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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation
DENTAQUEST FOUNDATION INC

A Employer identification number
04-3265080

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

Room/suite

B Telephone number (see instructions)
(617) 886-1700

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02129

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐

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

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

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

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 78,667,939

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

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

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	10,385,500			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	549,649	549,649		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	2,262,690			
	b Gross sales price for all assets on line 6a 2,702,370				
	7 Capital gain net income (from Part IV, line 2)		2,262,690		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	879,902	836,302		
	12 **Total.** Add lines 1 through 11	14,077,741	3,648,641		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages	960,333	0		960,333
	15 Pension plans, employee benefits	265,451	0		265,451
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	19,500	0		19,500
	c Other professional fees (attach schedule)	2,813,408	340,786		2,564,822
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	7,500	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	470	0		470
	21 Travel, conferences, and meetings	1,004,025	0		1,004,025
	22 Printing and publications	46,209	0		46,209
	23 Other expenses (attach schedule)	128,552	0		128,552
	24 **Total operating and administrative expenses.** Add lines 13 through 23	5,245,448	340,786		4,989,362
	25 Contributions, gifts, grants paid	11,501,081			11,501,081
	26 **Total expenses and disbursements.** Add lines 24 and 25	16,746,529	340,786		16,490,443
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-2,668,788			
	b **Net investment income** (if negative, enter -0-)		3,307,855		
	c **Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	7,793,904	4,918,135	4,918,135
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	3,434,875	3,557,086	3,557,086
	b Investments—corporate stock (attach schedule)	36,330,564	28,822,350	28,822,350
	c Investments—corporate bonds (attach schedule)	25,032,505	32,979,449	32,979,449
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	10,074,002	8,390,919	8,390,919
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15 Other assets (describe ▶ _____)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	82,665,850	78,667,939	78,667,939
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 **Total liabilities** (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	77,515,850	73,440,161	
	25 Temporarily restricted	5,150,000	5,227,778	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	82,665,850	78,667,939	
	31 **Total liabilities and net assets/fund balances** (see instructions)	82,665,850	78,667,939	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	82,665,850
2	Enter amount from Part I, line 27a	2	-2,668,788
3	Other increases not included in line 2 (itemize) ▶ _____	3	1,079
4	Add lines 1, 2, and 3	4	79,998,141
5	Decreases not included in line 2 (itemize) ▶ _____	5	1,330,202
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	78,667,939

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	2,262,690
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	16,541,226	81,382,362	0 203253
2012	12,785,226	68,587,005	0 186409
2011	9,692,117	65,175,246	0 148709
2010	5,486,283	55,133,057	0 099510
2009	5,390,796	46,455,810	0 116041

2	**Total** of line 1, column (d)	2	0 753922
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 150784
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	82,155,924
5	Multiply line 4 by line 3	5	12,387,799
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	33,079
7	Add lines 5 and 6	7	12,420,878
8	Enter qualifying distributions from Part XII, line 4	8	16,490,443

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary–see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	33,079
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	33,079
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	33,079
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014 — 6a: 40,840		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 25,000		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	65,840
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	32,761
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 32,761 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ $ 0 (2) On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW DENTAQUESTFOUNDATION ORG

14 The books are in care of ▶ GREGORY P WINN Telephone no ▶ (617) 886-1700

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

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

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

16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶

Part 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
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2014 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
MICHAEL MONOPOLI 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR OF POLICY P 40 00	300,467	39,499	0
BRIAN SOUZA 465 MEDFORD STREET BOSTON,MA 02129	MANAGING DIRECTOR 40 00	170,672	17,775	0
MATTHEW BOND 465 MEDFORD STREET BOSTON,MA 02129	MANAGER, GRANTS & PR 40 00	76,689	15,022	0
KRISTINE TOURKANTONIS 465 MEDFORD STREET BOSTON,MA 02129	ADMINSTRATION COORDI 40 00	60,969	24,514	0
BRENDA COCUZZO 465 MEDFORD STREET BOSTON,MA 02129	EXECUTIVE ASSISTANT 40 00	58,574	24,072	0
Total number of other employees paid over $50,000 ▶				1

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
HARDER & COMPANY COMMUNITY RESEARCH 299 KANSAS ST SAN FRANCISCO,CA 94103	ORGANIZATIONAL DEVELOPMENT	580,000
INTERACTION INSTITUTE FOR SOCIAL CHANGE 70 FARGO ST STE 908 BOSTON,MA 02210	STRATEGIC PLANNING	402,398
TRACY GARLAND 4759 51ST PLACE SW SEATTLE,WA 98116	MANAGEMENT TRAINING	271,564
ARGUS COMMUNICATIONS 280 SUMMER STREET BOSTON,MA 02210	ADVERTISING SERVICES	186,639
QUALIS HEALTH 10700 MERIDIAN AVE NORTH STE 100 SEATTLE,WA 98133	HEALTH MANAGEMENT SERVICES	174,018
Total number of others receiving over $50,000 for professional services. ▶		9

Part IX-A Summary of Direct Charitable Activities

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

Part IX-B Summary of Program-Related Investments (see instructions)

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	79,826,161
b	Average of monthly cash balances		1b	3,580,868
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	83,407,029
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	83,407,029
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,251,105
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	82,155,924
6	**Minimum investment return.** Enter 5% of line 5		6	4,107,796

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

1	Minimum investment return from Part X, line 6		1	4,107,796
2a	Tax on investment income for 2014 from Part VI, line 5	2a 33,079		
b	Income tax for 2014 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	33,079
3	Distributable amount before adjustments Subtract line 2c from line 1		3	4,074,717
4	Recoveries of amounts treated as qualifying distributions		4	1,079
5	Add lines 3 and 4		5	4,075,796
6	Deduction from distributable amount (see instructions)		6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	4,075,796

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	16,490,443
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	16,490,443
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 instructions)	5	33,079
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	16,457,364

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				4,075,796
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009 2,959,032				
b From 2010 2,733,153				
c From 2011 6,498,318				
d From 2012 9,407,286				
e From 2013 12,525,994				
f **Total** of lines 3a through e	34,123,783			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ $ 16,490,443				
a Applied to 2013, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2014 distributable amount				4,075,796
e Remaining amount distributed out of corpus	12,414,647			
5 Excess distributions carryover applied to 2014	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	46,538,430			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	2,959,032			
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	43,579,398			
10 Analysis of line 9				
a Excess from 2010 2,733,153				
b Excess from 2011 6,498,318				
c Excess from 2012 9,407,286				
d Excess from 2013 12,525,994				
e Excess from 2014 12,414,647				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

MATTHEW BOND ANDREA FORSHT
465 MEDFORD ST
BOSTON, MA 02129
(617) 886-1700

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

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

c Any submission deadlines

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

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

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				11,501,081
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a PROGRAM DUES					43,600
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	549,649	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	2,262,690	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a PASSTHROUGH INCOME FROM VARIOUS K-1'S			14	836,302	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		3,648,641	43,600
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)				13	3,692,241

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
1A	PROGRAM DUES REPRESENT REIMBURSEMENTS RECEIVED FOR MEETING AND TRAVEL EXPENSES ASSOCIATED WITH THE PROGRAM CONFERENCES FACILITATED BY THE FOUNDATION

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

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

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

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
1b(4)	195,398	DENTAL SERVICES OF MASSACHUSETTS INC	THE FOUNDATION REIMBURSES DENTAL SERVICES OF MASSACHUSETTS, INC FOR THE COST OF EMPLOYEE BENEFITS SUCH AS HEALTH AND DENTAL INSURANCE, ETC

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

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
DENTAL SERVICES OF MASSACHUSETTS INC	501(C)(4)CORPORATION	DENTAL SERVICES OF MASSACHUSETTS, INC IS THE SOLE MEMBER OF THE CORPORATION

Sign Here

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

******	2015-10-20	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
ALFONSO PERILLO		2015-10-08		P00950491

Firm's name ▶ EDELSTEIN AND COMPANY LLP — Firm's EIN ▶ 04-2442519

Firm's address ▶ 160 FEDERAL STREET 9TH FLOOR BOSTON, MA 02110 — Phone no (617) 227-6161

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
SALE OF PUBLICLY TRADED SECURITIES			
COLCHESTER GLOBAL BOND FUND K-1	P		
SSGA RUSSELL 3000 INDEX NL CTF K-1	P		
SSGA MSCI ACWI EX USA INDEX NL QP CTF K-1	P		
SSGA U S AGGREGATE BOND INDEX NL QP CTF K-1	P		
SSGA U S TIPS INDEX NL QP CTF K-1	P		
TIFF PRIVATE EQUITY PARTNERS 2011 LLC K1	P		
FLAG GLOBAL PARTNERS K-1	P		
TIFF ARP	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
2,702,370		2,919,237	-216,867
			114,490
			1,023,504
			612,743
			15,295
			23,879
			105,933
			52,487
			531,226

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
			-216,867
			114,490
			1,023,504
			612,743
			15,295
			23,879
			105,933
			52,487
			531,226

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
ALICE HUAN-MEI CHEN MD MPH 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR 1.00	0	0	0
CASWELL A EVANS JR DDS MPH 465 MEDFORD STREET BOSTON,MA 02129	CHAIR/DIRECTOR 1.00	0	0	0
RALPH FUCCILLO 465 MEDFORD STREET BOSTON,MA 02129	PRESIDENT/DIRECTOR 5.00	0	0	0
MARY KAPLAN 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR 1.00	0	0	0
FAY DONOHUE 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR 5.00	0	0	0
DONALD J KENNEY 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR 1.00	0	0	0
HAROLD COX 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR (1/1/14-2/26/14) 1.00	0	0	0
NORMAN TINANOFF 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR 1.00	0	0	0
SHEPARD GOLDSTEIN DMD 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR (1/1/14-2/26/14) 1.00	0	0	0
MICHAEL S MCPHERSON 465 MEDFORD STREET BOSTON,MA 02129	VICE CHAIR/DIRECTOR 1.00	0	0	0
LINDA C NIESSEN DMD 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR 1.00	0	0	0
ALONZO PLOUGH PHD MPH 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR (1/1/14-5/8/14) 1.00	0	0	0
LESLIE E GRANT DDS MSPA 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR 1.00	0	0	0
GREGORY P WINN 465 MEDFORD STREET BOSTON,MA 02129	TREASURER 1.00	0	0	0
JAMES HAWKINS 465 MEDFORD STREET BOSTON,MA 02129	SECRETARY 1.00	0	0	0
JAMES E COLLINS 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR 1.00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMILLUS HEALTH CONCERN INC 336 NW 5TH ST MIAMI,FL 331281616	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
ALASKA DENTAL SOCIETY CHARITABLE ACTIVITIES FUND 9170 JEWEL LAKE RD STE 100 ANCHORAGE,AK 995025390	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
MINNESOTA DENTAL FOUNDATION 1335 INDUSTRIAL BLVD NE STE 200 MINNEAPOLIS,MN 554134801	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
NEVADA HEALTH CENTERS INC 3325 RESEARCH WAY 2ND FLOOR CARSON CITY,NV 897067913	N/A	PC	TO IMPROVE ORAL HEALTH	11,116
NEW YORK UNIVERSITY COLLEGE OF NURSING AT THE COLLEGE OF DENTISTRY 726 BROADWAY 10TH FLOOR NEW YORK,NY 10003	N/A	PC	TO IMPROVE ORAL HEALTH	233,016
SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD LOS ANGELES,CA 900483401	N/A	PC	TO IMPROVE ORAL HEALTH	9,988
ALASKA PRIMARY CARE ASSOCIATION 903 WEST NRTHRN LTS BLVDSUITE 200 AHNCHORAGE,AK 99503	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
AMERICAN ACADEMY OF PEDIATRICS NEW JERSEY CHAPTER 2826 QUAKERBRIDGET ROADSUITE 106 HAMILTON,NJ 08619	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
WHITTIER STREET HEALTH CENTER 1125 TREMONT STREET ROXBURY,MA 021202178	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
AUGUSTA REGIONAL DENTAL CLINIC PO BOX 153 FISHERVILLE,VA 229390153	N/A	PC	TO IMPROVE ORAL HEALTH	19,999
ARIZONA ASSOCIATION OF COMMUNITY HEALTH CENTERS 700 E JEFFERSON STREET SUITE 100 PHOENIX,AZ 85034	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
ARIZONA DENTAL FOUNDATION 3193 N DRINKWATER BLVD SCOTTSDALE,AZ 85251	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
BERING OMEGA COMMUNITY SERVICES 1429 HAWTHORNE HOUSTON,TX 77006	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
BI-STATE PRIMARY CARE ASSOCIATION 525 CLINTON STREET BOW,NH 03304	N/A	PC	TO IMPROVE ORAL HEALTH	99,518
CARINGHANDS DENTAL CLINIC 700 CEDAR ST SUITE 44 ALEXANDRIA,MN 56308	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
Total . . . . . ▶ **3a**				11,501,081

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA PRIMARY CARE ASSOCIATION 1231 I STREET 4TH FLOOR SACRAMENTO,CA 95814	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
COLUMBIA ORAL HEALTH CLINIC 3425 N MAIN ST COLUMBIA,SC 292036434	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
CENTER FOR HEALTH CARE STRATEGIES 200 AMERICAN METRO BLVD STE 119 HAMILTON,NJ 086192320	N/A	PC	TO IMPROVE ORAL HEALTH	305,254
CENTER FOR HEALTH POLICY DEVELOPMENT (NASHP) 1233 20TH STREET NORTHWEST SUITE 303 WASHINGTON,DC 20036	N/A	PC	TO IMPROVE ORAL HEALTH	248,502
CENTER FOR ORAL HEALTH (DENTAL HEALTH FOUNDATION) 309 EAST SECOND STREE POMONA,CA 917661854	N/A	PC	TO IMPROVE ORAL HEALTH	275,000
CHILDREN NOW 1404 FRANKLIN STREET SUITE 700 OAKLAND,CA 94612	N/A	PC	TO IMPROVE ORAL HEALTH	200,000
CHILDREN'S DENTAL HEALTH PROJECT 1012 19TH STREET NW SUITE 400 WASHINGTON,DC 200364946	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
EL CENTRO DE CORAZON 412 TELEPHONE RD HOUSTON,TX 77023	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES 417 FEDERAL ST DOVER,DE 19901	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
FRANSICAN HOSPITAL FOR CHILDREN 30 WARREN STREET BRIGHTON,MA 021353602	N/A	PC	TO IMPROVE ORAL HEALTH	25,084
LITTLE CITY FOUNDATION 1760 W ALGONQUIN RD PALATINE,IL 600674791	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
NEIGHBORHOOD INVOLVEMENT PROGRAM INC 2431 HENNEPIN AVE MINNEAPOLIS,MN 554052605	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
SOUTHERN MARYLAND MISSION OF MERCY UNITED WAY OF ST MARYS COUNTY 28095 THREE NOTCH RD MECHANICSVILLE,MD 20659	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
FLORIDA PUBLIC HEALTH INSTITITE 1622 N FEDERAL HIGHWAY SUITE B LAKE WORK,FL 334606645	N/A	PC	TO IMPROVE ORAL HEALTH	174,996
ST VINCENT CHARITY MEDICAL CENTER 2475 EAST 22ND STREET CLEVELAND,OH 44115	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
Total . . . . . ▶ **3a**				11,501,081

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR CHILDREN 104 HUNGERFORD STREET HARTFORD,CT 06106	N/A	PC	TO IMPROVE ORAL HEALTH	231,971
GEORGIA ASSOCIATION FOR PRIMARY HEALTH CARE 315 WEST PONCE DE LEON AVENUE SUITE 1000 DECATUR,GA 30030	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
WASHINGTON STATE SMILE PARTNERS 221 WINSLOW WAY W STE 302 BAINBRIDGE IS,WA 981104917	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
WATTS HEALTHCARE CORPORATION 10300 COMPTON AVE LOS ANGELES,CA 900023628	N/A	PC	TO IMPROVE ORAL HEALTH	36,000
HARVARD SCHOOL OF DENTAL MEDICINE (PRESIDENT AND FELLOWS OF HARVARD COLLEGE 118 LONGWOOD AVENUE BOSTON,MA 02118	N/A	PC	TO IMPROVE ORAL HEALTH	500
MASSACHUSETTS COLLEGE OF PHARMACY & HEALTH SCIENCES 179 LONGWOOD AVE BOSTON,MA 02115	N/A	PC	TO IMPROVE ORAL HEALTH	35,508
HEALTH RESOURCES IN ACTION 95 BERKELEY STREET BOSTON,MA 02116	N/A	PC	TO IMPROVE ORAL HEALTH	448,579
HEALTHY SMILES HEALTH CHILDREN 211 E CHICAGO AVE 1700 CHICAGO,IL 60611	N/A	PC	TO IMPROVE ORAL HEALTH	272,953
HEARTLAND HEALTH OUTREACH INC (CHICAGO COMMUNITY ORAL HEALTH FORUM) 1015 W LAWRENCE AVENUE 2ND FLOOR CHICAGO,IL 60640	N/A	PC	TO IMPROVE ORAL HEALTH	205,785
HARRIS COUNTY HOSPITAL DISTRICT FOUNDATION 2525 HOLLY HALL ST HOUSTON,TX 770544124	N/A	PC	TO IMPROVE ORAL HEALTH	29,182
COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT,IA 528011014	N/A	PC	TO IMPROVE ORAL HEALTH	27,980
ILLINOIS CHAPTER AMERICAN ACADEMY OF PEDIATRICS 1400 W HUBBARD STREET SUITE 100 CHICAGO,IL 60642	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
ILLINOIS PRIMARY HEALTH CARE ASSOCIATION 500 NORTH NINTH STREET SPRINGFIELD,IL 62701	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
JWCH INSTITUTE 5650 JILLSON ST LOS ANGELES,CA 90040	N/A	PC	TO IMPROVE ORAL HEALTH	2,486
IOWA PRIMARY CARE ASSOCIATION 9943 HICKMAN ROAD URBANDALE,IA 50322	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
Total . . . . . ▶ **3a**				11,501,081

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS ASSOCIATION FOR THE MEDICALLY UNDERSERVED 1129 S KANSAS AVENUE SUITE B TOPEKA,KS 66612	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
LOUSIANA DENTAL ASSOCIATION FOUNDATION 7833 OFFICE PARK BLVD BATON ROUGE,LA 708097604	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PKWY STE 100 LOUISVILLE,KY 40299	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
COMMUNITY HEALTH OUTREACHWESTJAX OUTREACH 5042 TIMUQUANA RD JACKSONVILLE,FL 322107441	N/A	PC	TO IMPROVE ORAL HEALTH	18,000
GLOUCESTER-MATHEWS FREE CLINIC 6031 INDUSTRIAL DRIVE GLOUCESTER,VA 230610684	N/A	PC	TO IMPROVE ORAL HEALTH	15,000
MARYLAND DENTAL ACTION COALITION 6410 DOBBIN ROAD SUITE G COLUMBIA,MD 21045	N/A	PC	TO IMPROVE ORAL HEALTH	218,315
DFDD CLINICAL SERVICESWE CARE DENTAL 289 TOLOSA CIRCLE PALM DESERT,CA 92260	N/A	PC	TO IMPROVE ORAL HEALTH	7,550
HALIFAX REGINAL HOSPITAL INC 2204 WILBORN AVE SOUTH BOSTON,VA 245921645	N/A	PC	TO IMPROVE ORAL HEALTH	5,854
PRACTICE WITHOUT PRESSURE 2470 SUNSET LAKE RD NEWARK,DE 197024039	N/A	PC	TO IMPROVE ORAL HEALTH	8,823
SAN ANTONIO CHRISTIAN DENTAL CLINICHAVEN FOR HOPE DENTAL CLINICADA MOM 1 HAVEN FOR HOPE WAY MHMHC BLDG 1 SAN ANTONIO,TX 782071108	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
WESTSIDE COMMUNITY HEALTH 153 CESAR CHAVEZ ST SAINT PAUL,MN 551072226	N/A	PC	TO IMPROVE ORAL HEALTH	18,512
MICHIGAN ORAL HEALTH COALITION 7215 WESTSHIRE SRIVE LANSING,MI 48917	N/A	PC	TO IMPROVE ORAL HEALTH	280,039
MICHIGAN PRIMARY CARE ASSOCIATION 7215 WESTSHIRE SRIVE LANSING,MI 48917	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION 6400 LAKEOVER RD SUITE A JACKSON,MS 39213	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
GOODWIN COMMUNITY HEALTH 311 ROUTE 108 SOMERSWORTH,NH 038781522	N/A	PC	TO IMPROVE ORAL HEALTH	11,422
Total . . . . . ▶ **3a**				11,501,081

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT HOME 1515 FAIRMONT AVENUE PHILADEPHIA,PA 19130	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
MATERNAL AND CHILD HEALTH ACCESS 111 W 6TH ST STE 400 LOS ANGELES,CA 900171826	N/A	PC	TO IMPROVE ORAL HEALTH	1,000
FRIENDS OF THE NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH 100 SOUTH WASHINGTON ST ROCKVILL,MD 15000	N/A	PC	TO IMPROVE ORAL HEALTH	15,000
GLBTQ DOMESTIC VIOLENCE PROJECT 955 MASSACHUSETTS AVE PMB 131 CAMBRIDGE,MA 02139	N/A	PC	TO IMPROVE ORAL HEALTH	1,000
NATIONAL FOUNDATION FOR DENTISTRY FOR THE HANDICAPPED (DENTAL LIFELIN 1800 15TH STREET SUITE 100 DENVER,CO 80202	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
NCCPA FOUNDATION INC (NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN 12000 FINDLEY RD SUITE 100 JOHNS CREEK,GA 30097	N/A	PC	TO IMPROVE ORAL HEALTH	237,705
NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION 4 PARK STREET SUITE 403 CONCORD,NH 03301	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
NORTH CAROLINA FOUNDATION FOR ADVANCED HEALTH PROGRAMS 2401 WESTON PKWY STE 203 CARY,NC 27513	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
NORTH DAKOTA DEPARTMENT OF HEALTH (ROHC) 600 E BOULEVARD AVE DEPT 301 BISMARCK,ND 58505	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
ORAL CANCER FOUNDATION 518 WEST FAYETTE ST 1202A BALTIMORE,MD 21201	N/A	PC	TO IMPROVE ORAL HEALTH	1,000
NORTHEASTERN UNIVERSITY (ROHC) 360 HUNTINGTON AVE SUITE 316CP BOSTON,MA 021155005	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
MASSACHUSETTS BUDGET AND POLICY CENTER 15 COURT ST SUITE 700 BOSTON,MA 02108	N/A	PC	TO IMPROVE ORAL HEALTH	1,000
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES 1515 POYDRAS ST SUITE 1490 NEW ORLEANS,LA 70112	N/A	PC	TO IMPROVE ORAL HEALTH	6,000
ORAL HEALTH AMERICA 180 NORTH MICHIGAN AVE CHICAGO,IL 60601	N/A	PC	TO IMPROVE ORAL HEALTH	299,450
ORAL HEALTH COLORADO 1985 UNION STREET LAKEWOOD,CO 80215	N/A	PC	TO IMPROVE ORAL HEALTH	202,425
Total . . . . . ▶ **3a**				11,501,081

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORAL HEALTH KANSAS 800 SW JACKSON SUITE 1120 TOPEKA,KS 66612	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
CRITICAL LEARNING SYSTEMS 5548 CRAFTWOOD DR CANE RIDGE,TN 370134882	N/A	PC	TO IMPROVE ORAL HEALTH	14,110
OREGON PRIMARY CARE ASSOCIATION 310 SW 4TH AVE SUITE 200 VISTA,OR 79204	N/A	PC	TO IMPROVE ORAL HEALTH	99,984
AMERICAN NETWORK OF ORAL HEALTH COALITIONS 800 SW JACKSON SUITE 1120 TOPEKA,KS 66612	N/A	PC	TO IMPROVE ORAL HEALTH	6,500
THE DISPARITIES SOLUTION CENTER AT MGH MGH 50 STANIFORD ST 9TH FLOOR BOSTON,MA 02111	N/A	PC	TO IMPROVE ORAL HEALTH	24,999
PENNSYLVANNIA ASSOCIATION OF COMMUNITY HEALTH CENTERS 1035 MUMMA RD SUITE 1 WORMLEYSBURG,PA 17043	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
PRESBYTERIAN MEDICAL SERVICES PO BOX 2267 SANTA FE,NM 87504	N/A	PC	TO IMPROVE ORAL HEALTH	6,878
PROTEUS FUND 15 RESEARCH DRIVE SUITE B AMHERST,MA 01002	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
QUEST PUBLIC HEALTH 278 SANBORN ROAD WHITE SALMON,WA 98672	N/A	PC	TO IMPROVE ORAL HEALTH	98,000
AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY 3085 STEVENSON DT SUITE 200 SPRINGFIELD,IL 62703	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
BU HENRY M GOLDMAN SCHOOL OF DENTAL MEDICINE 715 ALBANY STREET BOSTON,MA 02118	N/A	PC	TO IMPROVE ORAL HEALTH	500
SCHWEITZER FELLOWSHIP 330 BROOKLINE AVENUE BOSTON,MA 02215	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
SOCIETY OF TEACHERS OF FAMILY MEDICINE 11400 TOMAHAWK CREEK PARKWAY SUITE 540 LEAWOOD,KS 66211	N/A	PC	TO IMPROVE ORAL HEALTH	160,600
SOUTH STREET YOUTH CENTER 36 PERKINS ST BOSTON,MA 02130	N/A	PC	TO IMPROVE ORAL HEALTH	12,177
BOSTON AREA HEALTH EDUCATION CENTER C/O BOSTON PUBLIC HEALTH COMMISSION BOSTON,MA 02118	N/A	PC	TO IMPROVE ORAL HEALTH	18,300
Total . . . . . ▶ **3a**				11,501,081

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH 2367 SPH BUILDING COLLEGE PARK,MD 20742	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
VIRGINIA HEALTH CARE FOUNDATION 707 EAST MAIN STREET RICHMOND,VA 23219	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
TENNESSEE PRIMARY CARE ASSOCIATION 416 WILSON PIKE CIRCLE BRENTWOOD,TN 37027	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
HEALTH LAW ADVOCATES 30 WINTER STREET SUITE 1004 BOSTON,MA 021084720	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
THE PEW CHARITABLE TRUSTS 901 E STREET SW WASHINGTON,DC 20004	N/A	PC	TO IMPROVE ORAL HEALTH	165,000
TEXAS ORAL HEALTH COALITION INC 4614 BOWIE DR MIDLAND,TX 79703	N/A	PC	TO IMPROVE ORAL HEALTH	6,035
FLORIDA PRESS EDUCATIONAL SERVICESTAMPA BAY TIMES NEWSPAPER IN EDUCATION 490 FIRST AVE S SAINT PETERSBURG,FL 33701	N/A	PC	TO IMPROVE ORAL HEALTH	12,500
TIDES CENTER THE CHILDREN'S PARTNERSHIP 1351 3RD STREET PROMENADE SUITE 206 SANTA MONICA,CA 90401	N/A	PC	TO IMPROVE ORAL HEALTH	219,869
NATIONAL DENTAL ASSOCIATION FOUNDATION INC 3517 16TH STREET NW WASHINGTON,DC 20010	N/A	PC	TO IMPROVE ORAL HEALTH	34,500
UNITED SIKHS IN SERVICE OF AMERICA JAF POB 7203 NEW YORK,NY 10116	N/A	PC	TO IMPROVE ORAL HEALTH	124,993
CENTRAL ALABAMA COMMUNITY FOUNDATION 600 SOUTH COURT ST SUITE 100 MONTGOMERY,AL 36104	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
UNIVERSITY OF HAWAII 2425 CAMPUS ROADSINCLAIR ROOM 1 HONOLULU,HI 96822	N/A	PC	TO IMPROVE ORAL HEALTH	149,646
BU SCHOOL OF PUBLIC HEALTH 715 ALBANY STREET TALBOT BLDG BOSTON,MA 02118	N/A	PC	TO IMPROVE ORAL HEALTH	15,000
UNIVERSITY OF TEXAS FOUNDATION POST OFFICE BOX 250 AUSTIN,TX 78767	N/A	PC	TO IMPROVE ORAL HEALTH	166,884
MISSOURI COALITION FOR ORAL HEALTH 3325 EMERALD LN JEFFERSON CITY,MO 65109	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
Total . . . . . ▶ **3a**				11,501,081

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FOUNDATION FOR DENTAL OUTREACH 835 WEST QUEEN ST 2ND FLOOR SOUTHINGTON,CT 06489	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
VIRGINIA ORAL HEALTH COALITION 3460 MAYLAND COURT STE 110 RICHMOND,VA 23233	N/A	PC	TO IMPROVE ORAL HEALTH	199,996
VISTA COMMUNITY CLINIC 1000 VALE TERRACE VISTA,CA 92084	N/A	PC	TO IMPROVE ORAL HEALTH	175,000
OHIO PCA 4150 INDIANOLA AVE COLUMBUS,OH 43214	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
MAINE HEALTH 110 FREE ST PORTLAND,ME 04101	N/A	PC	TO IMPROVE ORAL HEALTH	88,019
TRUSTEES OF TUFTS COLLEGE ONE KNEELAND STREET BOSTON,MA 02111	N/A	PC	TO IMPROVE ORAL HEALTH	151,192
FUTURE SMILES 3074 ARVILLE ST LAS VEGAS,NV 89102	N/A	PC	TO IMPROVE ORAL HEALTH	222,968
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON,CA 95211	N/A	PC	TO IMPROVE ORAL HEALTH	199,925
NORTHEASTERN UNIVERSITY-INNOVATIONS INTERPROFESSIONAL OH CARE 360 HUNTINGTON AVE SUITE 316CP BOSTON,MA 02115	N/A	PC	TO IMPROVE ORAL HEALTH	403,164
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS 40 COURT ST 10TH FLOOR BOSTON,MA 02108	N/A	PC	TO IMPROVE ORAL HEALTH	300,000
LA TRUST- NCC RENEWAL 333 S BEAUDRY AVE 29TH FLOOR LOS ANGELES,CA 90017	N/A	PC	TO IMPROVE ORAL HEALTH	200,000
UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY 650 W BALTIMORE ST BALTIMORE,MD 21201	N/A	PC	TO IMPROVE ORAL HEALTH	39,700
UNIVERSITY OF TEXAS PO BOX 250 AUSTIN,TX 78757	N/A	PC	TO IMPROVE ORAL HEALTH	195,097
UNIVERSITY OF MARYLAND L2M BLDG 255 SCHOOL OF PUBLIC HEALTH COLLEGE PARK,MD 20742	N/A	PC	TO IMPROVE ORAL HEALTH	139,093
ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS (ASTDD) 3858 CASHILL BLVD RENO,NV 89509	N/A	PC	TO IMPROVE ORAL HEALTH	132,946
Total . . . . . ▶ **3a**				11,501,081

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDICAID-CHIP DENTAL ASSOCIATION (MSDA) 2 GROVE ST SANDWICH,MA 02563	N/A	PC	TO IMPROVE ORAL HEALTH	133,016
PENNSYLVANNIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS (AAP) 1400 N PROVIDENCE RD SUITE 3007 MEDIA,PA 19063	N/A	PC	TO IMPROVE ORAL HEALTH	298,759
DEPARTMENT OF HEALTH SERVICES - SONOMA COUNTY 490 MENDOCINO AVE SUITE 205 SANTA ROSA,CA 95404	N/A	PC	TO IMPROVE ORAL HEALTH	162,725
NATIONAL ASSOCIATION OF STATES UNITED FOR AGING AND DISABILITIES 1201 15TH STREET NW SUITE 350 WASHINGTON,DC 20005	N/A	PC	TO IMPROVE ORAL HEALTH	147,740
NATIONAL CONFERENCE OF STATE LEGISLATURES 7700 EAST FIRST PLACE DENVER,CO 80230	N/A	PC	TO IMPROVE ORAL HEALTH	73,754
FLORIDA DENTAL ASSOCIATION 1111 E TENNESSEE STREET TALLAHASSEE,FL 323086914	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
Total . . . . . ▶ **3a**				11,501,081

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316017015

TY 2014 Accounting Fees Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING EXPENSE	19,500	0		19,500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316017015

TY 2014 Investments Corporate Bonds Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Name of Bond	End of Year Book Value	End of Year Fair Market Value
SSGA PASSIVE BOND MKT CTF	4,080,438	4,080,438
COLCHESTER GLOBAL BOND FUND	3,838,693	3,838,693
VOYA (F/K/A ING) GLOBAL REAL ESTATE	4,695,174	4,695,174
VANGUARD	6,020,484	6,020,484
TAP FUND LTD	2,838,019	2,838,019
VAN ECK HARD ASSETS CLASS I MUTUAL FUND	3,244,180	3,244,180
FPA CRESCENT FUND	5,353,139	5,353,139
PARAMETRIC EMERGING MKTS FUND INST	2,909,322	2,909,322

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TY 2014 Investments Corporate Stock Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Name of Stock	End of Year Book Value	End of Year Fair Market Value
RUSSELL 3000 INDEX NON-LENDING STRATEGY	17,065,897	17,065,897
SSGA MSCI ACWI EX USA INDEX NON-LENDING QP STRATEGY	8,597,405	8,597,405
TAMRO SMALL CAP TAMRO CAPITAL PARTNERS FUND	3,159,048	3,159,048

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TY 2014 Investments Government Obligations Schedule

Name:	DENTAQUEST FOUNDATION INC
EIN:	04-3265080
US Government Securities - End of Year Book Value:	3,557,086
US Government Securities - End of Year Fair Market Value:	3,557,086
State & Local Government Securities - End of Year Book Value:	0
State & Local Government Securities - End of Year Fair Market Value:	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316017015

TY 2014 Investments - Other Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
WEATHERLOW OFFSHORE FUND	FMV	2,802,940	2,802,940
TIFF PRIVATE EQUITY PARTNERS	FMV	971,841	971,841
DRAKE CAPITAL OFFSHORE PARTNERS LP	FMV	3,775,806	3,775,806
FLAG GLOBAL PARTNERS LP	FMV	840,332	840,332

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TY 2014 Other Decreases Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	1,330,202

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TY 2014 Other Expenses Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	28,545	0		28,545
SUBSCRIPTIONS AND DUES	56,636	0		56,636
TELEPHONE	12,250	0		12,250
PUBLIC RELATIONS	31,121	0		31,121

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316017015

TY 2014 Other Income Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PROGRAM DUES	43,600		43,600
PASSTHROUGH INCOME FROM VARIOUS K-1'S	836,302	836,302	836,302

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316017015

TY 2014 Other Increases Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Description	Amount
RETURN OF UNEXPENDED GRANT FUNDS	1,079

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316017015

TY 2014 Other Professional Fees Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING EXPENSE	2,564,822	0		2,564,822
INVESTMENT MANAGEMENT FEES	248,586	340,786		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316017015

TY 2014 Taxes Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	7,500	0		0

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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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization
DENTAQUEST FOUNDATION INC

Employer identification number
04-3265080

Organization type (check one)

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

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

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization
DENTAQUEST FOUNDATION INC

Employer identification number
04-3265080

Part I **Contributors** (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
1	DENTAQUEST LLC 465 MEDFORD STREET BOSTON, MA 02129	$ 5,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	WASHINGTON DENTAL SERVICE FOUNDATIO 9706 FOURTH AVENUE NE SEATTLE, WA 98115	$ 250,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
3	CONNECTICUT HEALTH FOUNDATION 100 PEARL STREET HARTFORD, CT 06103	$ 75,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
4	EDWARD A HJERPE III ONE GREAT ROAD BARRINGTON, RI 02806	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
5	REACH HEALTHCARE FOUNDATION 6700 ANTIOCH ROAD 200 OVERLAND PARK, KS 66204	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
6	DENTAL SERVICE OF MASSACHUSETTS INC 465 MEDFORD STREET BOSTON, MA 02129	$ 5,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization
DENTAQUEST FOUNDATION INC

Employer identification number
04-3265080

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(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
		$	

(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
DENTAQUEST FOUNDATION INC

Employer identification number
04-3265080

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** 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 additional space is needed

(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. 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. 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. 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