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### SCANNED MAY

### **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

116.

ATCH

Form 990-PF (2011)

PAGE

\* ATCH 2 JSA

OMB No 1545-0052

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service 20 For calendar year 2011 or tax year beginning 2011, and ending A Employer identification number Name of foundation 04-3477129 AMERICAN DENTAL PARTNERS FOUNDATION, INC. Room/suite B Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) (781) 224-0880 430 401 EDGEWATER PLACE City or town, state, and ZIP code If exemption application is pending, check here WAKEFIELD, MA 01880 Initial return of a former public charity G Check all that apply Initial return 1. Foreign organizations, check here Amended return Final return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change computation . . . . . | X | Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . Cash | X Accrual J Accounting method i Fair market value of all assets at end If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here . of year (from Part II, col (c), line (Part I, column (d) must be on cash basis) 16) ▶ \$ 748,111. (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (c) Adjusted net (b) Net investment for charitable total of amounts in columns (b), (c), and (d) éxpenses per income income may not necessarily equal the amounts in purposes books (cash basis only) column (a) (see instructions) ) 285,220 Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to Check > 2 attach Sch B . . . . . . . . 116. 116. ATCH 1 116 3 Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents . . . . . . . . . . . . . . . . . . Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . Net short-term capital gain . . Income modifications 10 a Gross sales less returns and allowances · · · **b** Less Cost of goods sold Gross profit or (loss) (attach schedule) Other income (attach schedule 116. 285,336 116. Total. Add lines 13 Compensation of officers, directors, trustees, e Zalanesyany wages 2012 14 Other employe е Expenses 15 Pension plans, employee benefits 299. 16a Legal fees (atta Accounting fees (attach sone wife) 8,368. and Administrative Other professional fees (attach schedule) C 17 11. 18 Taxes (attach schedule) (see instructions) . . . . . Depreciation (attach schedule) and depletion. 19 20 Travel, conferences, and meetings . . . . . 21 22 Printing and publications . . . . Operating 3,626. Other expenses (attach schedule) ATCH 4. 23 24 Total operating and administrative expenses 12,304 Add lines 13 through 23 . . . . . . . . . . 176,940. 176,940. 25 Contributions, gifts, grants paid . . . . . . 176,940 189,244 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 96,092 a Excess of revenue over expenses and disbursements 116. b Net investment income (if negative, enter -0-)

Beginning of year

(a) Book Value

652,019.

652,019.

544,988.

107,031.

652,019.

(b) Book Val

748

748

642

105

748

Attached schedules and amounts in the

amounts only (See instructions)

Balance Sheets description column should be for end-of-year

Less allowance for doubtful accounts ▶ \_ \_ \_ \_ \_ Pledges receivable ▶\_\_\_\_\_ Less allowance for doubtful accounts ▶ \_\_\_\_\_\_ 

Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts ▶ \_\_\_\_\_\_ Inventories for sale or use ...........

10 a Investments - U S and state government obligations (attach schedule). . **b** Investments - corporate stock (attach schedule) . . . . . . c Investments - corporate bonds (attach schedule). . . . . .

Less accumulated depreciation (attach schedule) 

Other assets (describe Total assets (to be completed by all filers - see the

Accounts payable and accrued expenses

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule) . . . . .

Other liabilities (describe

Total liabilities (add lines 17 through 22) . . . . . . . . . . . .

Foundations that follow SFAS 117, check here  $\blacktriangleright X$ and complete lines 24 through 26 and lines 30 and 31.

check here and complete lines 27 through 31. ▶

Capital stock, trust principal, or current funds . . . . . . . . Paid-in or capital surplus, or land, bldg , and equipment fund

Retained earnings, accumulated income, endowment, or other funds . . .

Total net assets or fund balances (see instructions). . . . .

Total liabilities and net assets/fund balances (see

Foundations that do not follow SFAS 117,

Land, buildings, and equipment basis
Less accumulated depreciation

Accounts receivable ▶\_

Investments - land, buildings, and equipment basis

Part⁴ll

2

5

8

11

12

13

14

15

16

17 18

19

21

22

23

Balances 25 26

b 27

28 29

30

31 31

Fund

Liabilities 20

Assets

-	
	-3477129 Page <b>2</b>
End of	
ue	(c) Fair Market Value
,111.	748,111.
,	, 10, 222
	<del></del>
	<del></del>
	· · · · · · · ·
	<del></del>
,111.	748,111.
,	,10,111
0	
,381. ,730.	
<u>,730.</u>	
,111.	

	instructions)	652,019.	748,111.	
	art III Analysis of Changes in Net Assets or Fund I			
1	Total net assets or fund balances at beginning of year - Part	II, column (a), line 30 (must agre	e with	
	end-of-year figure reported on prior year's return)			652,019
2	Enter amount from Part I, line 27a			96,092
	Other increases not included in line 2 (itemize) ▶			
	Add lines 1, 2, and 3			748,111
	D		5	
6	Total net assets or fund balances at end of year (line 4 minus	ine 5) - Part II, column (b), line 30 .	6	748,111
_				- 000 DE

Form **990-PF** (2011)

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			rage
	d describe the kind(s) of property sold (e	e g , real estate,	(b) How acquired	(c) Date acquired (mo , day, yr )	(d) Date sold
	rick warehouse, or common stock, 200		P-Purchase D-Donation	(mo , day, yr )	(mo, day, yr)
a					
b					
С			ļ <u>.</u>		
d					
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					
c					
d					
e					
Complete only for assets	showing gain in column (h) and owner	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(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					
C					
d					
e					
Capital gain net income or		gain, also enter in Part I, line 7			
	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2		
	n or (loss) as defined in sections 12				
•	rt I, line 8, column (c) (see insti				
Part I, line 8	<u> </u>	<u> </u>	3		
Part V Qualification l	Under Section 4940(e) for Red	duced Tax on Net Investment I	ncome		
	the section 4942 tax on the distrib not qualify under section 4940(e)	• •	ase perio	d?	Yes X No
	ount in each column for each year		a any entr		
(a)			g arry <del>c</del> riu	(d)	
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution re (col (b) divided by	/ col (c))
2010	60,821.	526,621.			0.115493
2009	79,528.	397,940.	ļ		0.199849
2008	132,929.	309,023.	1		0.430159
2007	129,352.	275,017.			0.470342
2006	87,835.	221,525.	ļ		0.396502
! Total of line 1, column (d)	1		2		1.612345
	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		0.322469
Enter the net value of nor	ncharitable-use assets for 2011 fro	m Part X, line 5	4		206,509.
Multiply line 4 by line 3			5		66,593.
					1.
	ent income (1% of Part I, line 27b)				
Add lines 5 and 6			7		66,594.
B Enter qualifying distribution If line 8 is equal to or graph Part VI instructions	ons from Part XII, line 4 eater than line 7, check the box i	n Part VI, line 1b, and complete	8 that part	using a 1% ta	176,940. x rate See th

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	tions	)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u> 1.</u>
	here $\blacktriangleright$ X and enter 1% of Part I, line 27b			
С	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			
	Add lines 1 and 2			1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		•	1.
6	Credits/Payments Credits/Payments			
-	2011 estimated tax payments and 2010 overpayment credited to 2011 6a			
	Exempt foreign organizations - tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868) 6c			
	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			0
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			1.
9	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			
10 11	Enter the amount of line 10 to be Credited to 2012 estimated tax   Refunded   11		_	
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
та		1a	103	X
	or intervene in any political campaign?	Ia		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	4.		х
	instructions for definition)?	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities		1	x
	Did the foundation file Form 1120-POL for this year?	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶\$(2) On foundation managers ▶\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			٠
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2_		X
	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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
-	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	ļ		
	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	Х	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)			
Vu.	MA.			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
J	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ь	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
J	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete	1		
	•	9		х
	Part XIV			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	10		x
	and addresses	10 form 9	90-PF	(2011)
	,	J., J.		(2011)

Par	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 instructions)	11	X	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	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			_ <b></b>
14	The books are in care of BREHT T. FEIGH, TREASURER Telephone no	-088	30	
	Located at ▶401 EDEGWATER PLACE, SUITE 430 WAKEFIELD, MA ZIP+4 ▶ 01880			
15			▶	. []
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			İ
	the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	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			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No		l	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		ļ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			ļ
	foundation agreed to make a grant to or to employ the official for a period after			]
	termination of government service, if terminating within 90 days)	1		1
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b		X
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			l
	were not corrected before the first day of the tax year beginning in 2011?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			•
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2011? Yes X No			
	If "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			x
	all years listed, answer "No" and attach statement - see instructions )	2 b		Α.
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
		1		
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
-	at any time during the year			
t	of "Yes," did it have excess business holdings in 2011 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	2 h		
	foundation had excess business holdings in 2011)	3 b 4 a	<del> </del>	Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70		<u> </u>
	charitable purpose that had not been removed from leopardy before the first day of the tax year beginning in 2011?	4 b		Х

Form 990-PF (2011)

Total number of other employees paid over \$50,000

Form 990-PF (2011)

3 NONE

Total. Add lines 1 through 3......

All other program-related investments See instructions

Pai	Minimum Investment Return (All domestic foundations must complete this part F see instructions)	oreign foundation	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, et	c,	
	purposes		
а	Average monthly fair market value of securities	1a	
b		1b	209,654.
C	= 1	1c	
d		1d	209,654.
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	
3			209,654.
4	Subtract line 2 from line 1d		
	instructions)	4	3,145.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	206,509.
6	Minimum investment return. Enter 5% of line 5	6	10,325.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete		
1	Minimum investment return from Part X, line 6	1	10,325.
2a		1.	
b	Income tax for 2011 (This does not include the tax from Part VI)		
C		2c	1.
3	Distributable amount before adjustments Subtract line 2c from line 1		10,324.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		10,324.
6		6	<u></u>
7	Deduction from distributable amount (see instructions)  Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	· · ·	
	line 1	l l	10,324.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
· a		1a	176,940.
b		4.	
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, et	tc,	
_	purposes		
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b		3h	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		176,940.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incor		
	Enter 1% of Part I, line 27b (see instructions)	lel	1.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		176,939.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when		ther the foundation
	qualifies for the section 4940(e) reduction of tax in those years	-	

Form **990-PF** (2011)

	,	(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI, Inne 7	Corpus	Years prior to 2010	2010	2011 10,324.
2	Undistributed income, if any, as of the end of 2011				
_	Enter amount for 2010 only				
b	Total for pnor years 20 09 20 08 20 07				
3	Excess distributions carryover, if any, to 2011				
а	From 2006				
b	From 2007   1/9.3/9.				
c	From 2008 132, 954.				
d	From 2009   79,528.				ļ
е	From 2010 60,821.				
	Total of lines 3a through e	490,545.			
	Qualifying distributions for 2011 from Part XII,				
	line 4 ▶ \$176,940.				
а	Applied to 2010, but not more than line 2a				
ь	Applied to undistributed income of prior years				
-	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
_	required - see instructions)	176,940.			
d	Applied to 2011 distributable amount				
е	Remaining amount distributed out of corpus	<u> </u>			
5	Excess distributions carryover applied to 2011	10,324.			10,324
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a) ) Enter the net total of each column as				
_	indicated below:  Corpus Add lines 3f, 4c, and 4e Subtract line 5	657,161.			
	Prior years' undistributed income Subtract				
	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 instructions				
0	Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
	Undistributed income for 2011 Subtract lines				
'	4d and 5 from line 1 This amount must be				
	distributed in 2012				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		j		
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not	<b></b>			
	applied on line 5 or line 7 (see instructions)	77,539.			
9	Excess distributions carryover to 2012.	F			
	Subtract lines 7 and 8 from line 6a	579,622.			
10	Analysis of line 9				
а	Excess from 2007 129,379.				
b	Excess from 2008 132, 954.				
C	Excess from 2009				
d	Excess from 2010 60,821.				
е	Excess from 2011 176, 940.				

Рa	rt XIV Private Oper	rating Founda <u>tions</u> (	(see instructions and	d Part VII-A, questic	on 9)	NOT APPLICABI
1 a	If the foundation has	received a ruling or d	etermination letter that	t it is a private ope	rating	
	foundation, and the ruling	g is effective for 2011, e	nter the date of the ruling		▶	
b	Check box to indicate wh			•	n 4942(	)(3) or 4942(j)(5)
		Tax year	<u> </u>	Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	I or the minimum investment		(5) 20 10	(0) 2000	(4,211	
	return from Part X for each					
	year listed				<u> </u>	
þ	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d						
	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	Complete 3a, b, or c for the			·		
_	alternative test relied upon	,				
а	"Assets" alternative test - enter					
	<ol> <li>Value of all assets</li> <li>Value of assets qualifying</li> </ol>	-				
	under section					
h	4942(j)(3)(B)(i) "Endowment" alternative test-			<del> </del>	<del> </del>	<del> </del>
U	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 secunties			1		
	loans (section 512(a)(5)), or royalties)		İ			
	(2) Support from general	-				
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization					
	(4) Gross investment income	one Information /C	omplete this part	only if the found	dation had \$5,000	or more in assets
Ρā	rt XV Supplement	during the year - se	e instructions )	only if the lound	uation nau \$5,000	or more in assect
_			<u>-</u>			
1	Information Regardin List any managers of			e than 2% of the tot	al contributions receiv	ed by the foundation
а	before the close of an	v tax vear (but only if th	hev have contributed in	more than \$5.000) (	See section 507(d)(2))	the foundation
		,, (22127)	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	NONE		400/	f 4b 4 1 6		· laura marken of the
b	List any managers of ownership of a partne	the foundation who	own 10% or more of	r the stock of a corp	poration (or an equally	y large portion of the
	ownership of a partne	rship or other entity) o	i which the foundation	Thas a 10% of great	ei iiiterest	
	NONE			<u> </u>		
2	Information Regardin	g Contribution, Grant	t, Gift, Loan, Scholarsl	hip, etc., Programs:		
	Check here ▶ I If t	the foundation only	makes contributions	to preselected chain	ritable organizations a	and does not accept
	unsolicited requests f	or funds If the found	lation makes gifts, gra	ants, etc (see instruc	ctions) to individuals o	r organizations under
	other conditions, com	plete items 2a, b, c, ar	nd d			
a	The name, address, a	and telephone number	of the person to whor	m applications should	be addressed	
	ATTACHM	ENT 7				
b	The form in which app	olications should be su	bmitted and informati	on and materials the	y should include	
_				•	-	
	ATTACHM	<b>፫</b> Νጥ β				
_	Any submission dead		<del>-</del>			
·	, ary capinionon dead					
	7 mm 7 01124	ENT O				
	ATTACHM Any restrictions or	ENT 9	such as hy decar	anhical areas charif	table fields kinds of	institutions or other
a	factors	mmanons on awalus	, such as by geogra	apriioai aicas, ciiaili	labic ficials, killias UI	
	አጥጥአሮ⊔M	ENE 10				
	אוויז איוויויא M	HENTEL TILL				

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 11				
				1
			ļ	
T-4-1			<b>&gt;</b> 20	176,940.
Total		<del></del>		170/510.
<b>b</b> Approved for future payment				
		]		
Total			▶ 3b	
iviai i i i i i i i i i i i i i i i i i	<del> </del>			· · · · · · · · · · · · · · · · · · ·

Part XVI	<ul> <li>A Analysis of Income-Produ</li> </ul>	icing Acti	vities			
	amounts unless otherwise indicated	T	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	function income (See instructions)
a				_		
b						
c						
d						
· · · · · · · · · · · · · · · · · · ·			<u></u>			
f				_		
_	and contracts from government agencies			-		
	ship dues and assessments			14	116.	<del></del> -
	on savings and temporary cash investments is and interest from securities			<del> </del>		·
	al income or (loss) from real estate			-		
	-financed property					
	debt-financed property					
	I income or (loss) from personal property					
	vestment income					
	oss) from sales of assets other than inventory					
· · · · · · · · · · · · · · · · · · ·	me or (loss) from special events					
	rofit or (loss) from sales of inventory	-	,	<del></del>		
	venue a					·
	venue a					
				1		
_						
е						
	Add columns (b), (d), and (e)				116.	
	dd line 12, columns (b), (d), and (e)				13	116
	neet in line 13 instructions to verify calc					
	B Relationship of Activities		complishment of E	xempt Purp	oses	
Line No.	Explain below how each activit					uted importantly to th
▼	accomplishment of the foundation	•			•	•
	accomplication of the federalia	on o oxomp				
			<u></u>		<del></del>	
	<u> </u>					
			<u>.</u> .			
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				-		

JSA 1E1492 1 000

Form **990-PF** (2011)

AMERICAN DENTAL PARTNERS FOUNDATION, INC. 04-3477129 Page **13** 

Part XVII	Information Re Exempt Organ		sfers To and Transact	ions and	Relations	ships With Non	chari	table	<del>,</del>
ın sec organı	the organization directly or indirectly engage in any of the following with any other organization described ection 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political anizations?							Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of  (1) Cash									
	(1) Cash								
	transactions						1a(2)		
(1) Sa	ales of assets to a no	ncharitable exemp	ot organization				1b(1)		<u> </u>
			e exempt organization				1b(2)		<u> </u>
	(3) Rental of facilities, equipment, or other assets								<u> </u>
									<del> </del>
							1b(5)		
		•	or fundraising solicitations .				1b(6) 1c		
			other assets, or paid employ complete the following so					fair m	arket
			s given by the reporting fo						
			ment, show in column (d) t						
(a) Line no	(b) Amount involved		charitable exempt organization			ers, transactions, and sha			
				N/A					
						_			
			<del></del>						
	<del></del>			-				-	
-									
				<del>                                     </del>					
-			·	<u> </u>	· <del></del>		_		
					_				
			1 - 1 MP						
			<del></del>						
descr		of the Code (oth	ated with, or related to, on er than section 501(c)(3)) or				Х	es 🗌	 ] No
<u> </u>	(a) Name of organizatio		(b) Type of organization	·	(	c) Description of relation:	ship		
INSTIT	UTE FOR ORAL	Ē	XEMPT	D	ISREGARI	DED ENTITY			
HEALTH	IMPROVEMENT								
corre	er penalties of perjury, I decli ect, and complete Declaration o	are that I have examined f preparer (other than taxp	t this return, including accompanying s payer) is based on all information of which	chedules and s preparer has an	tatements, and t y knowledge	o the best of my knowled	ge and i	pelier, it	is true,
Sign	Bult 77	1	15/14/12	Trung	huu	May the IR			return
Here Sig	gnature of officer or trustee	£r.	Date	Title		with the pi			X No
	Print/Type preparer's	name	Preparer's signature		Date	Check If	PTIN		
Paid						self-employed			<del></del>
Preparer	Firm's name					Firm's EIN ▶			
Use Only	Firm's address					<b>.</b>			
		<del></del>				Phone no	om 90	in PF	(2011)
	•					-	Ottil 35	,u-FF	(2011)

### Schedule B

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

### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization		Employer identification number
AMERICAN DENTAL PAR	TNERS FOUNDATION, INC.	04-3477129
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	ation
	501(c)(3) taxable private foundation	
	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II	or more (in money or
Special Rules		
under sections 509(	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during to ,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 11	he year, a contribution of
during the year, total	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from all contributions of more than \$1,000 for use exclusively for religious, charitoses, or the prevention of cruelty to children or animals. Complete Parts I,	able, scientific, literary,
during the year, con not total to more tha year for an exclusive	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from tributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but then \$1,000. If this box is checked, enter here the total contributions that we ly religious, charitable, etc., purpose. Do not complete any of the parts unligization because it received nonexclusively religious, charitable, etc., conting.	nese contributions did ere received during the ess the <b>General Rule</b>
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file at answer "No" on Part IV, line 2, of its Form 990, or check the box on line PF, to certify that it does not meet the filing requirements of Schedule B (F	H of its Form 990-EZ or on
For Paperwork Reduction Act Notice	see the Instructions for Form 990, 990-EZ, or 990-PF. Schedul	B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization AMERICAN DENTAL PARTNERS FOUNDATION, INC.

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is i	needed.
--	---------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	AMERICAN DENTAL PARTNERS, INC.  401 EDGEWATER PLACE, SUITE 430  WAKEFIELD, MA 01880	\$131,850.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _	WISCONSIN DENTAL GROUP, SC  9052 NORTH DEERBROOK TRAIL  MILWAUKEE, WI 53223	\$38,705.	Person X X X X Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 3 _	CARUS DENTAL, P.C.  7517 CAMERON ROAD, SUITE 106  AUSTIN, TX 78752	\$7,453.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(4)
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  PATTERSON DENTAL GROUP  1031 MENDOTA HEIGHTS ROAD	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 4	Name, address, and ZIP + 4  PATTERSON DENTAL GROUP  1031 MENDOTA HEIGHTS ROAD  ST. PAUL, MN 55120  (b)	\$ 5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	Name, address, and ZIP + 4  PATTERSON DENTAL GROUP  1031 MENDOTA HEIGHTS ROAD  ST. PAUL, MN 55120  (b) Name, address, and ZIP + 4  ADVANCED DENTAL SPECIALISTS, LLC  9052 N DEERBROOK TRAIL	\$5,000.  (c) Total 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

Name of organization AMERICAN DENTAL PARTNERS FOUNDATION, INC.

Part I Co	ntributors (	see instructions)	Use duplicate copies of Part I if additional space is	needed
-----------	--------------	-------------------	---	--------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 7	DISCUS DENTAL  8550 HIGUERA ST.  CULVER CITY, CA 90232	\$5,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	3M  3M CORPORATE HEADQUARTERS, 3M CENTER  ST. PAUL, MN 55144	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 9 _	SCHICK TECHNOLOGIES, INC.  30-30 47TH AVENUE  LONG ISLAND CITY, NY 11101	\$5,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(0)	/h)	7-3	4.0
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4  DEERWOOD ORTHODONTICS, LLC  10058 W. LOOMIS ROAD  FRANKLIN, WI 53132	\$6,000.	
No.	Name, address, and ZIP + 4  DEERWOOD ORTHODONTICS, LLC  10058 W. LOOMIS ROAD	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No.	Name, address, and ZIP + 4  DEERWOOD ORTHODONTICS, LLC  10058 W. LOOMIS ROAD  FRANKLIN, WI 53132  (b)	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
10 (a) No.	Name, address, and ZIP + 4  DEERWOOD ORTHODONTICS, LLC  10058 W. LOOMIS ROAD  FRANKLIN, WI 53132  (b)  Name, address, and ZIP + 4  PREMIER DENTAL PARTNERS  22 NORTH EUCLID SUITE 220	\$6,000.  (c) Total 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

Name of organization	AMERICAN	DENTAL	PARTNERS	FOUNDATION,	INC.

Part I (a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 13	SEPTODENT  205 GRANITE RUN DRIVE #150  LANCASTER, PA 17601	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ -	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		—	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	"		
		\ \\$	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		\\$	

Name of organization AMERICAN DENTAL PARTNERS FOUNDATION, INC.

Employer identification number

04-3477129

Part III	Exclusively religious	s, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organization	
	that total more than	n \$1,000 for the year. Complete columns (a) through (e) and the following line entry	

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions.) >\$

Use	duplicate copies of Part III if addition	iai space is needed	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		<del></del>	
		(e) Transfer of gift	
		(e) Transier of gift	
ļ	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
I _			
_			
<u> </u>			
		1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 <u> </u>			
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
	,,,,		
-	<u> </u>		
-			
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_   _			
-			
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			
-			·
] —			
(a) No	<del> </del>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
1 _			
_			
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
<del></del>			·
-	<del></del>		
-			
-			· · · · · · · · · · · · · · · · · · ·

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

ADJUSTED NET INCOME	116.	116.
NET INVESTMENT INCOME	116.	116.
REVENUE AND EXPENSES PER BOOKS	116.	116.
		TOTAL
DESCRIPTION	INVESTMENT INTEREST INCOME	

ATTACHMENT 1 PAGE 21

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

WEBSITE DESIGN AND DEVELOPEMEN

REVENUE

AND

EXPENSES

PER BOOKS

DESCRIPTION

8,368.

TOTALS

8,368.

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

INVESTMENT INCOME TAX

11.

TOTALS

11.

### FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION

OFFICE SUPPLIES

BANK FEES

POSTAGE

REVENUE AND

**EXPENSES** 

PER BOOKS

30. 1,560.

2,036.

TOTALS

3,626.

### 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:

3,000.

EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

TRANSFER WAS A CONTRIBUTION TO BE DISTRIBUTED FOR APPROVED INITIATIVES.

FORM 990PF, PART VIII - LIST OF OFFICERS,	ICERS, DIRECTORS, AND TRUSTEES	<b>&amp;</b>	ATTACHMENT 6	, 
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION			,
GREGORY A. SERRAO 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	PRESIDENT/DIRECTOR	0	0	0
BREHT T. FEIGH 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	TREASURER/DIRECTOR	0	0	0
MICHAEL J. VAUGHAN 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	VICE PRESIDENT/DIRECTOR	, O	0	0
JESLEY C. RUFF, DDS 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	VICE PRESIDENT/DIRECTOR	0	0	0
THOMAS A. BIONDO, DDS 401 EDGEWATER PLACE SUITE 430 WAKEFIELD, MA 01880	DIRECTOR	0	0	0

04-3477129

ATTACHMENT 6 (CONT'D)

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

•	0	0	0
	0	0	0
	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR	DIRECTOR	DIRECTOR
NAME AND ADDRESS WE	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

GRAND TOTALS

### 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.

YEAR
THE
DURING
PAID
CONTRIBUTIONS
AND
GRANTS
١.
×
PART
990PF,
FORM

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BAYLOR COLLEGE OF DENTISTRY	N/A	STUDENT SCHOLARSHIPS	1,062.
3302 GASTON AVENUE	EXEMPT		
DALLAS, TX 75246			
MEHARRY MEDICAL COLLEGE	N/A	STUDENT SCHOLARSHIPS	500.
1005 DOCTOR D B TODD JUNIOR BOULEVARD	EXEMPT		
NASHVILLE, TN 37208			
UNIVERSITY OF PITTSBURGH	N/A	STUDENT SCHOLARSHIPS	2,240.
3501 TERRACE ST.	EXEMPT		
PITTSBURGH, PA 15213			
WESTMORELAND COMMUNITY COLLEGE	N/A	STUDENT SCHOLARSHIPS	520.
145 PAVILION LANDE	EXEMPT		
YOUNGWOOD, PA 15697			
UNIVERSITY OF BUFFALO SCHOOL OF DENTAL MEDICINE	N/A	STUDENT SCHOLARSHIPS	4,667.
108 SQUIRE HALL	EXEMPT		
BUFFALO, NY 14214			
CHILDREN'S HOSPITAL & HEALTH SYSTEM	N/A	STUDENT SCHOLARSHIP	13,380.
PO BOX 1997, MS 3050	EXEMPT		
MILWAUKEE, WI 53201-1997			

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

		₩.	ATTACHMENT 11 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		•
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITY OF TEXAS HEALTH SCIENCE 6516 MD ANDERSON BLVD. HOUSTON, TX 77030	N/A EXEMPT	STUDENT SCHOLARSHIP	.066
HUDSON VALLEY COMMUNITY COLLEGE 80 VANDENBURGH AVE. TROY, NY 12180	N/A EXEMPT	STUDENT SCHOLARSHIPS	1,500.
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	N/A Exempt	STUDENT SCHOLARSHIP	1,000.
HARVARD SCHOOL OF DENTAL MEDICINE 188 LONGWOOD AVENUE BOSTON, MA 02115	N/A EXEMPT	STUDENT SCHOLARSHIP	52,856.
NEW YORK UNIVERSITY-COLLEGE OF DENTISTRY 345 EAST 24TH STREET NEW YORK, NY 10010	N/A Exempt	STUDENT SCHOLARSHIP	10,000.
UNC SCHOOL OF DENTISTRY MANNING DRIVE & COLUMBUS STREET CHAPEL HILL, NC 27599	N/A Exempt	STUDENT SCHOLARSHIP	10,500.

ATTACHMENT 11 (CONT'D)

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

V 11-4.5

7:50:11 AM

91908W A07J 5/11/2012

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

ATTACHMENT 11 (CONT'D)

3,000. 3,000. 750. AMOUNT PURPOSE OF GRANT OR CONTRIBUTION STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIP RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT SUBSIDIARY EXEMPT EXEMPT EXEMPT N/A N/A THE OHIO STATE UNIVERSITY COLLEGE OF DENTISTRY ERIE COMMUNITY COLLEGE (ENDOWMENT) 401 EDGEWATER PLACE, SUITE 430 RECIPIENT NAME AND ADDRESS INSTITUTE OF ORAL HEALTH WILLIAMSVILLE, NY 14221 WAKEFIELD, MA 01880 305 W. 12TH AVENUE COLUMBUS, OH 43210 6205 MAIN STREET

TOTAL CONTRIBUTIONS PAID

176,940.

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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, 2011

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