

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

20	1	0
	-	•

For ca	alendar year 2010, o	or tax year beginning		<u> </u>	, 2010,	, and end		turig roden emeric	-1		, 20
G Che	eck all that apply	Initial return	lr	nitial return	of a former p	ublic cha	rity			Final return	)
		Amended return		Addre	ss change			lame change			
Name	of foundation							A Employer iden	tifica	ation number	
AMER	RICAN DENTAL F	PARTNERS FOUNDAT	TION. II	NC.				0.4	4 – 3	3477129	
		x number if mail is not delivere				Room/si	uite	B Telephone numb			instruction
	EDGEWATER PLA					430		C If exemption app		1) 224-0	880
City or	town, state, and ZIP of	ode						pending, check h	ere	on is	· ▶⊢
WARE	FIELD, MA 018	200						D 1. Foreign organ			. ▶∟
			-1/21					<ol><li>Foreign organ 85% test, chec</li></ol>	nzatio ok he	ons meeting the re and attach	
$\Box$	eck type of organiza					lia		computation			. ▶∟
	r market value of all	nexempt chantable trust			ivate foundat		$\dashv$	E If private founda			- 1
	ear <i>(from Part II, col</i>	,	ther (speci		asii [14] Acc	iuai				1)(A), check here	
					cash basis )			F If the foundation		n a 60-month termi 1)(B), check here	
	<del> </del>	nue and Expenses (The			,		T¹	under section so	T	(d) Disbursi	<del></del>
	total of amounts in c	olumns (b), (c), and (d)		enue and ses per	(b) Net inve		(4	c) Adjusted net		for chari	able
	may not necessanly column (a) (see page	equal the amounts in e 11 of the instructions))		oks	incom	ne		income		purpos (cash basi:	
1		etc , received (attach schedule) .		264,646.		<del></del>	-		$\dashv$	(Casii basi	S Office
2	if the f	oundation is not required to				-			$\dashv$	······································	
3	- allacii	Sch B		527.	<del></del> -	527.		52	7.	ATCH 1	
4	•	st from securities							$\dashv$		
5 a									十		
	Net rental income or (los										
1 _	Net gain or (loss) from	sale of assets not on line 10								-	
<u> </u>	Gross sales price for all assets on line 6a										
enuel 6 a b 7		me (from Part IV, line 2)									
8 8	Net short-term capita	algain									
		3									
10 a	Gross sales less returns and allowances								$\perp$		
	Less Cost of goods sold								$\perp$		
С		(attach schedule)							_		
11	Other income (attach	schedule)		0.65 1.50					_		
12		rough 11		265,173.		527.		52	<u> </u>		
13		s, directors, trustees, etc		0.					4		
ပ္ 14		пеs and wages ,		_					+		
15 16 a b		oyee benefits						· -			
일   16a		hedule)							$\dashv$		
บี  p		ach schedule)		450.				<del></del>	$\dashv$		
≝ °		es (attach schedule).*		430.	r				$\dashv$		
E 17				26.		<del></del>	EC	EIVED	╗┼		
Administrative 12 18 19 20		(see page 14 of the instructions)		20.	- 1	e			#		
E 19		schedule) and depletion.				S MA	Α Ψ	£ 2011 C	<del>#</del>		
		and meetings			12	7				<del></del>	
21 8 22		and meetings			11-		2.1	74			
D 23		ch schedule) ATCH 4		25.		<u></u> OG	1)	14. (1)	H		
23 24	-	administrative expenses.							+		
م ا	-	1 23		501.							
5 25		grants paid		60,821.					+		60,8
26		sements Add lines 24 and 25		61,322.					$\dashv$		60,8
27	Subtract line 26 from			-	· · · · ·				$\dashv$	·	
		penses and disbursements	;	203,851.							
		me (if negative, enter -0-)				527.			十		
1		(if negative, enter -0-)						52	7.		

Pai	et II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1, (	Cash - non-interest-bean	ng			
			cash investments	448,168.	652,019.	652,019
	3	Accounts receivable 🛌				
	1	Less allowance for doul	btful accounts ▶			
			<b></b>		· · ·	-
	1	Less allowance for doub	btful accounts ▶			
1.			officers, directors, trustees, and other	-		
			ch schedule) (see page 15 of the instructions)			
			eceivable (attach schedule)			
			btful accounts			
꽃	9	Dramaid aimanaga and di	e		<del></del>	
SS			eferred charges			
<b>4</b>			e government obligations (attach schedule).			
			stock (attach schedule)			
1	1	Investments - land, buildings	•			
		Less accumulated deprecia (attach schedule)	ition			
1:	2	Investments - mortgage	loans			
11	3	nvestments - other (atta	nch schedule)			
1		Land, buildings, and equipment basis Less accumulated deprecia:	tion			
11	5	Other assets (describe	<b>&gt;</b> )		<u></u>	
11			completed by all filers - see the			
			age 1, item I)	448,168.	652,019.	652,019.
1			ccrued expenses			002,023
1						
- 1	o \	Deferred revenue			<del></del>	
Ë,				· <del></del>		•
			rs, trustees, and other disqualified persons		<del>-</del>	
Liabilities 5			tes payable (attach schedule)	<del></del>	-	
7 2	2 (	Other liabilities (describe	: ▶)			
		T -4-1 !!-b:!!!4! /-dd !:	47.4h		0	
2			s 17 through 22)		0.	
Ì			low SFAS 117, check here $\triangleright X$			
s l	•	and complete lines a	24 through 26 and lines 30 and 31.	204 001	F.4.4 .000	
2 2	4 1	Unrestricted		394,091.	544,988.	
[ 2	5	Temporarily restricted .		54,077.	107,031.	
窗 2	6 I	Permanently restricted .				
Fund	l d	Foundations that do check here and com	not follow SFAS 117, plete lines 27 through 31.   papal, or current funds land, bldg, and equipment fund lated income, endowment, or other funds fund balances (see page 17 of the			
<b>5</b> 2	7 (	Capital stock, trust princ	apal, or current funds			
<u>위</u> 2	8 1	Paid-in or capital surplus, or	land, bldg , and equipment fund	· · · - <del>-</del> · ·		
8 2	9 1	Retained earnings, accumu	ilated income, endowment, or other funds			
<u>څ</u> 3	0 -	Total net assets or f	und balances (see page 17 of the			
ē.		nstructions)		448,168.	652,019.	
3	1	Total liabilities and net	t assets/fund balances (see page 17			
İ				448,168.	652,019.	
Pa			inges in Net Assets or Fund			
_			alances at beginning of year - Part		must agree with	-
			on prior year's return)			448,168.
2 F	nter	amount from Part L	ine 27a		2	203,851.
3 0	)ther	increases not include	ed in line 2 (itemize) ▶	• • • • • • • • • • • • • • • • • • • •	3	
		4 0 40				652,019.
		eases not included in	line 2 (itemize)			002,019
			lances at end of year (line 4 minus l	line 5) - Part II, column (b	5), line 30 6	652,019.
<del>- '</del>	J.(J)	2000to or juna ba	The state of your time 4 million	and of Training Column (D	<u>,,</u>	Form <b>990-PF</b> (2010)

Part IV Capital Gains	and Losses for Tax on Inve	estment Income	168 Hann		
• •	d describe the kind(s) of property sold ( rick warehouse, or common stock, 200	•	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
a					
<u>b</u>					
<u>c</u>					
<u>d</u>					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
С					
d	<del></del>				
e		<u> </u>			
Complete only for assets	showing gain in column (h) and owne			Gains (Col (h) g	
(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	col	(k), but not less t Losses (from co	
a					
b					
С					
d					
е					
Capital gain net income or		gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
Net short-term capital gair	n or (loss) as defined in sections 12				
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		3		
Part V Qualification I	Jnder Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
		outable amount of any year in the b	ase period	J?	Yes X N
	· · · · · · · · · · · · · · · · · · ·	, see page 18 of the instructions be	oforo mak	ing any ontrine	
(a)			lore mak	(d)	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	atio
Calendar year (or tax year beginning in)	79,528.	397,940.		(col (b) divided by	0.199849
2009 2008	132,929.	397,940.			0.199649 $0.430159$
2007	129,352.	275,017.			$\frac{0.430139}{0.470342}$
2007	87,835.	221,525.			0.396502
2005	53,858.	143,298.			0.375846
2000	33,033.	1 137250.			0.0,0010
Total of line 1, column (d)			2		1.872698
Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5 or by the	-		
	dation has been in existence if less		3		0.374540
number of years the lour	dation has been in existence in less	stilair 5 years			0.374340
Enter the net value of nor	ncharitable-use assets for 2010 fro	m Part X, line 5	4	<del></del>	526,621.
Multiply line 4 by line 3			5		197,241.
Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		5.
Add lines 5 and 6			7		197,246.
Enter qualifying distribution	ons from Part XII, line 4	n Part VI, line 1b, and complete t	8		60,821.

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	tructio	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			11.
	here and enter 1% of Part I, line 27b			
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		_	
3	Add lines 1 and 2			<u> 11.</u>
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			11.
6	Credits/Payments			
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c 0 .			
d				_
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			11.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			
11 Par	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11  t VII-A Statements Regarding Activities			
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes	No X
<b>.</b>	participate or intervene in any political campaign?	1a		
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?			х
	of the instructions for definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1b_		- 11
	published or distributed by the foundation in connection with the activities			
С		1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	-10		
_	(1) On the foundation $\blacktriangleright$ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? ATTACHMENT 5	2	Х	
	If "Yes," attach a detailed description of the activities			
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		Х
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?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	.		
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	MA	.		
L	instructions) MA,			
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ا ا	х	
9	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ь	Λ	
3	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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
		ا ۾		х
10	27)? If "Yes," complete Part XIV	9		<del></del>
10	names and addresses	10		х

Par	t VII-A	Statements Regarding Activities (continued)			
11	At any t	ime during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning	g of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) ATCH. 6	11	X	
		foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August	17, 2008?	12		X
13	Website	foundation comply with the public inspection requirements for its annual returns and exemption application? e address    WWW.ADPFOUNDATION.ORG	13	Х	<u> </u>
14	The boo	oks are in care of ► BREHT T. FEIGH, TREASURER Telephone no ► 781-224	-08	30	
	Located	at ►401 EDEGWATER PLACE, SUITE 430 WAKEFIELD, MA ZIP+4 ► 01880			1 1
15		4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · · · · · · · · · · · · · ·		· · <b>&gt;</b>	· []
16		time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
		ank, secunties, or other financial account in a foreign country?	16		Х
		ge 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
		ne of the foreign country			
Par	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required			
	File Fo	rm 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During t	the year did the foundation (either directly or indirectly)	ł		
	(1) Eng	age in the sale or exchange, or leasing of property with a disqualified person? Yes X No	:		
	(2) Bor	row money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disc	rualified person?			
	(3) Fur	nish 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	[		
	( <b>5</b> ) Trai	nsfer any income or assets to a disqualified person (or make any of either available for		İ	
	the	benefit or use of a disqualified person)?	1		
	(6) Agr	ee to pay money or property to a government official? (Exception. Check "No" if the			
	four	ndation agreed to make a grant to or to employ the official for a period after	İ		
	tern	nination of government service, if terminating within 90 days ) Yes X No	ŀ		
b	If any a	answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			,,
		53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1 b		X
		ations relying on a current notice regarding disaster assistance check here	]		
C		foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that toorrected before the first day of the tax year beginning in 2010?	1 c		х
2			··Č		
2		on failure to distribute income (section 4942) (does not apply for years the foundation was a private ig foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the e	nd of tax year 2010, did the foundation have any undistributed income (lines 6d and	]		
		XIII) for tax year(s) beginning before 2010?			
b		ere any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(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 22 of the instructions)	2 b		Х
С	If the pr	ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
٥.		foundation held many than 200/ disease or advertised and the secon			
sa		foundation hold more than a 2% direct or indirect interest in any business enterprise ime during the year?  Yes X No			
0		" did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			
		fied persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
		ssioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
		-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3 b		
An		non had excess business holdings in 2010)	4a		х
		foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<b></b>		
		ble purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4 b		х

L G	rt VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Requ	i <b>red</b> (continued)						
5a	During the year did the foundation pay or incur any amou	unt to								
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X 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 X No	,					
	(3) Provide a grant to an individual for travel, study, or of	her similar nurnoses?		Yes X No						
	(4) Provide a grant to an organization other than a char									
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			Yes X No						
					'					
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or educational									
_	purposes, or for the prevention of cruelty to children or animals? Yes X No									
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans									
	Regulations section 53.4945 or in a current notice regard		-	· —	· · 5b					
	Organizations relying on a current notice regarding disas			▶ 🔲						
С	If the answer is "Yes" to question 5a(4), does the found	•								
	because it maintained expenditure responsibility for the g	rant?		Yes No	•					
	If "Yes," attach the statement required by Regulations sec	ction 53 4945-5(d)								
6 a	Did the foundation, during the year, receive any funds,	directly or indirectly, to	pay premiums		1					
	on a personal benefit contract?			. Yes X No	•					
þ	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contrac	:t <sup>?</sup>	6b	X				
	If "Yes" to 6b, file Form 8870									
7 a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	. Yes X No	,					
b	If "Yes," did the foundation receive any proceeds or have	e any net income attrib	outable to the transaction	n?	7b					
Pai	rt VIII Information About Officers, Directors	s, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,					
1	and Contractors List all officers, directors, trustees, foundation m	nanagers and their	compensation (see	nage 22 of the instru	uctions)					
<u> </u>	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to	(e) Expense	account,				
	(a) Name and address	I hours per week I								
		hours per week devoted to position	-0-)	employee benefit plans and deferred compensation	other allo	wances				
		devoted to position	-0·)	and deferred compensation	other allo	wances				
AT	TACHMENT 7	devoted to position	(ii not paid, enter	and deferred compensation	other allo	wances 0				
AT	TACHMENT 7	devoted to position	-0-)	and deferred compensation	other allo	wances 0				
AT		devoted to position	-0-)	and deferred compensation	other allo	wances 0				
AT	TACHMENT 7	devoted to position	-0-)	and deferred compensation	other allo	wances 0				
AT	TACHMENT 7	devoted to position	-0-)	and deferred compensation	other allo	wances 0				
AT	TACHMENT 7	devoted to position	-0-)	and deferred compensation	other allo	0				
AT	TACHMENT 7	devoted to position	-0-)	and deferred compensation	other allo	0				
	TACHMENT 7		0.	and deferred compensation 0.		0				
2	TACHMENT 7  Compensation of five highest-paid employees (of	ther than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit	ructions).	0				
2	TACHMENT 7  Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	0.	e page 23 of the inst	ructions).	0				
2	Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0				
2	TACHMENT 7  Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0				
2	Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0				
2	Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0				
2	Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0				
2	Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0				
2	Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0				
2	Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0				
2	Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0				
2	Compensation of five highest-paid employees (of If none, enter "NONE."	ther than those inc	0.	e page 23 of the inst  (d) Contributions to employee benefit plans and deferred	ructions).	0				

Part \	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 F	ive highest-paid independent contractors for professional services (see page 23 of the instructions). If r	one, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
=		21015
Total n	umber of others receiving over \$50,000 for professional services	NONE
Part I	X-A Summary of Direct Charitable Activities	
	e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of cations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N	/A	1
2		
3		
4		
		<u> </u>
Part I		A
1 NO	be the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
2		
All oth	er program-related investments. See page 24 of the instructions	
3 NO	DNE	}
Total A	Add lines 1 through 3	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee page 24 of the instructions.)	gn found	ations,
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	534,641.
С		1c	0.
d		1d	534,641.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	534,641.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	8,020.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	526,621.
6	Minimum investment return. Enter 5% of line 5	6	26,331.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here and do not complete this property of the instructions.		ng
1	Minimum investment return from Part X, line 6	1	26,331.
2 a			
b	Income tax for 2010 (This does not include the tax from Part VI) 2b		
С		2c	11.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	26,320.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	26,320.
6	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	26,320.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		<del></del>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	60,821.
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	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а		3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	60,821.
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 (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	60,821.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal	culating v	whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years	-	

Forn	n 990-PF (2010)		04-347	7129	Page <b>9</b>
Pa	rt XIII Undistributed Income (see page 2	26 of the instruction	ns)	· · · · · · · · · · · · · · · · · · ·	
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7				26,320.
2	Undistributed income, if any, as of the end of 2010				
а	Enter amount for 2009 only				
b	Total for prior years 20 08 20 07 20 06				
3	Excess distributions carryover, if any, to 2010				
а	Excess distributions carryover, if any, to 2010 From 2005				
þ					
С	From 2007 129, 379.				
	From 2008				
	From 2009	402 600			
f	Total of lines 3a through e	483,600.			
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$60,821.				
а	Applied to 2009, but not more than line 2a				<del></del>
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election	60,821.			
	required - see page 26 of the instructions)	00,021.			
	Applied to 2010 distributable amount				
ө 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2010	26,320.			26,320.
6	(If an amount appears in column (d), the same amount must be shown in column (a) ) Enter the net total of each column as indicated below:	20,320.			20/320.
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	518,101.			
	Pnor years' undistributed income Subtract	<del></del>		· · · · ·	
D	line 4b from line 2b				
С	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.				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
ө	Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f	Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011.				
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				
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	27,556.			
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	490,545.		······································	
	Analysis of line 9				
	Excess from 2006				
	Excess from 2007 129, 379.				
	Excess from 2008 132, 954.  Excess from 2009 79, 528.				
	2,0000 110111 2000 1 1 1				
<u> </u>	Excess from 2010 60,821.		<u> </u>		<u> </u>

Pa	rt XIV Private Oper	rating Foundations	<u>(see page 27 of the</u>	instructions and Pa	rt VII-A, question 9)	NOT APPLICABL
1 a	If the foundation has					
	foundation, and the ruling	g is effective for 2010, e	enter the date of the ruling		. •	
b	Check box to indicate wh		a private operating found		4942(	j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	<u>r                                      </u>	(e) Total
	justed net income from Part  I or the minimum investment	(a) 2010	(b) 2009	(c) 2008	(d) 2007	.,
	return from Part X for each year listed					
b	85% of line 2a					
С	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					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 a	Complete 3a, b, or c for the alternative test relied upon  "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 invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter		·			
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	toans (section 512(a)(5)),					
	or royalties) (2) Support from general					<del> </del>
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(III)					
	(3) Largest amount of sup- port from an exempt					
	organization			<u> </u>		
	(4) Gross investment income		L		<u> </u>	<u> </u>
Pa	rt XV Supplement	ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in assets
	<del></del>		e page 28 of the in	structions.)	<del> </del>	<del></del>
1	Information Regarding					
а	List any managers of before the close of any	the foundation who l tax year (but only if t	have contributed more hey have contributed r	e than 2% of the tota more than \$5,000)  (S	il contributions receiv ee section 507(d)(2))	ed by the foundation
	NONE					
b	List any managers of	the foundation who	own 10% or more of	the stock of a corpo	oration (or an equally	large portion of the
	ownership of a partner	ship or other entity) o	f which the foundation	n has a 10% or greater	ınterest	•
	NONE					
2	Information Regarding	g Contribution, Gran	t, Gift, Loan, Scholarsh	nip, etc., Programs:		
	Check here ▶ ☐ if t	-		., ,	table organizations o	and doos not occort
	unsolicited requests f	or funds If the four	illakes collinbulions Idation makes offs c	ito preselecteu charii	table organizations a	ing goes not accept
	organizations under ot	her conditions, compl	ete items 2a. b. c. and	d	20 of the manacid	ins) to individuals of
a	The name, address, a ATTACHMI		of the person to who	n applications should b	e addressed	
b	The form in which app		bmitted and information	on and materials they	should include	
	ATTACHME			·		
	Any submission deadli			<del></del>	<u> </u>	
·	7 my Subimission deduli	1100				
	<u>ATTACHME</u>					
d	Any restrictions or lifactors	mitations on awards	, such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
	ATTACHME	ENT 11				

2 Grants and Contributions Raid Duri		oved for F	Lutura Baumant	
3 Grants and Contributions Paid During Recipient	If recipient is an individual,			<u> </u>
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	or substantial contributor	recipient		
a value danning the year				
ATTACHMENT 12				
		ļ		
Total	<u> </u>	<del></del>	<u>▶ 3a</u>	60,821.
<b>b</b> Approved for future payment				
		ļ		
		l		
Total			▶ 3b	_

Part XVI-	A Analysis of Income-Produ	icing Activ	vities			
nter gross	amounts unless otherwise indicated		ated business income	1	y section 512, 513, or 514	(e) Related or exempt function income
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See page 28 of the instructions)
a		·				
						_
						<u>-</u>
_						
f						
g Fees a	and contracts from government agencies					
2 Members	ship dues and assessments					
3 Interest or	n savings and temporary cash investments			14	527.	
4 Dividend	ls and interest from secunties					
5 Net renta	al income or (loss) from real estate					
a Debt-	-financed property					
	lebt-financed property					
	I income or (loss) from personal property					
	vestment income					
	oss) from sales of assets other than inventory					
9 Net incor	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
	venue a					
b						
c						
c						
c d e 2 Subtotal	Add columns (b), (d), and (e)				527.	
c d e 2 Subtotal 3 Total. Ad See worksh	Add columns (b), (d), and (e) [ dd line 12, columns (b), (d), and (e) neet in line 13 instructions on page 29 t  Relationship of Activities	to venfy calc	ulations)	cempt Purp	oses	527
c d e 2 Subtotal 3 Total. Ad See worksh	Add columns (b), (d), and (e) [ dd line 12, columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to tl
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to ti
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to ti
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI-	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to t
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to ti
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to ti
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to tl
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI-Line No.	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to tl
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI-Line No.	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to tl
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to tl
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI-	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to the
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI-	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to th
c d e 2 Subtotal 3 Total. Ad See worksh Part XVI-	Add columns (b), (d), and (e)	to venfy calco	ulations) complishment of Ex	cempt Purp	oses e) of Part XVI-A contrib	527 uted importantly to th

Part	XVIÍ	Information f Exempt Orga		ransfers To	and Transa	ections	s and Relat	ionships	With N	Nonc	hari	table
11		e organization directly ion 501(c) of the Co ations?				_	-	-			Yes	No
		rs from the reporting fo			-					ļ		
		h <sub>.</sub>								1a(1)		<u> </u>
		er assets			• • • • • • • •			• • • • • •		1a(2)	-	-
		ansactions es of assets to a nonch	aritable exempt o	roanization						15/11		
		chases of assets from								1b(2)		
		ital of facilities, equipme								-		
		mbursement arrangeme										
(	<ol><li>5) Loa</li></ol>	ns or loan guarantees								1b(5)		
		formance of services o										
		of facilities, equipmen										
		answer to any of the										
		of the goods, other										
(a) Lin		n any transaction or (b) Amount involved		gement, show ir noncharitable exemp		1		•				
(a) ciii	- 110	(b) Amount involved	(c) Name of 1	TOTICITATIVADIC EXCITE	or organization	N/A	escription of trans	siers, trainsactio	nis, and shai	ing ana	ingeme	
						1,						
						· · · · · · · · · · · · · · · · · · ·						
									·	••		
							·			· <b>-</b>		
				-								
												<del></del>
		······································										
		foundation directly of the dir					more tax-exem	pt organiza	ations [	X Ye	es [	 ] No
b l	f "Yes,	' complete the following					1					
TNIC	יחיד חידו	(a) Name of organization			e of organization		DICRECAR	(c) Descriptio		ship		
		IMPROVEMENT		EXEMPT			DISREGAR	DED ENT	ITY			
пыг	1111	THEROVEHENT										
										-		
	<b></b>			·								
Sign	belief	r penalties of perjury, I de , it is true, correct, and com	eclare that I have explete Declaration	examined this return of preparer (other th	n, including accom an taxpayer or fiduo	panying siciary) is ba	chedules and statused on all informa	tion of which	preparer has	of my k any kn	nowled owledg	lge and e
Here		Unit 1 -	<u> </u>		<u> </u>	47/11	<b> </b>	TREASU	RER			
	- 5	gnature of officer or trustee Print/Type preparer's	<del></del>	Preparer's sign	Date		<del></del>	itle	1 .	ואדרכ		
		Trinib Type preparers	Hallic	Freparers Si	gnature		Date	CF = 1		PTIN		
Paid								Chec self-	k ıf employed			
Prep	arer	Firm's name					L	Firm's EIN				
Use (	Only	Firm's address						I IIII S EIN				
	-							Phone no				
		·								QQ	n-DE	(2010)

## 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

2010

AMERICAN DENTAL PART	ners foundation, inc.	Employer identification number
Organization type (check one)		04-3477129
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	vate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
	overed by the <b>General Rule</b> or a <b>Special Rule</b> . , (8), or (10) organization can check boxes for both the General Rule	and a Special Rule See
General Rule		
_	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$ ne contributor. Complete Parts I and II	\$5,000 or more (in money or
Special Rules		
sections 509(a)(1) ar	(3) organization filing Form 990 or 990-EZ that met the 331/3% supnd 170(b)(1)(A)(vi), and received from any one contributor, during to or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990, Part VIII, line 1h or (ii) Form 990, Part VIII, line 1h or (iii) Form 990, Part VIII, line 990, Pa	the year, a contribution of the
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received contributions of more than \$1,000 for use <i>exclusively</i> for religious, cs, or the prevention of cruelty to children or animals. Complete Parts	haritable, scientific, literary, or
the year, contributior aggregate to more the year for an exclusively applies to this organi	(7), (8), or (10) organization filing Form 990 or 990-EZ that received its for use <i>exclusively</i> for religious, charitable, etc., purposes, but the man \$1,000. If this box is checked, enter here the total contributions by religious, charitable, etc., purpose. Do not complete any of the pair zation because it received nonexclusively religious, charitable, etc.,	ese contributions did not that were received during the rts unless the <b>General Rule</b>
_	s not covered by the General Rule and/or the Special Rules does no	
•	t answer "No" on Part IV, line 2 of its Form 990, or check the box o ertify that it does not meet the filing requirements of Schedule B (Fo	·
For Paperwork Reduction Act Notice,	see the Instructions for Form 990, 990-EZ, or 990-PF. So	chedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization AMERICAN DENTAL PARTNERS FOUNDATION, INC.

Employer identification number 04-3477129

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	AMERICAN DENTAL PARTNERS, INC.  401 EDGEWATER PLACE, SUITE 430  WAKEFIELD, MA 01880	\$ <u>125,000</u> .	Person Payroll Noncash (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  9052 NORTH DEERBROOK TRAIL  MILWAUKEE, WI 53223	\$42,130.	Person X X X X X Noncash (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.  7517 CAMERON ROAD, SUITE 106  AUSTIN, TX 78752	\$7,391.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(0)	(6)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
, , ,			
No.	Name, address, and ZIP + 4  WESTERN NEW YORK DENTAL GROUP, P.C.  125 LAWRENCE BELL DRIVE, SUITE 102	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is
No4 (a)	Name, address, and ZIP + 4  WESTERN NEW YORK DENTAL GROUP, P.C.  125 LAWRENCE BELL DRIVE, SUITE 102  WILLIAMSVILLE, NY 14221  (b)	\$12,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
No. 4 4 No. (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	\$12,000.  (c) Aggregate contributions	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

ame of organization	AMERICAN	DENTAL	PARTNERS	FOUNDATION,	INC.

Page	of	of Part I
Employer identific	cation nu	mber
04-3	34771	29

Part I Contributors	(see instructions)
---------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7-	EBS INSURANCE BROKERS  255 WASHINGTON ST.  NEWTON, MA 02458	\$10,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8 .	DISCUS DENTAL  8550 HIGUERA ST.  CULVER CITY, CA 90232	\$5,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9-	3M CORPORATE HEADQUARTERS, 3M CENTER ST. PAUL, MN 55144	\$5,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
No.	Name, address, and ZIP + 4  SCHICK TECHNOLOGIES, INC.  30-30 47TH AVENUE  LONG ISLAND CITY, NY 11101		
	SCHICK TECHNOLOGIES, INC. 30-30 47TH AVENUE	Aggregate contributions	Person X Payroll Noncash (Complete Part II if there is
_ 10 	SCHICK TECHNOLOGIES, INC.  30-30 47TH AVENUE  LONG ISLAND CITY, NY 11101  (b)	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
	SCHICK TECHNOLOGIES, INC.  30-30 47TH AVENUE  LONG ISLAND CITY, NY 11101  (b)  Name, address, and ZIP+4  DEERWOOD ORTHODONTICS, LLC  10058 W. LOOMIS ROAD	\$5,000.  (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

# 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, 2010

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, Treasurer

•

I	<del>,  </del>
	ATTACHMENT
•	7

INVESTMENTS
CASH
I ON TEMPORARY CASH
O
INTEREST
1
PART I
990PE,
FORM

527.	527.
	527
527.	527.
	TOTAL
STMENT INTEREST INCOME	
	527.

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE AND

**EXPENSES** 

PER BOOKS

DESCRIPTION

OTHER PROFESSIONAL FEES

450.

TOTALS

450.

FORM 990PF, PART I - TAXES

REVENUE AND

DESCRIPTION

EXPENSES PER BOOKS

INVESTMENT INCOME TAX

26.

TOTALS

26.

04-3477129

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION

BANK FEES

REVENUE

AND EXPENSES

PER BOOKS

25.

TOTALS

25.

## FORM 990PF, PART VII-A -ACTIVITIES NOT PREVIOUSLY REPORTED TO THE IRS

AMERICAN DENTAL PARTNERS FOUNDATION, INC. BECAME THE SOLE MEMBER OF INSTITUTE FOR ORAL HEALTH IMPROVEMENT, LLC. THE INSTITUTE FOR ORAL HEALTH IMPROVEMENT, LLC WAS ESTABLISHED IN 2010 FOR THE ENHANCEMENT AND ADVANCEMENT OF ORAL HEALTH CARE IN AMERICA.

### FORM 990PF, PART VII-A, LINE 11A-TRANSFERS TO CONT. ENT. STATEMENT

CONTROLLED ENTITY'S NAME: INSTITUTE FOR ORAL HEALTH IMPROVEMENT, L

CONTROLLED ENTITY'S ADDRESS: 401 EDGEWATER PLACE, STE. 430

CITY, STATE & ZIP: WAKEFIELD, MA 01880

EIN: 04-3477129

TRANSFER AMOUNT: 2,500. EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

TRANSFER WAS A CONTRIBUTION TO BE DISTRIBUTED FOR APPROVED INITIATIVES.

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AMERICAN DENTAL PARTNERS FOUNDATION, INC.

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EXPENSE ACCT AND OTHER ALLOWANCES	Ö	· o	Ö	Ċ	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	Ö	ó	Ö	Ö	.0
COMPENSATION	0	0	.0	.0	.0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT/DIRECTOR	TREASURER/DIRECTOR	VICE PRESIDENT/DIRECTOR	VICE PRESIDENT/DIRECTOR	DIRECTOR
NAME AND ADDRESS	GREGORY A. SERRAO 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	BREHT T. FEIGH 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	MICHAEL J. VAUGHAN 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	JESLEY C. RUFF, DDS 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	THOMAS A. BIONDO, DDS 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880

ATTACHMENT 7 (CONT'D)

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

AMERICAN DENTAL PARTNERS FOUNDATION, INC.

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EXPENSE ACCT AND OTHER ALLOWANCES	.0	o	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	o	0	.0	0
COMPENSATION	.0	Ö	.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR	DIRECTOR	DIRECTOR	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. THE INSTITUTE FOR ORAL HEALTH IMPROVEMENT EXISTS TO ENHANCE AND ADVANCE ORAL HEALTH CARE IN AMERICA THROUGH EDUCATION, RESEARCH, AND THE PROVISION OF QUALITY DENTAL CARE TO UNDERSERVED POPULATIONS. THE INSTITUTE OF ORAL HEALTH WILL UNDERWRITE APPROVED INITIATIVES THROUGH ONE OF THE FOLLOWING FORMS; FINANCIAL SPONSORHIP OF EDUCATION AND RESEARCH INTIATIVES, PROVIDING NECESSARY SUPPLIES SUCH AS PRINTED MATERIALS AND DENTAL PRODUCTS, AND REIMBURSING EXPENSES REQUIRED TO COMPLETE THE APPROVED INITIATIVES.

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

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AMERICAN DENTAL PARTNERS FOUNDATION, INC.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION	N/A	STUDENT SCHOLARSHIPS	4,000.
620 W. LEXINGTON ST. BALTIMORE, MD 21201	EXEMPT		
UNIVERSITY OF BUFFALO SCHOOL OF DENTAL MEDICINE	N/A	STUDENT SCHOLARSHIPS	21,350.
108 SQUIRE HALL	EXEMPT		
BUFFALO, NY 14214			
CHILDREN'S HOSPITAL & HEALTH SYSTEM	N/A	STUDENT SCHOLARSHIP	10,500.
PO BOX 1997, MS 3050	EXEMPT		
MILWAUKEE, WI 53201-1997			
UNIVERSITY OF TEXAS HEALTH SCIENCE	N/A	STUDENT SCHOLARSHIP	1,095.
6516 MD ANDERSON BLVD.	EXEMPT		
HOUSTON, TX 77030			
MOUNT WACHUSETT COMMUNITY COLLEGE	N/A	STUDENT SCHOLARSHIPS	500.
444 GREEN ST.	EXEMPT		
GARDNER, MA 01440			
HUDSON VALLEY COMMUNITY COLLEGE	N/A	STUDENT SCHOLARSHIPS	1,500.
80 VANDENBURGH AVE. Trox, ny 12180	EXEMPT		

ATTACHMENT 12 (CONT'D)

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RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITY OF ROCHESTER ROCHESTER, NY 14627	N/A EXEMPT	STUDENT SCHOLARSHIP	500.
WEST VIRGINIA UNIVERSITY PO BOX 62011 MORGANTOWN, WV 26506	N/A EXEMPT	STUDENT SCHOLARSHIPS	100.
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	N/A EXEMPT	STUDENT SCHOLARSHIP	10,000.
INSTITUTE OF ORAL HEALTH 401 EDGEWATER PLACE, SUITE 430 WAKEFIELD, MA 01880	SUBSIDIARY EXEMPT	STUDENT SCHOLARSHIPS	2,500.

60,821.

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 12

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