efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491320010016

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

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

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 ▶ ☐

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

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

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 73,976,940

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)	15,210,000			
	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	504,667	504,667		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	6,506,699			
	b	Gross sales price for all assets on line 6a 7,414,836				
	7	Capital gain net income (from Part IV, line 2)		6,506,699		
	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)	699,501	699,501		
	12	**Total.** Add lines 1 through 11	22,920,867	7,710,867		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages	1,119,750	0		1,119,750
	15	Pension plans, employee benefits	243,204	0		243,204
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	24,500	0		24,500
	c	Other professional fees (attach schedule)	3,131,488	151,633		2,979,855
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	33,500	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy	2,863	0		2,863
	21	Travel, conferences, and meetings	1,463,436	0		1,463,436
	22	Printing and publications	33,604	0		33,604
	23	Other expenses (attach schedule)	105,859	0		105,859
	24	**Total operating and administrative expenses.** Add lines 13 through 23	6,158,204	151,633		5,973,071
	25	Contributions, gifts, grants paid	11,553,133			11,553,133
	26	**Total expenses and disbursements.** Add lines 24 and 25	17,711,337	151,633		17,526,204
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	5,209,530			
	b	**Net investment income** (if negative, enter -0-)		7,559,234		
	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	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	4,918,135	12,199,649	12,199,649
	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)	3,557,086	2,399,640	2,399,640
	b	Investments—corporate stock (attach schedule)	28,822,350	24,612,728	24,612,728
	c	Investments—corporate bonds (attach schedule)	32,979,449	25,469,311	25,469,311
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	8,390,919	9,295,612	9,295,612
	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)	78,667,939	73,976,940	73,976,940
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	73,440,161	63,776,940	
	25	Temporarily restricted	5,227,778	10,200,000	
	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)	78,667,939	73,976,940	
	31	**Total liabilities and net assets/fund balances**(see instructions)	78,667,939	73,976,940	

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	78,667,939
2	Enter amount from Part I, line 27a	2	5,209,530
3	Other increases not included in line 2 (itemize) ▶	3	74,973
4	Add lines 1, 2, and 3	4	83,952,442
5	Decreases not included in line 2 (itemize) ▶	5	9,975,502
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	73,976,940

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (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			Gains (Col (h) gain minus col (k), but not less than -0-) or
	(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	(l) Losses (from col (h))
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	6,506,699
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))
2014	16,457,364	82,155,924	0 200319
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

2	**Total** of line 1, column (d)	2	0 838200
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 167640
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	72,264,810
5	Multiply line 4 by line 3	5	12,114,473
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	75,592
7	Add lines 5 and 6	7	12,190,065
8	Enter qualifying distributions from Part XII, line 4	8	17,526,204

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	75,592
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	75,592
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	75,592
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a: 41,261			
b	Exempt foreign organizations—tax withheld at source — 6b:			
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 1,000			
d	Backup withholding erroneously withheld — 6d:			
7	Total credits and payments Add lines 6a through 6d		7	42,261
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	33,331
10	**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 2015 estimated tax** ▶ **Refunded** ▶		11	

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 2015 or the taxable year beginning in 2015 (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 ▶ HTTP //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 2015, 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? 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 ▶	16		No

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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ 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 2015 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 2015).*	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 2015?	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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** 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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
MICHAEL MONOPOLI 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR OF POLICY P 40 00	311,926	40,610	0
BRIAN SOUZA 465 MEDFORD STREET BOSTON,MA 02129	MANAGING DIRECTOR 40 00	183,179	18,594	0
GRANDY CODY 465 MEDFORD STREET BOSTON,MA 02129	MANAGER, GRANTS & PR 40 00	96,402	17,594	0
MATTHEW BOND 465 MEDFORD STREET BOSTON,MA 02129	MANAGER, GRANTS & PR 40 00	91,636	13,978	0
KATHLEEN LEONARD 465 MEDFORD STREET BOSTON,MA 02129	COMMUNICATION SPECIA 40 00	88,004	9,981	0
Total number of other employees paid over $50,000 ▶				5

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
INTERACTION INSTITUTE FOR SOCIAL CHANGE 70 FARGO ST STE 908 BOSTON,MA 02210	STRATEGIC PLANNING	562,231
HARDER & COMPANY COMMUNITY RESEARCH 299 KANSAS ST SAN FRANCISCO,CA 94103	ORGANIZATIONAL DEVELOPMENT	531,667
ARGUS COMMUNICATIONS 280 SUMMER STREET BOSTON,MA 02210	ADVERTISING SERVICES	187,918
QUALIS HEALTH 10700 MERIDIAN AVE NORTH STE 100 SEATTLE,WA 98133	HEALTH MANAGEMENT SERVICES	164,611
MARCIA BRAND 2611 SWAN POND ROAD MARTINBURG,WV 25404	SENIOR ADVISOR	150,995
Total number of others receiving over $50,000 for professional services. ▶		84

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	69,800,754
b	Average of monthly cash balances		1b	3,564,535
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	73,365,289
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	73,365,289
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,100,479
5	**Net value of noncharitable-use assets.**Subtract line 4 from line 3 Enter here and on Part V, line 4		5	72,264,810
6	**Minimum investment return.**Enter 5% of line 5		6	3,613,241

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	3,613,241
2a	Tax on investment income for 2015 from Part VI, line 5	2a	75,592		
b	Income tax for 2015 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	75,592
3	Distributable amount before adjustments Subtract line 2c from line 1			3	3,537,649
4	Recoveries of amounts treated as qualifying distributions			4	68,749
5	Add lines 3 and 4			5	3,606,398
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	3,606,398

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	17,526,204
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	17,526,204
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	75,592
6	**Adjusted qualifying distributions.**Subtract line 5 from line 4	6	17,450,612

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				3,606,398
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010 2,733,153				
b From 2011 6,498,318				
c From 2012 9,407,286				
d From 2013 12,525,994				
e From 2014 12,414,647				
f **Total** of lines 3a through e	43,579,398			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $ 17,526,204				
a Applied to 2014, 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 2015 distributable amount				3,606,398
e Remaining amount distributed out of corpus	13,919,806			
5 Excess distributions carryover applied to 2015	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	57,499,204			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 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 2010 not applied on line 5 or line 7 (see instructions)	2,733,153			
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	54,766,051			
10 Analysis of line 9				
a Excess from 2011 6,498,318				
b Excess from 2012 9,407,286				
c Excess from 2013 12,525,994				
d Excess from 2014 12,414,647				
e Excess from 2015 13,919,806				

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 2015, 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) 2015	(b) 2014	(c) 2013	(d) 2012	
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

GRANDY CODY MATTHEW BOND
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**				11,553,133
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					
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	504,667	
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	6,506,699	
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	699,501	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		7,710,867	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	7,710,867

(See worksheet in line 13 instructions to verify calculations)

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

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

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		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 nonchantable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements
1b(4)	269,229	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

******	2016-11-14	******
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		2016-10-11		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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	Date acquired **(c)** (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		
ABERDEEN GLOBAL PARTNERS K-1	P		

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
7,414,836		7,435,157	-20,321
			43,667
			5,981,870
			384,014
			-4,177
			5,132
			86,395
			30,119

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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (I) **(k)** over col (j), if any	
			-20,321
			43,667
			5,981,870
			384,014
			-4,177
			5,132
			86,395
			30,119

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

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	Contributions to employee benefit plans and deferred **(d)** compensation	Expense account, **(e)** other allowances
SARITA ARTEAGA DMD MAGD 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(5/13/15-CURRENT) 1.00	0	0	0
THOMAS J GALLIGAN III 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(5/13/15-CURRENT) 1.00	0	0	0
JAMES E COLLINS 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR 1.00	0	0	0
LESLIE E GRANT DDS MSPA 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
SCOTT HARSHBARGER 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(5/13/15-CURRENT) 1.00	0	0	0
RALPH FUCCILLO 465 MEDFORD STREET BOSTON,MA 02129	PRESIDENT/DIRECTOR 5.00	0	0	0
SANDRA OWENS LAWSON 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(5/13/15-CURRENT) 1.00	0	0	0
STEVEN J POLLOCK 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(5/13/15-CURRENT) 5.00	0	0	0
MARY VALLIER KAPLAN 465 MEDFORD STREET BOSTON,MA 02129	VICECHAIR(2/19/15-CURRENT)/DIRECTOR 1.00	0	0	0
ROBERT J WEYANT DDS 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(5/13/15-CURRENT) 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
ALICE HUAN-MEI CHEN MD MPH 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(1/1/15-7/14/15) 1.00	0	0	0
FAY DONOHUE 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(1/1/15-4/1/15) 1.00	0	0	0
DONALD J KENNEY 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(1/1/15-2/19/15) 1.00	0	0	0
NORMAN A TINANOFF 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(1/1/15-2/19/15) 1.00	0	0	0
MICHAEL S MCPHERSON 465 MEDFORD STREET BOSTON,MA 02129	VICE CHAIR/DIRECTOR (1/1/15-2/19/15) 1.00	0	0	0
LINDA C NIESSEN DMD 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(1/1/15-2/19/15) 1.00	0	0	0
HAROLD COX 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(1/1/15-2/26/15) 1.00	0	0	0
SHEPARD GOLDSTEIN 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(1/1/15-2/26/15) 1.00	0	0	0
ALONZO PLOUGH 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR(1/1/15-9/16/15) 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*				
ALASKA PRIMARY CARE ASSOCIATION 903 WEST NRTHRN LTS BLVDSUITE 200 AHNCHORAGE,AK 99503	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
AMERICAN ACADEMY OF PEDIATRICSNJ CHAPTER 3836 QUAKERBRIDGET ROADSUITE 108 HAMILTON,NJ 08619	N/A	PC	TO IMPROVE ORAL HEALTH	189,115
AMERICAN NETWORK OF ORAL HEALTH COALITIONS 800 SW JACKSON ST SUITE 1120 TOPEKA,KS 66612	N/A	PC	TO IMPROVE ORAL HEALTH	6,000
ARIZONA ASSOCIATION OF COMMUNITY HEALTH CENTERS 700 E JEFFERSON STREET SUITE 100 PHOENIX,AZ 85034	N/A	PC	TO IMPROVE ORAL HEALTH	200,791
ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS (ASTDD) 3858 CASHILL BLVD RENO,NV 89509	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
BU HENRY M GOLDMAN SCHOOL OF DENTAL MEDICINE 560 HARRISON AVE 3RD FLOOR BOSTON,MA 02118	N/A	PC	TO IMPROVE ORAL HEALTH	500
CALIFORNIA PRIMARY CARE ASSOCIATION 1231 I STREET 4TH FLOOR SACRAMENTO,CA 95814	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
CENTER FOR HEALTH CARE STRATEGIES 200 AMERICAN METRO BLVD STE 119 HAMILTON,NJ 08619	N/A	PC	TO IMPROVE ORAL HEALTH	260,226
CENTER FOR ORAL HEALTH (DENTAL HEALTH FOUNDATION) 309 EAST SECOND STREET POMONA,CA 91766	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
CHILDREN'S DENTAL HEALTH PROJECT 1020 19TH ST NW STE 400 WASHINGTON,DC 20036	N/A	PC	TO IMPROVE ORAL HEALTH	340,424
COMMUNITY HEALTH CARE CONNECTIONS INC 62 EAST MICHIGAN AVE BATTLE CREEK,MI 49017	N/A	PC	TO IMPROVE ORAL HEALTH	1,000
CRITICAL LEARNING SYSTEMS 5548 CRAFTWOOD DR CANE RIDGE,TN 37013	N/A	PC	TO IMPROVE ORAL HEALTH	4,800
GLBTQ DOMESTIC VIOLENCE PROJECT 955 MASSACHUSETTS AVE PMB 131 CAMBRIDGE,MA 02139	N/A	PC	TO IMPROVE ORAL HEALTH	1,000
HARVARD SCHOOL OF DENTAL MEDICINE (PRESIDENT AND FELLOWS OF HARVARD COLLEGE 188 LONGWOOD AVENUE BOSTON,MA 02155	N/A	PC	TO IMPROVE ORAL HEALTH	500
HEARTLAND HEALTH OUTREACH INC (THE ORAL HEALTH FORUM) 1015 W LAWRENCE AVENUE 2ND FLOOR CHICAGO,IL 60640	N/A	PC	TO IMPROVE ORAL HEALTH	247,964
Total . . . . . ▶ **3a**				11,553,133

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*				
ILLINOIS CHAPTER AMERICAN ACADEMY OF PEDIATRICS 1400 W HUBBARD STREET SUITE 100 CHICAGO,IL 60642	N/A	PC	TO IMPROVE ORAL HEALTH	150,800
IOWA PRIMARY CARE ASSOCIATION 9943 HICKMAN ROAD URBANDALE,IA 50322	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
KANSAS ASSOCIATION FOR THE MEDICALLY UNDERSERVED 1129 S KANSAS AVENUE SUITE B TOPEKA,KS 66612	N/A	PC	TO IMPROVE ORAL HEALTH	98,950
KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PKWY STE 100 LOUISVILLE,KY 40299	N/A	PC	TO IMPROVE ORAL HEALTH	150,800
MARYLAND DENTAL ACTION COALITION 802 CROMWELL PARK DR GLEN BURNIE,MD 21061	N/A	PC	TO IMPROVE ORAL HEALTH	18,400
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS 40 COURT ST 10TH FLOOR BOSTON,MA 02108	N/A	PC	TO IMPROVE ORAL HEALTH	300,800
MEDICAID-CHIP STATE DENTAL ASSOCIATION 2 GROVE ST SANDWICH,MA 02563	N/A	PC	TO IMPROVE ORAL HEALTH	266,033
MICHIGAN ORAL HEALTH COALITION 7215 WESTSHIRE DRIVE LANSING,MI 48917	N/A	PC	TO IMPROVE ORAL HEALTH	295,039
MISSOURI COALITION FOR ORAL HEALTH 3325 EMERALD LANE JEFFERSON CITY,MO 65109	N/A	PC	TO IMPROVE ORAL HEALTH	98,700
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	147,739
NATIONAL CONFERENCE OF STATE LEGISLATURES 7700 EAST FIRST PLACE DENVER,CO 80230	N/A	PC	TO IMPROVE ORAL HEALTH	73,754
NATIONAL DENTAL ASSOCIATION FOUNDATION INC 1623 WEST 23RD ST LITTLE ROCK,AR 72206	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION 4 PARK STREET SUITE 403 CONCORD,NH 03301	N/A	PC	TO IMPROVE ORAL HEALTH	150,800
NORTH CAROLINA FOUNDATION FOR ADVANCED HEALTH PROGRAMS 2401 WESTON PKWY STE 203 CARY,NC 27513	N/A	PC	TO IMPROVE ORAL HEALTH	150,800
NORTH DAKOTA DEPARTMENT OF HEALTH (ROHC) 600 E BOULEVARD AVE DEPT 301 BISMARCK,ND 58505	N/A	GOV	TO IMPROVE ORAL HEALTH	160,830
Total . . . . . ▶ **3a**				11,553,133

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*				
NORTHEASTERN UNIVERSITY (ROHC) 360 HUNTINGTON AVE SUITE 316CP BOSTON,MA 02115	N/A	PC	TO IMPROVE ORAL HEALTH	258,443
ORAL HEALTH AMERICA 180 NORTH MICHIGAN AVE STE 1150 CHICAGO,IL 60601	N/A	PC	TO IMPROVE ORAL HEALTH	331,973
ORAL HEALTH KANSAS 800 SW JACKSON ST SUITE 1120 TOPEKA,KS 66612	N/A	PC	TO IMPROVE ORAL HEALTH	585,595
OREGON PRIMARY CARE ASSOCIATION 310 SW 4TH AVE SUITE 200 PORTLAND,OR 97204	N/A	PC	TO IMPROVE ORAL HEALTH	295,537
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	298,758
SOCIETY OF TEACHERS OF FAMILY MEDICINE 11400 TOMAHAWK CREEK PARKWAY SUITE 540 LEAWOOD,KS 66211	N/A	PC	TO IMPROVE ORAL HEALTH	143,900
TENNESSEE PRIMARY CARE ASSOCIATION 710 SPENCE LANE NASHVILLE,TN 37217	N/A	PC	TO IMPROVE ORAL HEALTH	120,749
TEXAS ORAL HEALTH COALITION INC 4614 BOWIE DR MIDLAND,TX 79703	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD BOX 368 HONOLULU,HI 96822	N/A	PC	TO IMPROVE ORAL HEALTH	150,347
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON,CA 95211	N/A	PC	TO IMPROVE ORAL HEALTH	265,920
VIRGINIA ORAL HEALTH COALITION 4200 INNSLAKE DR STE 103 GLEN ALLEN,VA 23060	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
VISTA COMMUNITY CLINIC 1000 VALE TERRACE VISTA,CA 92084	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
JOHN F KENNEDY MEDICAL CENTER FOUNDATION 98 ST JAMES ST EDISON,NJ 08820	N/A	PC	TO IMPROVE ORAL HEALTH	4,195
EAST CENTRAL MINISTRIES 123 VERMONT ST NE ALBUQUERQUE,NM 87108	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
JOSEPH M SMITH COMMUNITY HEALTH CENTER 287 WESTERN AVE ALLSTON,MA 02134	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
Total . . . . . ▶ **3a**				11,553,133

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*				
INDIANA DENTAL ASSOCIATION FOUNDATION MOM 1319 EAST STOP 10 ROAD INDIANAPOLIS,IN 46227	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
NORTH GEORGIA HEALTHCARE CENTER 6120 OLD ALABAMA ROAD RINGGOLD,GA 30736	N/A	PC	TO IMPROVE ORAL HEALTH	14,162
GEORGIA DENTAL ASSOCIATION MOM 7000 PEACHTREE DUNWOODY RD NE STE 200 BLDG 17 ATLANTA,GA 30328	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
MOM-N-PA 420 EAST ORANGE STREET SHIPPENSBURG,PA 17257	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
RHODE ISLAND ORAL HEALTH FOUNDATION MOM 11438 PARK AVE WOONSOCKET,RI 02895	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
WHITMAN-WALKER CLINIC 1701 14TH ST NW WASHINGTON,DC 20009	N/A	PC	TO IMPROVE ORAL HEALTH	13,000
COMMUNITY HEALTH CENTER OF FRANKLIN COUNTY 489 BERNARDSTON RD STE 108 GREENFIELD,MA 01301	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
COLUMBIA ORAL HEALTH CLINIC 3425 N MAIN ST COLUMBIA,SC 29203	N/A	PC	TO IMPROVE ORAL HEALTH	6,750
BALDWIN FAMILY HEALTH CARE 1615 MICHIGAN AVE BALDWIN,MI 49304	N/A	PC	TO IMPROVE ORAL HEALTH	4,180
CASS COMMUNITY HEALTH FOUNDATION 2316 E MEYER BLVD KANSAS CITY,MO 64132	N/A	PC	TO IMPROVE ORAL HEALTH	9,327
UNIVERSITY OF SOUTH DAKOTA 414 EAST CLARK ST VERMILLION,SD 57069	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
CHURCH HEALTH SERVICES 1115 NORTH CENTER ST BEAVER DAM,WI 53916	N/A	PC	TO IMPROVE ORAL HEALTH	15,227
MEMPHIS DENTAL SOCIETY CHARITABLE FOUNDATION 2000 APPLING ROAD CORDOVA,TN 38016	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO,CA 92102	N/A	PC	TO IMPROVE ORAL HEALTH	12,000
PHILADELPHIA FIGHT 1233 LOCUST ST 3RD FLOOR PHILADELPHIA,PA 19107	N/A	PC	TO IMPROVE ORAL HEALTH	15,000
Total . . . . . ▶ **3a**				11,553,133

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 DENTAL ASSOCIATION FOUNDATION 1201 K ST STE 1511 SACRAMENTO,CA 95814	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
NYU-COLLEGE OF NURSING 726 BROADWAY 10TH FLOOR NEW YORK,NY 10003	N/A	PC	TO IMPROVE ORAL HEALTH	292,438
PHYSICIAN ASSISTANT EDUCATION ASSOCIATION 300 N WASHINGTON ST STE 710 ALEXANDRIA,VA 22314	N/A	PC	TO IMPROVE ORAL HEALTH	245,500
AMERICAN BOARD OF DENTAL PUBLIC HEALTH 827 BROOKRIDGE DR NE ATLANTA,GA 30306	N/A	PC	TO IMPROVE ORAL HEALTH	53,000
IDAHO DEPARTMENT OF HEALTH & WELFARE 450 W STATE ST 6TH FLOOR BOISE,ID 83702	N/A	PC	TO IMPROVE ORAL HEALTH	150,800
MARSHALL UNIVERSITYWV ORAL HEALTH COALIATION 401 11ST ST STE 1400 HUNTINGTON,WV 25701	N/A	PC	TO IMPROVE ORAL HEALTH	175,800
SCHOOL-BASED HEALTH ALLIANCE 1010 VERMONT AVE NW STE 600 WASHINGTON,DC 20005	N/A	PC	TO IMPROVE ORAL HEALTH	409,146
HEALTH CARE FOR ALL 1 FEDERAL ST 5TH FLOOR BOSTON,MA 02110	N/A	PC	TO IMPROVE ORAL HEALTH	288,819
FOUNDATION FOR CHILDREN 104 HUNGERFORD ST HARTFORD,CT 06106	N/A	PC	TO IMPROVE ORAL HEALTH	96,753
RHODE ISLAND KIDS COUNT 1 UNION STATION PROVIDENCE,RI 02903	N/A	PC	TO IMPROVE ORAL HEALTH	150,800
STATE UNIVERSITY OF IOWA FOUNDATION 1 W PARK RD IOWA CITY,IA 52242	N/A	PC	TO IMPROVE ORAL HEALTH	184,096
ASIAN PACIFIC COMMUNITY IN ACTION 6741 N 7TH ST PHOENIX,AZ 85014	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
CHILDREN'S ACTION ALLIANCE 4001 3RD ST STE 160 PHOENIX,AZ 85012	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE STE 600 PHOENIX,AZ 85012	N/A	PC	TO IMPROVE ORAL HEALTH	99,468
ASIAN AMERICANS ADVANCING JUSTICE-LOS ANGELES 1145 WILSHIRE BLVD 2ND FLOOR LOS ANGELES,CA 90017	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
Total . . . . . ▶ **3a**				11,553,133

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 PAN-ETHNIC HEALTH NETWORK 1221 PRESERVATION PARKWAY STE 2 OAKLAND,CA 94612	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
STRATEGIC CONCEPTS IN ORGANIZING AND POLICY EDUCATION 1715 W FLORENCE AVE 2ND FLOOR LOS ANGELES,CA 90047	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
VISION Y COMPROMISO 2536 EDWARDS AVE EL CERRITO,CA 94530	N/A	PC	TO IMPROVE ORAL HEALTH	99,980
CENTRAL VALLEY HEALTH POLICY INSTITUTE 4910 N CHESTNUT AVE FRESNO,CA 93726	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
HUMAN SERVICES COALITION OF DADE COUNTY INC 1900 BISCAYNE BLVD STE 200 MIAMI,FL 33132	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
TAMPA BAY HEALTHCARE COLLABORATIVE 33920 US HWY 19 N STE 269 PALM HARBOR,FL 34684	N/A	PC	TO IMPROVE ORAL HEALTH	99,709
KENT COUNTY HEALTH DEPARMENT 700 FULLER AVE NE GRAND RAPIDS,MI 49503	N/A	GOV	TO IMPROVE ORAL HEALTH	50,000
VOICES OF DETROIT INITIATIVE 4201 SAINT ANTOINE ST DETRIOT,MI 48201	N/A	PC	TO IMPROVE ORAL HEALTH	99,900
ARC OF GREATER PITTSBURGHACHIEVA 711 BINGHAM ST PITTSBURGH,PA 15203	N/A	PC	TO IMPROVE ORAL HEALTH	49,825
BERKS COUNTY COMMUNITY FOUNDATION 237 COURT STREET READING,PA 19601	N/A	PC	TO IMPROVE ORAL HEALTH	99,151
PUT PEOPLE FIRST PA 5424 CATHARINE ST PHILADELPHIA,PA 19143	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
PATHWAYS-VA INC 1200 W WASHINGTON ST PETERSBURG,VA 23803	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
SMART BEGINNINGS VIRGINIA PENNISULA 321 MAIN ST NEWPORT NEWS,VA 23601	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
SOUTHWEST VIRGINIA AREA HEALTH EDUCATION CENTER 1060 DRAGON ROAD OAKWOOD,VA 24631	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
HEALTHY ROANOKE VALLEY 325 CAMPBELL AVE ROANOKE,VA 24016	N/A	PC	TO IMPROVE ORAL HEALTH	50,000
Total . . . . . ▶ **3a**				11,553,133

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*				
TIDES CENTERLATINO COALITION FOR HEALTHY CALIFORNIA 1225 8TH ST STE 375 SACRAMENTO,CA 95814	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
HEARTLAND ALLIANCE FOR HUMAN NEEDS 1100 W CERMAK STE 518 CHICAGO,IL 60608	N/A	PC	TO IMPROVE ORAL HEALTH	15,000
THE CHILDREN'S PARTNERSHIP 1351 THIRD ST PROMENADE STE 206 SANTA MONICA,CA 90401	N/A	PC	TO IMPROVE ORAL HEALTH	231,100
LA TRUST FOR CHILDREN'S HEALTH 333 S BEAUDRY AVE 29TH FLOOR LOS ANGELES,CA 90017	N/A	PC	TO IMPROVE ORAL HEALTH	250,000
LUNDEN-DINEEN HEALTH ALLIANCEMGH 55 FRUIT ST BOSTON,MA 02114	N/A	PC	TO IMPROVE ORAL HEALTH	100,970
COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT 100 GREAT MEADOW ROAD STE 400 WETHERSFIELD,CT 06109	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
COMMUNITY HEALTH CARE ASSOCIATION OF THE DAKOTAS 1400 W 22ND ST SIOUX FALLS,SD 57105	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION 1411 K ST NW STE 300 WASHINGTON,DC 20005	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS 2340 HANSEN LANE TALLAHASSEE,FL 32301	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
INDIANA PRIMARY HEALTH CARE ASSOCIATION 429 N PENNSYLVANIA ST INDIANAPOLIS,IN 46204	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
LOUSIANA PRIMARY CARE ASSOCIATION 4550 NORTH BLVD STE 120 BATON ROUGE,LA 70806	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
MISSOURI COALITION FOR PRIMARY HEALTH CARE INC 3325 EMERALD LANE JEFFERSON CITY,MO 65109	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
MAINE PRIMARY CARE ASSOCIATION 73 WINTHRO STREET AUGUSTA,ME 04330	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
RHODE ISLAND HEALTH CENTER ASSOCIATION 235 PROMENADE ST ROOM 455 PROVIDENCE,RI 02908	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
NEW JERSEY PRIMARY CARE ASSOCIATION 3836 QUAKERBRIDGE RD STE 201 HAMILTON,NJ 08619	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
Total . . . . . ▶ **3a**				11,553,133

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*				
KENTUCKY PRIMARY CARE 226 WEST MAIN ST FRANKFORT,KY 40601	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
OKLAHOMA PRIMARY CARE ASSOCIATION 4300 N LINCOLN BLVD OKLAHOMA CITY,OK 73105	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
MONTANA PRIMARY CARE ASSOCIATION 1805 EUCLID AVE HELENA,MT 59601	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
KENT COUNTY ORAL HEALTH COALITION 700 FULLER AVE NE GRAND RAPIDS,MI 49503	N/A	GOV	TO IMPROVE ORAL HEALTH	50,000
DISABILITY HEALTHCARE INITIATIVE 711 BINGHAM ST PITTSBURGH,PA 15203	N/A	PC	TO IMPROVE ORAL HEALTH	49,500
UNITED WAY OF ROANOKE VALLEY 325 CAMPBELL AVE ROANOKE,VA 24016	N/A	PC	TO IMPROVE ORAL HEALTH	50,000
DELAWARE DIVISION OF PUBLIC HEALTH 417 FEDERAL ST DOVER,DE 19901	N/A	PC	TO IMPROVE ORAL HEALTH	150,800
ELSEVIER INC 360 PARK AVE SOUTH NEW YORK,NY 10010	N/A	PC	TO IMPROVE ORAL HEALTH	35,000
NEW ENGLAND RURAL HEALTH ROUNDTABLE 11 BIRCH LEDGE MEREDITH,NH 03253	N/A	PC	TO IMPROVE ORAL HEALTH	1,500
CAMBRIDGE HEALTH ALLIANCE 1493 CAMBRIDGE ST CAMBRIDGE,MA 02139	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
TEXAS HEALTH INSTITUTE 8501 NORTH MOPAC EXPRESSWAY AUSTIN,TX 78759	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
BOSTON PUBLIC HEALTH COMMISSION(HIV DENTAL PROGRAM) 1010 MASSACHUSETTS AVE BOSTON,MA 02118	N/A	PC	TO IMPROVE ORAL HEALTH	850
AMERICAN DENTAL ASSOCIATION 211 E CHICAGO AVE CHICAGO,IL 60611	N/A	PC	TO IMPROVE ORAL HEALTH	35,000
VIRGINIA HEALTH CARE FOUNDATION 707 EAST MAIN STREET RICHMOND,VA 23219	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
EMPOWER PEACE 240 COMMERCIAL STREET 2ND FLOOR BOSTON,MA 02109	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
Total . . . . . ▶ **3a**				11,553,133

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*				
OREGON PUBLIC HEALTH DIVISION 800 NE OREGON STREET PORTLAND,OR 97232	N/A	GOV	TO IMPROVE ORAL HEALTH	10,000
Total . . . . . ▶ **3a**				11,553,133

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320010016

TY 2015 Accounting Fees Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING EXPENSE	24,500	0		24,500

TY 2015 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	3,601,492	3,601,492
COLCHESTER GLOBAL BOND FUND	3,244,817	3,244,817
VOYA (F/K/A ING) GLOBAL REAL ESTATE	3,802,953	3,802,953
VANGUARD	6,117,115	6,117,115
TAP FUND LTD	1,094,846	1,094,846
VAN ECK HARD ASSETS CLASS I MUTUAL FUND	2,167,727	2,167,727
FPA CRESCENT FUND	3,205,960	3,205,960
PARAMETRIC EMERGING MKTS FUND INST	2,234,401	2,234,401

TY 2015 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	16,724,125	16,724,125
SSGA MSCI ACWI EX USA INDEX NON-LENDING QP STRATEGY	7,888,603	7,888,603

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320010016

TY 2015 Investments Government Obligations Schedule

Name:	DENTAQUEST FOUNDATION INC
EIN:	04-3265080
US Government Securities - End of Year Book Value:	2,399,640
US Government Securities - End of Year Fair Market Value:	2,399,640
State & Local Government Securities - End of Year Book Value:	0
State & Local Government Securities - End of Year Fair Market Value:	0

TY 2015 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	2,847,370	2,847,370
TIFF PRIVATE EQUITY PARTNERS	FMV	1,153,058	1,153,058
DRAKE CAPITAL OFFSHORE PARTNERS LP	FMV	3,995,598	3,995,598
ABERDEEN GLOBAL PARTNERS LP	FMV	1,299,586	1,299,586

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320010016

TY 2015 Other Decreases Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Description	Amount
UNREALIZED LOSSES ON INVESTMENTS	9,962,592
RETURN OF DUES FOR TERMINATED PROGRAM	12,910

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320010016

TY 2015 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	39,506	0		39,506
SUBSCRIPTIONS AND DUES	36,729	0		36,729
TELEPHONE	10,579	0		10,579
PUBLIC RELATIONS	19,045	0		19,045

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320010016

TY 2015 Other Income Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PASSTHROUGH INCOME FROM VARIOUS K-1'S	699,501	699,501	699,501

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320010016

TY 2015 Other Increases Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Description	Amount
REFUND OF UNEXPENDED GRANTS	74,973

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320010016

TY 2015 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	2,979,855	0		2,979,855
INVESTMENT MANAGEMENT FEES	151,633	151,633		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320010016

TY 2015 Taxes Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	33,500	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491320010016

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

2015

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	DENTAL SERVICE OF MASSACHUSETTS INC 465 MEDFORD STREET BOSTON, MA 02129	$ 10,000,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
3	WASHINGTON DENTAL SERVICE FOUNDATION 9706 FOURTH AVENUE NE SEATTLE, WA 98115	$ 200,000	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)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		$	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