ancy				<del> </del>				-	L 000	7			
	21 22		conferences,				<del> </del>	10,351								
	22		g and publicat expenses (atta				-	1,026			-		-			
atil								_,								
pera	24		perating and			•		12,656	]							
วั	2 5		es 13 through					79,528	1					-	79	, 528
	25 26		outions, gifts, ( enses and disbur	-				92,184	<del></del>				+			, 528
٦	27		enses and disbur ct line 26 from			4 and 25			-		<b>-</b>		_			
			f revenue over ex			ente		134,318	]							
-			revenue over exp restment inco					,	-	1,305.						
	١		estinent inco				<del></del>			, - , - ,		-0	_			

ATCH 3

Þ	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
_	<u> </u>		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing	313,747.	448,168.	448,168.
	2		cash investments			
	3	Accounts receivable ▶				
		Less allowance for dou	btful accounts	j		
	4					
		Less allowance for dou	btful accounts ▶			
	5					<del></del>
	6		fficers, directors, trustees, and other			
	•		ach schedule) (see page 16 of the instructions)			
	7		receivable (attach schedule)			
	′					
	_		btful accounts			
ş	8	inventories for sale or us	e	-		
Assets	9		eferred charges			
٩			e government obligations (attach schedule)			
			stock (attach schedule)	-	_	
	11 C	Investments - corporate Investments - land, buildings	bonds (attach schedule)	-		
		(attach schedule)	ation			
	12	Investments - mortgage	loans			
-	13 14	Investments - other (atta Land, buildings, and equipment, basis	ach schedule)			
		oquipilioni odolo				
- 1		Less accumulated deprecia (attach schedule)	► ATCH 5		_	
	15	Other assets (describe	<u> </u>	4,800.	0.	
	16		pleted by all filers - see the			
_		instructions Also, see p	age 1, item I)	318,547.	448,168.	448,168
	17	Accounts payable and a	ccrued expenses			
	18	Grants payable				
S	19	Deferred revenue				
Liabilities	20	Loans from officers, directo	ors, trustees, and other disqualified persons			
ap	21	Mortgages and other no	otes payable (attach schedule)			
	22		<b>→</b> ) [	4,697.		
	23	Total liabilities (add line	es 17 through 22)	4,697.		
			low SFAS 117, check here ► X			
			24 through 26 and lines 30 and 31.			
es	24	Unrestricted		288,724.	394,091.	
2	25			25,126.	54,077.	
ža	26			<del>-</del>		
<u>Б</u>	20		not follow SFAS 117,			
틸			plete lines 27 through 31.			
칟	27		cipal, or current funds			
	28		r land, bldg , and equipment fund			
se	29	, ,	lated income, endowment, or other funds			
AS	30	_	blated income, endowment, or other funds			
힐	30		, , , <del>,</del>	313,850.	448,168.	
-	31	Total liabilities and make	assets/fund balances (see page 17	313,030.	770,100.	
	31		` ' '	210 547	448,168.	
	0 = <b>6</b> - 14	Analysis of Ch	nggo in Not Aposto or Fund I	318,547.	440,100.	<del></del>
			anges in Net Assets or Fund I			
1			alances at beginning of year - Part II,			212 252
_	end-	ot-year figure reported	d on prior year's return)		<u>1</u>	313,850
2	Ente	r amount from Part I, I	line 27a		2	134,318
3	Othe	r increases not include				
		lines 1, 2, and 3			4	448,168
5	Decr	eases not included in	line 2 (itemize)		1.5	
<u> </u>	Tota	I net assets or fund ba	alances at end of year (line 4 minus l	ine 5) - Part II, column (b),	line 30 6	448,168.

(a) List and describe the kind(s) of property sold (e.g., real estate, pro	P	art IV Capital Gains	s and Losses for Tax on Inv	estment Income				
19 b c d d e (e) Gross sales proce (f) Depreciation allowed (or allowebb) (g) Cost or other basis plus expense of sale (e) plus (f) minus (g) e (or allowebb) (or allowebb) (e) plus expense of sale (e) plus (f) minus (g) e (or allowebb) (or allowebb) (or allowebb) (or allowebb) (e) plus expense of sale (e) plus (f) minus (g) (f) Gams (Cost. (h) gain minus (g) e (f) F M V as of 12/31/69 (g) F M V as of 12/31/69 (g) Adjusted basis as of 12/31/69 (g) F M V as of 12/31/69 (g) Adjusted basis as of 12/31/69 (g) F M V as of 12/31/69 (g) Adjusted basis as of 12/31/69 (g) F M V as of 12/31/69 (g) Adjusted basis (h) Expenses of col. (h) gain minus col. (h), but not less than -0-) or Losses (from col. (h)) as of 12/31/69 (g) F M V as of 12/31/69 (g					P-Purchase	acquired		
b (o) Gross sales price (f) Depreciption allowed (or allowebb) (g) Cost or other basis plus expense of sale (e) plus (f) menus (g) a (e) plus (f) menus (g) (f) Gen or (loss) (f) menus (g) (g) Execution (g) plus (f) menus (g) (g) plus (g) menus (g) (g) Execution (g) plus (g	1a				D-DATE(IO)			
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (e) plus (f) mnus (g) (f) plus (f) mnus (g) (f) plus (f) mnus (g) (f) plus (f) mnus (g) (g) plus (f) mnus (g) (g) plus								
(f) Depreciation allowed (or allowable) (pa) Cost or other basis plus expense of sale (p) plus (f) mrus (g) plus (f) plus (f) mrus (g) plus (f) plu		;						
(e) Gross sales proce (f) Deprezation allowed (gr allowable) (gr allowable) (h) Coan or (loss) (e) plus (f) mrus (g) (gr allowable) (gr allowable) (h) Coan or (loss) (e) plus (f) mrus (g) (gr allowable) (h) Coan or (loss) (e) plus (f) mrus (g) (gr allowable) (h) Coan or (loss) (e) plus (f) mrus (g) (gr allowable) (h) Coan or (loss) (h	_							
(e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g)  a  b  c  d  e  Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (g) Gains (Col. (h) gain minus col (h). but not less than 0-yor Loseses (from col. (h). I fary  as of 12/31/69 (g) Adjusted basis (e) Excess of col. (g) over col. (g), I fary  c  d  c  d  e  2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7   If (loss), enter -0- in Part I, line 7   If (gain, also enter in Part I, line 7   If gain, also enter in Part I, line 7   If gain, also enter in Part I, line 7   If gain, also enter in Part I, line 8   2  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 8   2  2 Tart 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 penod? Yes X No (f Yes, "the foundation does not qualify under section 4940(e) Do not complete this part  I Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entres  (b)  College (log the column) (l	<u>e</u>	<u> </u>						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) FM V as of 12/31/69  (i) Adjusted basis of 12/31/69  (ii) FM V as of 12/31/69  (ii) Adjusted basis over col. (i), if any column (h) and owned by the foundation on 12/31/69  (ii) FM V as of 12/31/69  (ii) Gains (Col. (h) gain minus col (k), but not less than -0-) or Losses (from col (h))  a b. C. 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   If (loss), enter -0- in Part I, line 7   If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) } }  If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)   If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)   If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)   If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)   If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)   If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)   If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)   If (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)   If (loss), enter -0- in Part I, line 8, column (c)   If (loss), enter -0- in Part I, line 7, column (c)   If (loss), enter -0- in Part I, line 7, column (c)   If (loss), enter -0- in Part I, line 7, column (c)   If (loss), enter -0- in Part I, line 7, column (c)   If (loss), enter -0- in Part I, line 7, column (c)   If (loss), enter -0- in Part I, line 7, column (c)   If (loss), enter -0- in Part I, line 7, column (c)   If (loss), enter -0- in Part I, line 7, column (c)   If (loss), enter -0- in Part I, line 7, column (c)   If (loss), enter -0- in Part I, line 7, column (c)   If (loss), enter -0- in Part I, line 8		(e) Gross sales price						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Gains (Col. (h) gain minus of (k) Excess of col. (i) over col. (j), if any col. (k), but not less than -0-) or Losses (from col. (h)) of col. (k), but not less than -0-) or Losses (from col. (h)) of col. (k), but not less than -0-) or Losses (from col. (h)) of col. (k), but not less than -0-) or Losses (from col. (h)) of col. (k), but not less than -0-) or Losses (from col. (h)) of col. (k), but not less than -0-) or Losses (from col. (h)) of col. (k), but not less than -0-) or Losses (from col. (h)) of col. (k), but not less than -0-) or Losses (from col. (h)) of col. (k), but not less than -0-) or Losses (from col. (h)) of col. (k), but not less than -0-) or Losses (from col. (h)) of col. (k), but not less than -0-) or Losses (from col. (h)) of col. (k), but not less than -0-) or Losses (from col. (h)) of col. (h) of col	_a							
d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M V as of 12/31/69 (ii) Adjusted bass as of 12/31/69 (iii) Adjusted bass as of 12/31/69 (iv) Add lines 5 and 6 (iv) A	_ <u>t</u>	)			ļ			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Gains (Col. (h) gain minus column (h) and owned by the foundation on 12/31/69 (ii) Gains (Col. (h) gain minus column (h) and owned by the foundation on 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted publishing daterbusions as of 12/31/69 (iii) Adjusted publishing daterbusion as of 12/31/69 (iii) Adjusted publishing daterbusion a		;						
Complete only for assets showing gain in column (It) and owned by the foundation on 12/31/69  (it) Excess of col. (it) contribute to see the col. (it) and increase that an analysis of 12/31/69  (it) Excess of col. (it) contribute to col. (it) and increase than an analysis of 12/31/69  (it) Excess of col. (it) contribute to col. (it) and increase than an analysis of 12/31/69  (it) Excess of col. (it) contribute to col. (it) and increase than an analysis of 12/31/69  (it) Excess of col. (it) and increase than an analysis of 12/31/69  (it) Excess of col. (it) and increase than an analysis of 12/31/69  (it) Excess of col. (it) and increase than an analysis of 12/31/69  (it) Excess of col. (it) an increase to col. (it) and increase than an analysis of 12/31/69  (it) Excess of col. (it) an increase to col. (it) and increase than an analysis of 12/31/69  (it) Excess of col. (it) an increase to col. (it) and increase than an analysis of 12/31/69  (it) Excess of col. (it) an increase to col. (it) and increase than an analysis of 12/31/69  (it) Excess of col. (it) and increase than an analysis of 12/31/69  (it) Excess of col. (it) and increase (it) and increase than an analysis of its of it		l			ļ			
(i) F M V as of 12/31/69  (ii) F M V as of 12/31/69  (ii) F M V as of 12/31/69  (iii) F M V as of 12/31/69  (iii) F M V as of 12/31/69  (iv) F M V as of 12/				11 11 6 11 11 11 11 11 11 11 11 11 11 11				
(i) F.M. V. as of 12/31/69  b  c  d  e  2 Capital gain net income or (net capital loss)		complete only for assets s						
b c d d e 2 Capital gain net income or (net capital loss)	_	(i) F M V as of 12/31/69			COI			
C d d e e e e e e e e e e e e e e e e e	_a	<u> </u>				· · · · · · · · · · · · · · · · · · ·		
Capital gain net income or (net capital loss)	_ <u>k</u>	)		<u> </u>				
2 Capital gain net income or (net capital loss)				-				
2 Capital gain net income or (net capital loss)						· •	<del></del>	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0 in Part I, line 8.  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 X No If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part  Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries  (a)  Base period year (b) Adjusted qualifying distributions Callendar year (year beginning in)  Adjusted qualifying distributions  2008  132, 929. 309, 023. 0.430159  2007  129, 352. 275, 017. 0.470342  2006  87, 835. 221, 525. 0.336502  2005  53, 858. 143, 298. 0.375846  2004  61, 111. 136, 529. 0.447605  2 Total of line 1, column (d) 2 2.120454  4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5  Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  Add lines 5 and 6  Enter qualifying distributions from Part XII, line 4  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	e	)	. 15	anin also enter in Bort I line 7				
If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8.  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 \boxed{X}  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 page 18 of the instructions before making any entries (a)			,	2				
If (loss), enter -0 - in Part I, line 8.   3   2	3							
Part V   Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income		<del>-</del>						
(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 X No If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.  I Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries.  (a) (b) (b) (col (b) divided by col (c)).  2008		ort V Ovelification III	mes	read Tay on Net Investment Inc				
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?								
Base pend years   Adjusted qualifying distributions   Net value of nonchantable-use assets   Color (b) divided by col (c)	W	as the foundation liable for	the section 4942 tax on the distrib	• •	ase perio	d? [	Yes X No	
Distribution ratio   Col (b) divided by col (c)	1	Enter the appropriate am	ount in each column for each year,	, see page 18 of the instructions be	efore mak	ing any entries		
2007       129,352.       275,017.       0.470342         2006       87,835.       221,525.       0.396502         2005       53,858.       143,298.       0.375846         2004       61,111.       136,529.       0.447605         2 Total of line 1, column (d)       2       2.120454         3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years       3       0.424091         4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5       4       397,940.         5 Multiply line 4 by line 3       5       168,763.         6 Enter 1% of net investment income (1% of Part I, line 27b)       6       13.         7 Add lines 5 and 6       7       168,776.         8 Enter qualifying distributions from Part XII, line 4       8       79,528.         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	_	Base period years	(b) Adjusted qualifying distributions			Distribution r		
2006 87,835. 221,525. 0.396502 2005 53,858. 143,298. 0.375846 2004 61,111. 136,529. 0.447605  2 Total of line 1, column (d) 2 2.120454  3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 0.424091  4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4 397,940.  5 Multiply line 4 by line 3 5 168,763.  6 Enter 1% of net investment income (1% of Part I, line 27b) 6 13.  7 Add lines 5 and 6 7 168,776.  8 Enter qualifying distributions from Part XII, line 4 8 79,528. 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	_	2008	I				0.430159	
2005 53,858. 143,298. 0.375846 2004 61,111. 136,529. 0.447605  2 Total of line 1, column (d) 2 2.120454  3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 0.424091  4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4 397,940.  5 Multiply line 4 by line 3 5 168,763.  6 Enter 1% of net investment income (1% of Part I, line 27b) 6 13.  7 Add lines 5 and 6 7 168,776.  8 Enter qualifying distributions from Part XII, line 4 8 79,528. 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		2007	l					
2 Total of line 1, column (d) 2 2 2.120454  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  4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  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	_	2006	l			<del>-</del>		
2 Total of line 1, column (d) 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  4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  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	_	2005						
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  4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5  5 Multiply line 4 by line 3  6 Enter 1% of net investment income (1% of Part I, line 27b)  7 Add lines 5 and 6  8 Enter qualifying distributions from Part XII, line 4  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	_	2004	61,111.	136,529.	ļ.,,,		0.447605	
number of years the foundation has been in existence if less than 5 years  3 0.424091  4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5  4 397, 940.  5 Multiply line 4 by line 3  5 168,763.  6 Enter 1% of net investment income (1% of Part I, line 27b)  6 13.  7 Add lines 5 and 6  7 168,776.  8 Enter qualifying distributions from Part XII, line 4  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	2	Total of line 1, column (d)	) <sub>.</sub> <u></u>		2		2.120454	
5 Multiply line 4 by line 3 5 168,763.  6 Enter 1% of net investment income (1% of Part I, line 27b) 6 13.  7 Add lines 5 and 6 7 168,776.  8 Enter qualifying distributions from Part XII, line 4 8 79,528.  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	3				3		0.424091	
5 Multiply line 4 by line 3 5 168,763.  6 Enter 1% of net investment income (1% of Part I, line 27b) 6 13.  7 Add lines 5 and 6 7 168,776.  8 Enter qualifying distributions from Part XII, line 4 8 79,528.  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	4	Enter the net value of nor	ncharitable-use assets for 2009 fro	m Part X. line 5	4		397,940.	
6 Enter 1% of net investment income (1% of Part I, line 27b) 6 13.  7 Add lines 5 and 6 7 168,776.  8 Enter qualifying distributions from Part XII, line 4 8 79,528.  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						_	· .	
7 Add lines 5 and 6 7 168,776.  8 Enter qualifying distributions from Part XII, line 4 8 79,528.  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	5				5		·	
8 Enter qualifying distributions from Part XII, line 4  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	6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		13.	
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	7	Add lines 5 and 6			7		168,776.	
	8	Enter qualifying distribution of the street	ons from Part XII, line 4 eater than line 7, check the box i	n Part VI, line 1b, and complete t	8 hat part	using a 1% ta	79,528. x rate See the	

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· By language in the governing instrument, or

instructions) ► MA,

names and addresses

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

• By state legislation that effectively amends the governing instrument so that no mandatory directions that

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 on page

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

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

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orm	990-PF (2009) 04-3477129		ı	Page 5
ar	t 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 page 20 of the instructions)	11		Х
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.ADPFOUNDATION.ORG	<del>-</del>	<b>-</b>	
14	The books are in care of ▶ BREHT T. FEIGH, TREASURER Telephone no Located at ▶ 401 EDEGWATER PLACE, SUITE 430 WAKEFIELD, MA ZIP+4 ▶ 01880	-08	80	
	Located at ▶401 EDEGWATER PLACE, SUITE 430 WAKEFIELD, MA ZIP+4 ▶ 01880		- <b>-</b>	<del></del> _
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			
ar	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		1	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)/			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			ĺ
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, it terminating within 90 days )			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4.		X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b	<b>.</b>	<u> </u>
	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	10		x
_	were not corrected before the first day of the tax year beginning in 2009?	1 c		<del>                                     </del>
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))		ļ	
а	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?			
	Set, and Army for tax year (s) beginning before 2000 ** ** ** ** ** ** ** ** ** ** ** **			
<b>.</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
U	(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 page 20 of the instructions)	2 b	1	Х
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
Ī	P			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year? Yes X No			
ь	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 )	3 b	<u> </u>	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable 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?		<u> </u>	<u> </u>
	F	orm 99	90-PF	(2009)

During the year did the foundation pay or incur ay amount to (1) Carry on propaganda, or otherwise attempt to influence (legislation (section 4945(e))?	990-PF (2009)		04-347			Page
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (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)? (see page 22 of the instructions).  (5) Provide for any purpose other than religious, chantable, scentific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) 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 page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here.  or if the answer is "Yes" to question 5a(4), does the foundation dam exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  3a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  3b Did the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  3c At any time during the year, was the foundation a party to a prohibited tax shelter transaction?  3c At any time during the year, was the foundation a party to a prohibited tax shelter transaction?  3c At any time during the year, pay premiums, directly or indirectly, on a personal benefit contract?  3c At any time during the year, year, was the foundation managers and their compensation (see page 22 of the instructions).  3c At any time during the foundation receive any proceeds or have any net income attributable to the transaction?  3c At any time during the founda	rt VII-B Statements Regarding Activities fo	r Which Form 4	720 May Be Requ	ired (continued	d)	
(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)? (see page 22 of the instructions).  (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  because it maintained several or a current notice regarding disaster assistance (see page 22 of the instructions)?  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?  c If the oundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," altach the statement required by Regulations section 53 4945-5(d)  B Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," altach the statement required by Regulations section 53 4945-5(d)  B Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on be personal benefit contract?  If "Yes," altach the statement required by Regulations section 53 4945-5(d)  B Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on be personal benefit contract?  If Yes, altach the statement required by Regulations sections on the foundation of the foundation aparty to a prohibited tax shelter transaction?  Yes, No  b If yes, did the foundation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average founds and average founds and deferred compensation (see page 23 of the instructions).  (c) Compensation (	<ul><li>(1) Carry on propaganda, or otherwise attempt to influence</li><li>(2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive?</li></ul>	ce legislation (section (see section 4955), c	or to carry on,	Yes	X No	
purposes, or for the prevention of cruelty to children or animals?    yes   No	(4) Provide a grant to an organization other than a charit	table, etc , organizatio	on described in			
Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?		•		. Yes	X No	
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?	Regulations section 53 4945 or in a current notice regardi	ing disaster assistant	ce (see page 22 of the	instructions)?	<u>5b</u>	
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	If the answer is "Yes" to question 5a(4), does the foundation	tion claim exemption	from the tax		No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	If "Yes," attach the statement required by Regulations section	ion 53 4945-5(d)		. — -		
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	Did the foundation, during the year, pay premiums, direct				<del>-</del>	Х
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,  List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (If not paid, enter devoted compensation)  (d) Contributions to employee benefit plans and deferred compensation of the rallowance of the instructions).  (a) Tachment 6  (b) Title, and average hours per week devoted to position (If not paid, enter devoted compensation)  (c) Compensation (If not paid, enter devoted compensation)  (d) Contributions to employee benefit plans and deferred compensation of the instructions).  (e) Expense account of the instructions to employee benefit plans and deferred compensation (If not paid, enter devoted to position)  (d) Contributions to employee paid more than \$50,000 (If not paid, enter devoted to position)  (e) Expense account other allowances (If not paid, enter devoted to position)  (c) Compensation (If not paid, enter devoted compensation)  (d) Contributions to employee benefit plans and deferred compensation (If not paid, enter devoted to position)  (e) Expense account devoted to position (If not paid, enter devoted to position)  (f) Contributions to employee benefit plans and deferred compensation (If not paid, enter devoted to position)  (d) Contributions to employee benefit plans and deferred compensation (If not paid, enter devoted to position)	At any time during the tax year, was the foundation a par		·			<del>  </del>
(a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (if not paid, enter devoted to position  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances  (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  (f) Title, and average hours per week devoted to position  (g) Compensation  (h) Contributions to employee benefit plans and deferred compensation  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position	rt VIII Information About Officers, Directors, and Contractors	, Trustees, Foun	dation Managers,	Highly Paid E	mployees,	
Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit other allowances of the instructions of the instruction of th		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit pla	to (e) Expe	
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	TACHMENT 6		0.		0.	
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						
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						
(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		ner than those inc	cluded on line 1 - se	ee page 23 of the	e instructions	).
NONE		hours per week	(c) Compensation	employee benef plans and deferre	fit (e)Expe ed other	
	NONE					
otal number of other employees paid over \$50,000						

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Part VIII Information About Officers, Directors, Trusted and Contractors (continued)	es, Foundation Managers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional se	ervices (see page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,00	00 (b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional s	ervices	▶ NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. In of organizations and other beneficianes served, conferences convened, research page 1.		Expenses
1_N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (se	ee page 23 of the instructions)	I
Describe the two largest program-related investments made by the foundation dur		Amount
1 NONE		
2		
All other program-related investments See page 24 of the instructions		
3 NONE		
Total. Add lines 1 through 3		

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions)	oreign foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	404,000.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)		404,000.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	404,000.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25	• • •	
		4	6,060.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	397,940.
6	Minimum investment return. Enter 5% of line 5	6	19,897.
_	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5)	private operating	
	foundations and certain foreign organizations check here and do not complete t		
1	Minimum investment return from Part X, line 6		19,897.
	1 1	26.	
b	Income tax for 2009 (This does not include the tax from Part VI)2b	<del></del>	
c	: Add lines 2a and 2b	2c	26.
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	19,871.
4	Recoveries of amounts treated as qualifying distributions	4	
5			19,871.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	·
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	19,871.
	<u> </u>		
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	79,528.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		······································
_		2	0.
3	purposes Amounts set aside for specific charitable projects that satisfy the	••   -	
a		3a	0.
b			0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	• • — — —	79,528.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom	• • — • — —	-,
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)		N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	79,528.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	na whether the fo	
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				19,871.
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only				
b	07 06 05				
3	Excess distributions carryover, if any, to 2009				
а					
	From 2005 53,876.				
	From 2004 61,032. From 2005 53,876. From 2006 87,863. From 2007 129,379.				
4	From 2007				
	From 2008				
	Total of lines 3a through e	465,104.			
4	Qualifying distributions for 2009 from Part XII,				
•	line 4 ▶ \$ 79,528.				
а	Applied to 2008, but not more than line 2a	<u> </u>			
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election	70 500			
	required - see page 26 of the instructions)	79,528.			
d	Applied to 2009 distributable amount	0 -	· · · · · · · · · · · · · · · · · · ·		
- 0	Remaining amount distributed out of corpus	19,871.			19,871.
5	Excess distributions carryover applied to 2009 [ (If an amount appears in column (d), the same)	13,071.			15,011.
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:	524,761.			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	321/701.			
b	Prior years' undistributed income Subtract				
c	line 4b from line 2b				
_	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
8	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page				
	27 of the instructions		''		
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2010				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not		<u></u>		
	applied on line 5 or line 7 (see page 27 of the instructions)	41,161.			
9	Excess distributions carryover to 2010.		,		
	Subtract lines 7 and 8 from line 6a	483,600.			
10	Analysis of line 9				
а	Excess from 2005 53,876.				
b	Excess from 2006 87,863.				
C	Excess from 2007 129, 379.				
d					
е	Excess from 2009 79,528.				

factors

ATTACHMENT

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

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Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid Duri	ng the Year or App	roved for F	uture Payment	· · · · · · · · · · · · · · · · · · ·
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
A TOTAL CLIMPING 11				
ATTACHMENT 11				
Total			▶ 3a	79,528.
<b>b</b> Approved for future payment				
	li .			
<del></del>	<u> </u>		<u> </u>	
Total	<del> </del>	<u> </u>		L

Part X	VI-A Analysis of Income-Produ	cing Activ	vities			
	ss amounts unless otherwise indicated		ated business income	Excluded b	y section 512, 513, or 514	(e) Related or exempt function income
1 Progr	am service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	function income (See page 28 of the instructions)
a	a					
_						
_						
е —						
f -				1		
g Fe	ees and contracts from government agencies					
-	pership dues and assessments					
	st on savings and temporary cash investments			14	1,305.	
	ends and interest from securities					
	ental income or (loss) from real estate					
a D	ebt-financed property					
b N	ot debt-financed property					
	ntal income or (loss) from personal property .					
	Investment income					
8 Gain o	r (loss) from sales of assets other than inventory					
9 Net in	come or (loss) from special events					
10 Gross	profit or (loss) from sales of inventory					
11 Other	revenue a		<u></u>			
b _						
c _						
d _				ļ		
е _					1 205	
	tal Add columns (b), (d), and (e)			<u> </u>	1,305.	
	Add line 12, columns (b), (d), and (e)				13	1,305.
	ksheet in line 13 instructions on page 28 t			4.5		
Part XV	/I-B Relationship of Activities		•			
Line No. ▼	Explain below how each activithe accomplishment of the for page 29 of the instructions.)					
1	N/A			<del></del>	<del></del>	<del></del>
	N/A				<del></del>	
		<del></del>	<del></del>			
			<del> </del>	<u> </u>		<del></del>
-	<del></del>					<del></del>
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-	†		-			<u> </u>
	<del> </del>		<u> </u>			
		=				

_	rt XVI	Information		ransfers To and	Transac	tions a	and Relationship	s With N	lonc		able
1			y or indirectly	engage in any of the						Yes	No
а				i section 501(c)(3) org onchantable exempt organ		or in se	ection 527, relating	to political			
Ī		, -							1a(1)		Х
									1a(2)		Х
b		transactions									
	(1) Sa	ales of assets to a nonch	naritable exempt o	organization					1b(1)		_ X
				exempt organization							X
				ets							X
											Х
											Х
				fundraising solicitations							Х
C				ther assets, or paid employ					1 c		Х
d				Yes," complete the fo					the	fair r	marke
	value	of the goods, other	assets, or serv	nces given by the rep	orting fou	ndation	If the foundation re	eceived less	than	fair r	marke
	value	in any transaction or	sharing arran	gement, show in colui	mn (d) the	e value (	of the goods, other	assets, or	servic	es rec	ceived
(a)	ine no	(b) Amount involved	(c) Name of	noncharitable exempt organiz	zation		ription of transfers, transa	ctions, and shan	ng arra	ngeme	nts
						N/A			_		
				<del> </del>							<del></del>
					1						
				<del>-</del>							
					-			<del></del>			
							· ·				
									_		
	sectio	n 501(c) of the Code (oth	ner than section 5 g schedule	ited with, or related to, 501(c)(3)) or in section 52	279			[ 	Y	es []	No
		(a) Name of organization	n 	(b) Type of orga	anization	-	(c) Descri	otion of relations	hip		
		<u>-</u>				-			_		
		<del> </del>									
		<del> </del>						_			
	Under	penalties of perjury, I decl	are that I have explete Declaration	amined this return, including of preparer (other than taxp	g accompan	ying schedi	ules and statements, and	to the best of	my k	nowled	ge an
		RULT	cl. l.		SURER		,				
a	- c.	- 1 mul 1-cm.			>   6   10		Title	JONER			
<u>=</u>	· 31	gnature of officer or trustee			Data	Date	- mie	Preparer's	identif	vina	
Sign Here	Preparer's signature Firm's name (or yours if self-employed) address			Date		Check if self-employed ▶	number (Se page 30 of th	e Sign	ature o		
"	Paid reparer's Ise Only	Firm's name (or yours if			<del></del>		EIN ▶	<del></del>	_		
	žő	self-employed), address						<del></del>		-	
		and ZIP code	•				Phone	10			

Phone no

### 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 **Employer identification number** AMERICAN DENTAL PARTNERS FOUNDATION, INC. 04-3477129 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (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 X 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 331/3 % 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 ш 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 reliqious, charitable, etc., contributions of \$5,000 or more 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) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of organization

AMERICAN DENTAL PARTNERS FOUNDATION, INC.

Employer identification number 04-3477129

Part I	Contributors	(see	instructions'
T GIV I	COLLLIBATOR	,000	

	(b)	(2)	(4)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AMERICAN DENTAL PARTNERS, INC.		Person X
	401 EDGEWATER PLACE, SUITE 430	\$100,000.	Payroll Noncash
	WAKEFIELD, MA 01880	_	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	WISCONSIN DENTAL GROUP, SC		<b>P</b>
	9052 NORTH DEERBROOK TRAIL	\$37,875.	Person X Payroll X Noncash
	MILWAUKEE, WI 53223	_	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	CARUS DENTAL, P.C.		Person
	7517 CAMERON ROAD, SUITE 106	\$13,058.	Payroll X Noncash
	AUSTIN, TX 78752	_	(Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Type of contribution  Person X
No.	Name, address, and ZIP + 4		Type of contribution
No.	Name, address, and ZIP + 4 WESTERN NEW YORK DENTAL GROUP, P.C.	Aggregate contributions	Type of contribution  Person  Payroll
No.	Name, address, and ZIP + 4  WESTERN NEW YORK DENTAL GROUP, P.C.  125 LAWRENCE BELL DRIVE, SUITE 102	Aggregate contributions	Person X Payroll Noncash (Complete Part II if there is
4 (a)	Name, address, and ZIP + 4  WESTERN NEW YORK DENTAL GROUP, P.C.  125 LAWRENCE BELL DRIVE, SUITE 102  WILLIAMSVILLE, NY 14221  (b)	Aggregate contributions  6,400.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (d) Type of contribution
(a) No.	Name, address, and ZIP + 4  WESTERN NEW YORK DENTAL GROUP, P.C.  125 LAWRENCE BELL DRIVE, SUITE 102  WILLIAMSVILLE, NY 14221  (b)  Name, address, and ZIP + 4	Aggregate contributions  6,400.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (d) Type of contribution
(a) No.	Name, address, and ZIP + 4  WESTERN NEW YORK DENTAL GROUP, P.C.  125 LAWRENCE BELL DRIVE, SUITE 102  WILLIAMSVILLE, NY 14221  (b)  Name, address, and ZIP + 4  PATTERSON DENTAL GROUP	Aggregate contributions  6,400.  (c) Aggregate contributions	Person   X     Payroll     Noncash     (Complete Part II if there is a noncash contribution )   (d)     Type of contribution     Person   X     Payroll
(a) No.	Name, address, and ZIP + 4  WESTERN NEW YORK DENTAL GROUP, P.C.  125 LAWRENCE BELL DRIVE, SUITE 102  WILLIAMSVILLE, NY 14221  (b) Name, address, and ZIP + 4  PATTERSON DENTAL GROUP  1031 MENDOTA HEIGHTS ROAD	Aggregate contributions  6,400.  (c) Aggregate contributions	Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is
(a) No.	Name, address, and ZIP + 4  WESTERN NEW YORK DENTAL GROUP, P.C.  125 LAWRENCE BELL DRIVE, SUITE 102  WILLIAMSVILLE, NY 14221  (b) Name, address, and ZIP + 4  PATTERSON DENTAL GROUP  1031 MENDOTA HEIGHTS ROAD  ST. PAUL, MN 55120  (b) Name, address, and ZIP + 4	\$\$ 6,400.  Aggregate contributions  (c) Aggregate contributions  7,500.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash (Complete Part II if there is a noncash contribution)  (d) Type of contribution)
(a) No.	Name, address, and ZIP + 4  WESTERN NEW YORK DENTAL GROUP, P.C.  125 LAWRENCE BELL DRIVE, SUITE 102  WILLIAMSVILLE, NY 14221  (b)  Name, address, and ZIP + 4  PATTERSON DENTAL GROUP  1031 MENDOTA HEIGHTS ROAD  ST. PAUL, MN 55120  (b)	\$\$ 6,400.  Aggregate contributions  (c) Aggregate contributions  7,500.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	Name, address, and ZIP + 4  WESTERN NEW YORK DENTAL GROUP, P.C.  125 LAWRENCE BELL DRIVE, SUITE 102  WILLIAMSVILLE, NY 14221  (b)  Name, address, and ZIP + 4  PATTERSON DENTAL GROUP  1031 MENDOTA HEIGHTS ROAD  ST. PAUL, MN 55120  (b)  Name, address, and ZIP + 4  EBS INSURANCE BROKERS	Aggregate contributions  6,400.  (c) Aggregate contributions  7,500.  (c) Aggregate contributions	Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution)  (d) Type of contribution)  (d) Type of contribution

ATTACHMENT 1

# FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT INCOME	1,305.	1,305.
REVENUE AND EXPENSES PER BOOKS	1,305.	1,305.
		TOTAL
DESCRIPTION	INVESTMENT INTEREST INCOME	

577.

### FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE
AND
EXPENSES
DESCRIPTION
PER BOOKS

PAYROLL FEES
OTHER PROFESSIONAL FEES
COMPUTER CONSULTING FEES

REVENUE
AND
EXPENSES
FOR BOOKS

7.

TOTALS

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

PAYROLL TAXES INVESTMENT INCOME TAX 82. 25.

TOTALS

107.

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION BANK FEES

POSTAGE

REVENUE

AND

EXPENSES

PER BOOKS 28.

998.

TOTALS

1,026.

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ATTACHMENT 5

AMERICAN DENTAL PARTNERS FOUNDATION, INC.

- OTHER ASSETS

PART II

FORM 990PF,

ENDING BOOK VALUE

0

DESCRIPTION

OTHER RECEIVABLES

TOTALS

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ATTACHMENT 5

7:30:50 AM V 09-6

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ATTACHMENT 6 (CONT'D)

EXPENSE ACCT AND OTHER ALLOWANCES	.0	.0	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	Ö	0	0.
COMPENSATION	· o	ò	Ö	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR .25	DIRECTOR .25	DIRECTOR .25	GRAND TOTALS
NAME AND ADDRESS	RAYMOND SCOTT, DDS 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	RAYMOND S. GARRISON, DDS 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	ROBERT W TRETTIN, DDS 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	

### FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

GREGORY A. SERRAO C/O ADP INC. 401 EDGEWATER PLACE, SUITE 430 WAKEFIELD, MA 01880 781-224-0880

### 990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

APPLICATION CAN BE OBTAINED DIRECTLY FROM THE FOUNDATION OR THE FOUNDATIONS'S WEBSITE. COMPLETED APPLICATIONS SHOULD BE FAXED TO 781-224-4216 OR MAILED TO THE ADDRESS ABOVE.

### 990PF, PART XV - SUBMISSION DEADLINES

GENERALLY, APPLICATIONS SHOULD BE SUBMITTED BY FEBRUARY 15. FINAL SELECTION IS MADE ON JUNE 15.

### 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

THE FOUNDATION GRANTS SCHOLARSHIPS TO DESERVING DENTAL STUDENTS, BASED UPON MERIT AND ECONOMIC NEED. THE FOUNDATION MAY CONSIDER GRANTING FUNDS TO DENTAL SCHOOLS SO THAT THEY MAY TEACH COURSES RELATED TO GROUP DENTAL PRACTICES AND THE BUSINESS ASPECTS OF DENTISTRY IN GENERAL. THE FOUNDATION WILL CONSIDER THE ENDOWMENT OF FACULTY POSITIONS AS A MEANS OF FUNDING THE EFFORTS OF DENTAL SCHOOLS IN THESE AREAS. OTHER PROGRAMS THAT THE FOUNDATION MAY CONSIDER INCLUDE THE FUNDING OF DENTAL INTERNSHIP PROGRAMS AND LOAN PROGRAMS FOR STUDENTS.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  AND  FOUNDATION STATUS OF RECIPIENT  PURPOSE OF GRANT OR CONTRIBUTION  AMOUNT	E EXEMPT STUDENT SCHOLARSHIPS 20,000	O N/A STUDENT SCHOLARSHIPS 18,017. EXEMPT	N/A STUDENT SCHOLARSHIPS 2,500 EXEMPT	N/A STUDENT SCHOLARSHIPS 400 EXEMPT	N/A STUDENT SCHOLARSHIPS 2,660 EXEMPT	
ادہ _	N/A EXEMPT	N/A EXEMPT	N/A EXEMPT	N/A EXEMPT	N/A EXEMPT	N/A EXEMPT
RECIPIENT NAME AND ADDRESS	HARVARD SCHOOL OF DENTAL MEDICINE 188 LONGWOOD AVE BOSTON, MA 02115	UNIVERSITY OF TEXAS - SAN ANTONIO 6900 N SL-1604 W SAN ANTONIO, TX 78249	ERIE COMMUNITY COLLEGE 121 ELLICOTT STREET BUFFALO, NY 14203	UNIVERSITY OF OKLAHOMA 1201 N STONEWALL OKLAHOMA CITY, OK 73117	BAYLOR COLLEGE OF DENTISTRY 3302 GASTON AVENUE DALLAS, TX 75246	MEHARRY MEDICAL COLLEGE 1005 DOCTOR D B TODD JUNIOR BOULEVARD

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ATTACHMENT 11 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
TEMPLE COLLEGE 2600 SOUTH FIRST ST. TEMPLE, TX 76504	N/A EXEMPT	STUDENT SCHOLARSHIPS	921
UNIVERSITY OF MICHIGAN 1011 NORTH UNIVERSITY AVENUE ANN ARBOR, MI 48109	N/A EXEMPT	STUDENT SCHOLARSHIPS	1,050
S. ILLINOIS SCHOOL OF DENTAL MEDICINE 2800 COLLEGE AVENUE ALTON, IL 62002	N/A EXEMPT	STUDENT SCHOLARSHIPS	8
MONROE COMMUNITY COLLEGE 1000 EAST HENRIETTA ROAD ROCHESTER, NY 14623	N/A EXEMPT	STUDENT SCHOLARSHIPS	2,500
UNIVERSITY OF PITTSBURGH 3501 TERRACE ST. PITTSBURGH, PA 15213	N/A EXEMPT	STUDENT SCHOLARSHIPS	960.
WESTMORELAND COMMUNITY COLLEGE 145 PAVILION LANDE YOUNGWOOD, PA 15697	N/A EXEMPT	STUDENT SCHOLARSHIPS	520

9-60 A

ATTACHMENT 11 (CONT'D)

AMERICAN DENTAL PARTNERS FOUNDATION, INC

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	AMOUNT	000	.089	4,000	650.	2,450.	100.
	PURPOSE OF GRANT OR CONTRIBUTION	STUDENT SCHOLARSHIPS	STUDENT SCHOLARSHIPS	STUDENT SCHOLARSHIPS	STUDENT SCHOLARSHIPS	CHARITABLE DONATION	STUDENT SCHOLARSHIP
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND FOUNDATION STATUS OF RECIPIENT	N/A EXEMPT	N/A EXEMPT	N/A EXEMPT	N/A EXEMPT	N/A Exempt	N/A EXEMPT
	RECIPIENT NAME AND ADDRESS	TUFTS UNIVERSITY SCHOOL OF MEDICINE 145 HARRISON AVENUE BOSTON, MA 02111	TEXAS SCHOOL FOR THE BLIND AND VISUALLY IMPAIRED 1100 W 45TH STREET AUSTIN, TX 78756	UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION 620 W. LEXINGTON ST. BALTIMORE, MD 21201	UNIVERSITY OF BUFFALO SCHOOL OF DENTAL MEDICINE 108 SQUIRE HALL BUFFALO, NY 14214	DENTAQUEST FOUNDATION 465 MEDFORD ST BOSTON, MA 02129	WEST VIRGINIA FOUNDATION, INC. ONE WATERFRONT PLACE - 7TH FLOOR

9-60 A

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ATTACHMENT 11 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

11,000 AMOUNT PURPOSE OF GRANT OR CONTRIBUTION STUDENT SCHOLARSHIP STUDENT SCHOLARSHIP RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT EXEMPT EXEMPT N/A N/A CHILDREN'S HOSPITAL & HEALTH SYSTEM UNIVERSITY OF TEXAS HEALTH SCIENCE RECIPIENT NAME AND ADDRESS MILWAUKEE, WI 53201-1997 6516 MD ANDERSON BLVD PO BOX 1997, MS 3050 HOUSTON, TX 77030 79,528 TOTAL CONTRIBUTIONS PAID

40

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# Election to Treat Qualifying Distribution as Coming From Corpus Pursuant to Code Section 4942(h)(2) and Reg. §53.4942(a)-3(d)(2)

American Dental Partners Foundation, Inc. 401 Edgewater Place, Suite 430 Wakefield, MA 01880

Identification Number: 04-3477129

Tax Year Ended: December 31, 2009

Pursuant to Code Section 4942(h)(2) and Reg. §53.4942(a)-3(d)(2), American Dental Partners Foundation, Inc. elects to treat current year qualifying distributions in excess of the immediately preceding tax year's undistributed income as coming from corpus.

Breht T. Feigh, Ťreasurer