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Department of the Treasury  
Internal Revenue Service

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

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).**2015**

Open to Public Inspection

For calendar year 2015 or tax year beginning

, 2015, and ending

, 20

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                 |                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>AMERICAN DENTAL PARTNERS FOUNDATION, INC.</b>                                                                                                                                                                                                                                 |                                                                                                                                                                                                 | A Employer identification number<br><b>04-3477129</b>                                                                                                                          |
| Number and street (or P.O. box number if mail is not delivered to street address)                                                                                                                                                                                                                      | Room/suite                                                                                                                                                                                      | B Telephone number (see instructions)                                                                                                                                          |
| <b>401 EDGEWATER PLACE</b>                                                                                                                                                                                                                                                                             | <b>430</b>                                                                                                                                                                                      | <b>(781) 224-0880</b>                                                                                                                                                          |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>WAKEFIELD, MA 01880</b>                                                                                                                                                                                                 |                                                                                                                                                                                                 | C If exemption application is pending, check here. <input type="checkbox"/>                                                                                                    |
| G Check all that apply:<br><input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |                                                                                                                                                                                                 | D 1. Foreign organizations, check here. <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation. <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                      |                                                                                                                                                                                                 | E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/>                                                                 |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 1,527,633.</b>                                                                                                                                                                                                | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(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. <input type="checkbox"/>                                                              |

| 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) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| 1 Contributions, gifts, grants, etc., received (attach schedule)                                                                                                    | 345,061.                           |                           |                         |                                                             |
| 2 Check <input type="checkbox"/> If the foundation is not required to attach Sch. B. . . . .                                                                        |                                    |                           |                         |                                                             |
| 3 Interest on savings and temporary cash investments.                                                                                                               |                                    |                           |                         | ATCH 1                                                      |
| 4 Dividends and interest from securities . . . . .                                                                                                                  |                                    |                           |                         |                                                             |
| 5a Gross rents . . . . .                                                                                                                                            |                                    |                           |                         |                                                             |
| b Net rental income or (loss) . . . . .                                                                                                                             |                                    |                           |                         |                                                             |
| 6a Net gain or (loss) from sale of assets not on line 10                                                                                                            |                                    |                           |                         |                                                             |
| b Gross sales price for all assets on line 6a . . . . .                                                                                                             |                                    |                           |                         |                                                             |
| 7 Capital gain net income (from Part IV, line 2) . . . . .                                                                                                          |                                    |                           |                         |                                                             |
| 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) . . . . .                                                                                                                         |                                    |                           |                         |                                                             |
| 12 Total. Add lines 1 through 11 . . . . .                                                                                                                          | 345,061.                           |                           |                         |                                                             |
| 13 Compensation of officers, directors, trustees, etc. . . . .                                                                                                      | 0.                                 |                           |                         |                                                             |
| 14 Other employee salaries and wages . . . . .                                                                                                                      | 8,918.                             |                           |                         |                                                             |
| 15 Pension plans, employee benefits . . . . .                                                                                                                       |                                    |                           |                         |                                                             |
| 16a Legal fees (attach schedule) . . . . .                                                                                                                          |                                    |                           |                         |                                                             |
| b Accounting fees (attach schedule) . . . . .                                                                                                                       |                                    |                           |                         |                                                             |
| c Other professional fees (attach schedule) . . . . .                                                                                                               |                                    |                           |                         |                                                             |
| 17 Interest . . . . .                                                                                                                                               | 125.                               |                           |                         |                                                             |
| 18 Taxes (attach schedule) (see instructions) [ 2 ]. . . . .                                                                                                        |                                    |                           |                         |                                                             |
| 19 Depreciation (attach schedule) and depletion . . . . .                                                                                                           |                                    |                           |                         |                                                             |
| 20 Occupancy . . . . .                                                                                                                                              |                                    |                           |                         |                                                             |
| 21 Travel, conferences, and meetings . . . . .                                                                                                                      |                                    |                           |                         |                                                             |
| 22 Printing and publications . . . . .                                                                                                                              | 1,695.                             |                           |                         |                                                             |
| 23 Other expenses (attach schedule) ATCH 3 . . . . .                                                                                                                | 14,951.                            |                           |                         |                                                             |
| 24 Total operating and administrative expenses. Add lines 13 through 23. . . . .                                                                                    | 25,689.                            |                           |                         |                                                             |
| 25 Contributions, gifts, grants paid . . . . .                                                                                                                      | 117,488.                           |                           |                         | 117,488.                                                    |
| 26 Total expenses and disbursements. Add lines 24 and 25 . . . . .                                                                                                  | 143,177.                           |                           |                         | 117,488.                                                    |
| 27 Subtract line 26 from line 12:                                                                                                                                   |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements . . . . .                                                                                                       | 201,884.                           |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-) . . . . .                                                                                                          |                                    | 0.                        |                         |                                                             |
| 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 . . . . .                                                                                             |                                                                                                                       | 1,198,414.        | 1,400,298.     | 1,527,633.            |
|                             | 2                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                  |                                                                                                                       |                   |                |                       |
|                             | 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). . . . .                                                    |                                                                                                                       |                   |                |                       |
|                             | b                                                                                                                                         | Investments - corporate stock (attach schedule) . . . . .                                                                         |                                                                                                                       |                   |                |                       |
|                             | c                                                                                                                                         | Investments - corporate bonds (attach schedule) . . . . .                                                                         |                                                                                                                       |                   |                |                       |
|                             | Liabilities                                                                                                                               | 11                                                                                                                                | Investments - land, buildings, and equipment: basis ▶ . . . . .<br>Less: accumulated depreciation ▶ (attach schedule) |                   |                |                       |
| 12                          |                                                                                                                                           | Investments - mortgage loans. . . . .                                                                                             |                                                                                                                       |                   |                |                       |
| 13                          |                                                                                                                                           | Investments - other (attach schedule) . . . . .                                                                                   |                                                                                                                       |                   |                |                       |
| 14                          |                                                                                                                                           | Land, buildings, and equipment: basis ▶ . . . . .<br>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) . . . . .                           | 1,198,414.                                                                                                            | 1,400,298.        | 1,527,633.     |                       |
| 17                          |                                                                                                                                           | Accounts payable and accrued expenses . . . . .                                                                                   |                                                                                                                       |                   |                |                       |
| 18                          |                                                                                                                                           | Grants payable. . . . .                                                                                                           |                                                                                                                       |                   |                |                       |
| 19                          |                                                                                                                                           | Deferred revenue. . . . .                                                                                                         |                                                                                                                       |                   |                |                       |
| 20                          |                                                                                                                                           | Loans from officers, directors, trustees, and other disqualified persons. . . . .                                                 |                                                                                                                       |                   |                |                       |
| Net Assets or Fund Balances | 21                                                                                                                                        | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |                                                                                                                       |                   |                |                       |
|                             | 22                                                                                                                                        | Other liabilities (describe ▶ . . . . .)                                                                                          |                                                                                                                       |                   |                |                       |
|                             | 23                                                                                                                                        | Total liabilities (add lines 17 through 22) . . . . .                                                                             | 0.                                                                                                                    | 0.                |                |                       |
|                             | Foundations that follow SFAS 117, check here. ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. |                                                                                                                                   |                                                                                                                       |                   |                |                       |
|                             | 24                                                                                                                                        | Unrestricted . . . . .                                                                                                            | 1,024,384.                                                                                                            | 1,205,167.        |                |                       |
|                             | 25                                                                                                                                        | Temporarily restricted . . . . .                                                                                                  | 174,030.                                                                                                              | 195,131.          |                |                       |
|                             | 26                                                                                                                                        | Permanently restricted . . . . .                                                                                                  |                                                                                                                       |                   |                |                       |
|                             | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input type="checkbox"/>                          |                                                                                                                                   |                                                                                                                       |                   |                |                       |
|                             | 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) . . . . .                                                                            | 1,198,414.                                                                                                                        | 1,400,298.                                                                                                            |                   |                |                       |
| 31                          | Total liabilities and net assets/fund balances (see instructions) . . . . .                                                               | 1,198,414.                                                                                                                        | 1,400,298.                                                                                                            |                   |                |                       |

## 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 | 1,198,414. |
| 2 | Enter amount from Part I, line 27a. . . . .                                                                                                                         | 2 | 201,884.   |
| 3 | Other increases not included in line 2 (itemize) ▶ . . . . .                                                                                                        | 3 |            |
| 4 | Add lines 1, 2, and 3 . . . . .                                                                                                                                     | 4 | 1,400,298. |
| 5 | Decreases not included in line 2 (itemize) ▶ . . . . .                                                                                                              | 5 |            |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . . .                                                     | 6 | 1,400,298. |

Form 990-PF (2015)

**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<br>P - Purchase<br>D - Donation                                                | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|
| <b>1a</b>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>b</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>c</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>d</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>e</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| (e) Gross sales price                                                                                                                                                                                     | (f) Depreciation allowed<br>(or allowable)                                                                                                                                                                                                                    | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g)                                                    |                                      |                                  |
| <b>a</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>b</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>c</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>d</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>e</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                                                                                               |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| (i) F.M.V. as of 12/31/69                                                                                                                                                                                 | (j) Adjusted basis<br>as of 12/31/69                                                                                                                                                                                                                          | (k) Excess of col. (i)<br>over col. (j), if any | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |                                      |                                  |
| <b>a</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>b</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>c</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>d</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>e</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |                                                 |                                                                                                 |                                      |                                  |
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                    | <div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           If gain, also enter in Part I, line 7<br/>If (loss), enter -0- in Part I, line 7         </div> </div> |                                                 | <b>2</b>                                                                                        |                                      |                                  |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in<br>Part I, line 8 |                                                                                                                                                                                                                                                               |                                                 | <b>3</b>                                                                                        |                                      |                                  |

**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 the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in)                                                                                                                                                           | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2014                                                                                                                                                                                                                           | 173,975.                                 | 357,080.                                     | 0.487216                                                    |
| 2013                                                                                                                                                                                                                           | 128,865.                                 | 273,665.                                     | 0.470886                                                    |
| 2012                                                                                                                                                                                                                           | 87,234.                                  | 186,436.                                     | 0.467903                                                    |
| 2011                                                                                                                                                                                                                           | 176,939.                                 | 206,509.                                     | 0.856810                                                    |
| 2010                                                                                                                                                                                                                           | 60,821.                                  | 526,621.                                     | 0.115493                                                    |
| <b>2</b> Total of line 1, column (d)                                                                                                                                                                                           |                                          |                                              | <b>2</b> 2.398308                                           |
| <b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years                                       |                                          |                                              | <b>3</b> 0.479662                                           |
| <b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5                                                                                                                                          |                                          |                                              | <b>4</b> 414,538.                                           |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                                                             |                                          |                                              | <b>5</b> 198,838.                                           |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                                                            |                                          |                                              | <b>6</b>                                                    |
| <b>7</b> Add lines 5 and 6                                                                                                                                                                                                     |                                          |                                              | <b>7</b> 198,838.                                           |
| <b>8</b> Enter qualifying distributions from Part XII, line 4<br>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<br>Part VI Instructions. |                                          |                                              | <b>8</b> 117,488.                                           |

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

|                                                                                                                                                            |  |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|----|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. . . . .                    |  | 1  | 0. |
| 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 <input type="checkbox"/> and enter 1% of Part I, line 27b. . . . . |  |    |    |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).                                 |  | 2  | 0. |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .                                      |  |    |    |
| 3 Add lines 1 and 2. . . . .                                                                                                                               |  |    |    |
| 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  | 0. |
| 6 Credits/Payments:                                                                                                                                        |  | 6a |    |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015. . . . .                                                                               |  |    |    |
| b Exempt foreign organizations - tax withheld at source. . . . .                                                                                           |  |    |    |
| c Tax paid with application for extension of time to file (Form 8868). . . . .                                                                             |  |    |    |
| d Backup withholding erroneously withheld . . . . .                                                                                                        |  | 6d |    |
| 7 Total credits and payments. Add lines 6a through 6d. . . . .                                                                                             |  | 7  | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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  | 0. |
| 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 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> . . . . .                  |  | 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? . . . . .                                                                                                                                                                       |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? . . . . .<br>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. |     | X  |
| c Did the foundation file Form 1120-POL for this year? . . . . .                                                                                                                                                                                                                                                                                        |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____                                                                                                                                                                        |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____                                                                                                                                                                                                      |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                               |     | X  |
| 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. . . . .                                                                                                                   |     | X  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .                                                                                                                                                                                                                                                                            |     | X  |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br>If "Yes," attach the statement required by General Instruction T.                                                                                                                                                                         |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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? . . . . .          | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV                                                                                                                                                                                                                     | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ►<br>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. . . . .                                                                                                                                  | X   |    |
| 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. . . . .                                                                                         |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. . . . .                                                                                                                                                                                                          | X   |    |

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**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 | Yes | No |
|    | ATCH 4                                                                                                                                                                                                                                                                                                                                    |    | X   |    |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .                                                                                                                                        | 12 |     | X  |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW.ADPFOUNDATION.ORG                                                                                                                                                                               | 13 | X   |    |
| 14 | The books are in care of ▶ AMERICAN DENTAL PARTNERS Telephone no. ▶ 781-213-0279<br>Located at ▶ 401 EDGEWATER PLACE, SUITE 430 WAKEFIELD, MA ZIP+4 ▶ 01880                                                                                                                                                                               |    |     |    |
| 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? . . . . .<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ | 16 | Yes | No |
|    |                                                                                                                                                                                                                                                                                                                                           |    |     | X  |

**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.

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |     |    |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1a  | During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                                       |    | Yes | No |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                              |    |     | X  |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .                                                                                                                                                                                                                                                                                                                                                                                      |    |     | X  |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                          | X  | Yes | No |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                |    | Yes | X  |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .                                                                                                                                                                                                                                                                                                                                                       |    | Yes | X  |
| (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 | X  |
| 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)? . . . . . Organizations relying on a current notice regarding disaster assistance check here . . . . . ▶                                                                                                                                                                             | 1b |     | X  |
| 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 |     | X  |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                            |    |     |    |
| 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? . . . . . If "Yes," list the years ▶                                                                                                                                                                                                                                                                                                                    |    | Yes | X  |
| 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 |     | X  |
| c   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶                                                                                                                                                                                                                                                                                                                                                                                        |    |     |    |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .                                                                                                                                                                                                                                                                                                                                                                      |    | Yes | X  |
| 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 |     | X  |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?                                                                                                                                                                                                                                                                         | 4b |     | X  |

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**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)? ☐ Yes ☒ NoOrganizations relying on a current notice regarding disaster assistance check here ☐ **5b**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 ☒ Nob Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** X

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 ☒ Nob If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **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 |
|----------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| ATCH 5               |                                                           | 0.                                        | 0.                                                                    | 0.                                    |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |

**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 |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000. ☐ **Form 990-PF (2015)**

**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 |
|-------------------------------------------------------------|---------------------|------------------|
| NONE                                                        |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |
|                                                             |                     |                  |

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**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 |
|---------------|----------|
| <b>1</b> NONE |          |
|               |          |
| <b>2</b>      |          |
|               |          |
| <b>3</b>      |          |
|               |          |
| <b>4</b>      |          |
|               |          |

**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 |
|----------------------------------------------------------|--------|
| <b>1</b> NONE                                            |        |
|                                                          |        |
| <b>2</b>                                                 |        |
|                                                          |        |
| All other program-related investments. See instructions. |        |
| <b>3</b> NONE                                            |        |
|                                                          |        |

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

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

|          |                                                                                                                       |           |          |
|----------|-----------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:           |           |          |
| <b>a</b> | Average monthly fair market value of securities . . . . .                                                             | <b>1a</b> |          |
| <b>b</b> | Average of monthly cash balances . . . . .                                                                            | <b>1b</b> | 420,851. |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                     | <b>1c</b> |          |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c) . . . . .                                                                       | <b>1d</b> | 420,851. |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .   | <b>1e</b> |          |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets . . . . .                                                        | <b>2</b>  |          |
| <b>3</b> | Subtract line 2 from line 1d . . . . .                                                                                | <b>3</b>  | 420,851. |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .    | <b>4</b>  | 6,313.   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . . | <b>5</b>  | 414,538. |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5 . . . . .                                                        | <b>6</b>  | 20,727.  |

**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.)

|           |                                                                                                                     |           |         |
|-----------|---------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Minimum investment return from Part X, line 6 . . . . .                                                             | <b>1</b>  | 20,727. |
| <b>2a</b> | Tax on investment income for 2015 from Part VI, line 5 . . . . .                                                    | <b>2a</b> |         |
| <b>b</b>  | Income tax for 2015. (This does not include the tax from Part VI.) . . . . .                                        | <b>2b</b> |         |
| <b>c</b>  | Add lines 2a and 2b . . . . .                                                                                       | <b>2c</b> |         |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .                                     | <b>3</b>  | 20,727. |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions . . . . .                                                 | <b>4</b>  |         |
| <b>5</b>  | Add lines 3 and 4 . . . . .                                                                                         | <b>5</b>  | 20,727. |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                     | <b>6</b>  |         |
| <b>7</b>  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . . | <b>7</b>  | 20,727. |

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

|          |                                                                                                                                                                |           |          |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                     |           |          |
| <b>a</b> | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .                                                                        | <b>1a</b> | 117,488. |
| <b>b</b> | Program-related investments - total from Part IX-B . . . . .                                                                                                   | <b>1b</b> |          |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .                                            | <b>2</b>  |          |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                           |           |          |
| <b>a</b> | Suitability test (prior IRS approval required) . . . . .                                                                                                       | <b>3a</b> |          |
| <b>b</b> | Cash distribution test (attach the required schedule) . . . . .                                                                                                | <b>3b</b> |          |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .                                    | <b>4</b>  | 117,488. |
| <b>5</b> | 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) . . . . . | <b>5</b>  | 0.       |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .                                                                                | <b>6</b>  | 117,488. |

**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)<br>Corpus | (b)<br>Years prior to 2014 | (c)<br>2014 | (d)<br>2015 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2015 from Part XI, line 7 . . . . .                                                                                                                       |               |                            |             | 20,727.     |
| 2 Undistributed Income, if any, as of the end of 2015:                                                                                                                               |               |                            |             |             |
| a Enter amount for 2014 only. . . . .                                                                                                                                                |               |                            |             |             |
| b Total for prior years: 20 <u>13</u> , 20 <u>12</u> , 20 <u>11</u> . . . . .                                                                                                        |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2015:                                                                                                                                   |               |                            |             |             |
| a From 2010 . . . . .                                                                                                                                                                | 60,821.       |                            |             |             |
| b From 2011 . . . . .                                                                                                                                                                | 176,940.      |                            |             |             |
| c From 2012 . . . . .                                                                                                                                                                | 528,157.      |                            |             |             |
| d From 2013 . . . . .                                                                                                                                                                | 115,182.      |                            |             |             |
| e From 2014 . . . . .                                                                                                                                                                | 156,121.      |                            |             |             |
| f Total of lines 3a through e . . . . .                                                                                                                                              | 1,037,221.    |                            |             |             |
| 4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ <u>117,488.</u>                                                                                                      |               |                            |             |             |
| a Applied to 2014, but not more than line 2a . . . . .                                                                                                                               |               |                            |             |             |
| b Applied to undistributed income of prior years (Election required - see instructions). . . . .                                                                                     |               |                            |             |             |
| c Treated as distributions out of corpus (Election required - see instructions). . . . .                                                                                             |               |                            |             |             |
| d Applied to 2015 distributable amount. . . . .                                                                                                                                      |               |                            |             | 20,727.     |
| e Remaining amount distributed out of corpus. . . . .                                                                                                                                | 96,761.       |                            |             |             |
| 5 Excess distributions carryover applied to 2015 .<br>(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 . . . . .                                                                                                                        | 1,133,982.    |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b. . . . .                                                                                                          |               |                            |             |             |
| 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 . . . . . |               |                            |             |             |
| d Subtract line 6c from line 6b. Taxable amount - see instructions. . . . .                                                                                                          |               |                            |             |             |
| e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .                                                                          |               |                            |             |             |
| f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016. . . . .                                                               |               |                            |             |             |
| 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) . . . . .       |               |                            |             |             |
| 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) . . . . .                                                                              | 60,821.       |                            |             |             |
| 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .                                                                                              | 1,073,161.    |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                               |               |                            |             |             |
| a Excess from 2011 . . . . .                                                                                                                                                         | 176,940.      |                            |             |             |
| b Excess from 2012 . . . . .                                                                                                                                                         | 528,157.      |                            |             |             |
| c Excess from 2013 . . . . .                                                                                                                                                         | 115,182.      |                            |             |             |
| d Excess from 2014 . . . . .                                                                                                                                                         | 156,121.      |                            |             |             |
| e Excess from 2015 . . . . .                                                                                                                                                         | 96,761.       |                            |             |             |

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

NOT APPLICABLE

1 a 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 foundation 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 |           |
| 2 a 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 foundation 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).)

NONE

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.

NONE

**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:

ATCH 6

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

ATCH 7

c Any submission deadlines:

ATCH 8

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

ATCH 9

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business) | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount   |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|----------|
| <b>a Paid during the year</b><br><br>ATCH 10     |                                                                                                                    |                                      |                                     |          |
| <b>Total</b> .....                               |                                                                                                                    |                                      | ▶ <b>3a</b>                         | 117,488. |
| <b>b Approved for future payment</b>             |                                                                                                                    |                                      |                                     |          |
| <b>Total</b> .....                               |                                                                                                                    |                                      | ▶ <b>3b</b>                         |          |

## Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. |                                                                    | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions.) |
|-------------------------------------------------|--------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                 |                                                                    | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>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 . . . . .       |                           |               | 14                                   |               |                                                                    |
| 4                                               | Dividends and interest from securities . . . . .                   |                           |               |                                      |               |                                                                    |
| 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 . . . . . |                           |               |                                      |               |                                                                    |
| 9                                               | Net income or (loss) from special events . . . . .                 |                           |               |                                      |               |                                                                    |
| 10                                              | Gross profit or (loss) from sales of inventory . . . . .           |                           |               |                                      |               |                                                                    |
| 11                                              | Other revenue: a _____                                             |                           |               |                                      |               |                                                                    |
| b                                               | _____                                                              |                           |               |                                      |               |                                                                    |
| c                                               | _____                                                              |                           |               |                                      |               |                                                                    |
| d                                               | _____                                                              |                           |               |                                      |               |                                                                    |
| e                                               | _____                                                              |                           |               |                                      |               |                                                                    |
| 12                                              | Subtotal. Add columns (b), (d), and (e) . . . . .                  |                           |               |                                      |               |                                                                    |
| 13                                              | Total. Add line 12, columns (b), (d), and (e) . . . . .            |                           |               |                                      |               |                                                                    |

(See worksheet in line 13 instructions to verify calculations.)

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

[illegible]



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2015**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

AMERICAN DENTAL PARTNERS FOUNDATION, INC.

Employer identification number

04-3477129

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust 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 foundationCheck 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 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 990-PF, 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 **AMERICAN DENTAL PARTNERS FOUNDATION, INC.**Employer identification number  
**04-3477129****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | AMERICAN DENTAL PARTNERS<br>401 EDGEWATER PLACE, SUITE 430<br>WAKEFIELD, MA 01880 | \$ 165,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | BAKER & HOSTETLER<br>65 E STATE ST. #2100<br>COLUMBUS, OH 43215                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | WISCONSIN DENTAL GROUP<br>9052 NORTH DEERBROOK TRAIL<br>MILWAUKEE, WI 53223       | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | XO COMMUNICATIONS<br>13865 SUNRISE VALLEY DR.<br>HERNDON, VA 20171                | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | ADVANCED DENTAL SPECIALISTS, LLC<br>9052 N DEERBROOK TRAIL<br>MILWAUKEE, WI 53223 | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | CARUS DENTAL, P.C.<br>7517 CAMERON ROAD, SUITE 1069<br>AUSTIN, TX 78752           | \$ 8,539.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization **AMERICAN DENTAL PARTNERS FOUNDATION, INC.**Employer identification number  
**04-3477129****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|----------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | ADEC<br>2601- CRESTVIEW DRIVE<br>NEWBURG, OR 97132                               | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | MALSON EDELMAN BOMAN & BRAND<br>3300 WELLS FARGO CENTER<br>MINNEAPOLIS, MN 55402 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | PREMIER DENTAL PRODUCTS<br>1710 ROMANO DR.<br>PLYMOUTH MEETING, PA 19462         | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | CONTINENTAL CASUALTY<br>333 S WABASH AVE<br>CHICAGO, IL 60604                    | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | PATTERSON DENTAL GROUP<br>1031 MENDOTA HEIGHTS ROAD<br>ST. PAUL, MN 55120        | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | FIRST ADVANTAGE NEW YORK<br>381 CHURCH ST<br>SARATOGA SPRINGS, NY 12866          | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization **AMERICAN DENTAL PARTNERS FOUNDATION, INC.**Employer identification number  
**04-3477129****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|---------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13         | 3M<br>3M CENTER BUILDING 225-3S-06<br>ST. PAUL, MN 55144                  | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | EBS INSURANCE BROKERS<br>300 WASHINGTON ST, SUITE 650<br>NEWTON, MA 02458 | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | MELLIN TECHNOLOGY<br>382 NE 191ST STREET, #48616<br>MIAMI, FL 33179       | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | SIRONA<br>30-30 47TH AVE #500<br>LONG ISLAND CITY, NY 11101               | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | AMERICAN FAMILY DENTAL<br>5150 STAGE RD., STE. 100<br>MEMPHIS, TN 38134   | \$ 15,289.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                                                           | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

04-3477129

## Part II

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

Name of organization AMERICAN DENTAL PARTNERS FOUNDATION, INC.

Employer identification number

04-3477129

**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.<br>from<br>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 |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |

ATTACHMENT 1FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

| <u>DESCRIPTION</u>         | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> |
|----------------------------|---------------------------------------------------|
| INVESTMENT INTEREST INCOME |                                                   |
|                            | TOTAL                                             |

ATTACHMENT 2FORM 990PF, PART I - TAXES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> |
|--------------------|---------------------------------------------------|
| MISC TAX PAYMENTS  | 125.                                              |
| TOTALS             | <u>125.</u>                                       |

ATTACHMENT 3FORM 990PF, PART I - OTHER EXPENSES

| <u>DESCRIPTION</u>   | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> |
|----------------------|---------------------------------------------------|
| BANK FEES            | 277.                                              |
| POSTAGE              | 17.                                               |
| ANNUAL REPORTING FEE | 322.                                              |
| MEMBERSHIP DUES      | 3,000.                                            |
| 2015 BROCHURE        | 9,661.                                            |
| WEBSITE              | 220.                                              |
| CORPORATE DOCUMENTS  | 600.                                              |
| JOB POSTING          | 293.                                              |
| CASH-RESTRICTED      | 561.                                              |
| TOTALS               | <u>14,951.</u>                                    |

ATTACHMENT 4FORM 990PF, PART VII-A, LINE 11A-TRANSFERS TO CONTROLLED ENTITY STATEMENT

## TOTAL AMOUNT

CONTROLLED ENTITY'S NAME: INSTITUTE FOR ORAL HEALTH IMPROVEMENT  
CONTROLLED ENTITY'S ADDRESS: 401 EDGEWATER PLACE, STE 430  
CITY, STATE & ZIP: WAKEFIELD, MA 01880  
EIN: 04-3477129

## TRANSFER AMOUNT:

## EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:

TRANSFER WAS A CONTRIBUTION TO BE DISTRIBUTED FOR APPROVED INITIATIVES.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5

TITLE AND AVERAGE HOURS PER  
WEEK DEVOTED TO POSITION

NAME AND ADDRESS

PRESIDENT & CLERK

KEVIN TREXLER  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

VICE PRESIDENT

JESLEY C. RUFF, DDS  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

TREASURER

DAVID NELSEN  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

DIRECTOR

GREGORY A. SERRAO  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

DIRECTOR

DR. THOMAS A. BIONDO  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

DIRECTOR

BREHT T. FEIGH  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 5 (CONT'D)TITLE AND AVERAGE HOURS PER  
WEEK DEVOTED TO POSITIONNAME AND ADDRESS

DIRECTOR

DR. RAYMOND S. GARRISON  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

DIRECTOR

DR. JESLEY C. RUFF  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

DIRECTOR

DR. M. RAY SCOTT, JR.  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

DIRECTOR

DR. ROBERT W. TRETTIN  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

DIRECTOR

KEVIN TREXLER  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880

ATTACHMENT 6FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

DAVID NELSEN  
401 EDGEWATER PLACE, SUITE 430  
WAKEFIELD, MA 01880  
781-224-0880

ATTACHMENT 7990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

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

ATTACHMENT 8

990PF, PART XV - SUBMISSION DEADLINES

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

ATTACHMENT 9990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

THE FOUNDATION GRANTS SCHOLARSHIPS TO DESERVING DENTAL STUDENTS, BASED UPON MERIT AND ECONOMIC NEED. THE FOUNDATION MAY CONSIDER GRANTING FUNDS TO DENTAL STUDENTS SO THAT THEY MAY TEACH COURSES RELATED TO GROUP DENTAL PRACTICES AND THE BUSINESS ASPECTS OF DENTISTRY IN GENERAL. THE FOUNDATION WILL CONSIDER THE ENDOWMENT OF FACULTY POSITIONS AS A MEANS OF FUNDING THE EFFORTS OF DENTAL SCHOOLS IN THESE AREAS. OTHER PROGRAMS THAT THE FOUNDATION MAY CONSIDER INCLUDE THE FUNDING OF DENTAL INTERNSHIP PROGRAMS AND LOAN PROGRAMS FOR STUDENTS. THE INSTITUTE FOR ORAL HEALTH IMPROVEMENT EXISTS TO ENHANCE AND ADVANCE ORAL HEALTH CARE IN AMERICA THROUGH EDUCATION, RESEARCH, AND THE PROVISION OF QUALITY DENTAL CARE TO UNDERSERVED POPULATIONS. THE INSTITUTE OF ORAL HEALTH WILL UNDERWRITE APPROVED INITIATIVES THROUGH ONE OF THE FOLLOWING FORMS; FINANCIAL SPONSORSHIP OF EDUCATION AND RESEARCH INITIATIVES, PROVIDING NECESSARY SUPPLIES SUCH AS PRINTED MATERIALS AND DENTAL PRODUCTS, AND REIMBURSING EXPENSES REQUIRED TO COMPLETE THE APPROVED INITIATIVES.

FORM 990FF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 10

| RECIPIENT NAME AND ADDRESS                                                                | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND<br>FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------|---------|
| BAYLOR COLLEGE OF DENTISTRY<br>1 BAYLOR PLAZA<br>HOUSTON, TX 77030                        | N/A<br>PC                                                                        | STUDENT SCHOLARSHIPS             | 2,500.  |
| CHILDREN'S DENTAL HEALTH PROJECT<br>1020 19TH ST. NW, STE 400<br>WASHINGTON DC, DC 20036  | N/A<br>PC                                                                        | STUDENT SCHOLARSHIPS             | 10,200. |
| UNIVERSITY OF TEXAS - HOUSTON<br>6516 MD ANDERSON BOULEVARD, HOUSTON<br>HOUSTON, TX 77030 | N/A<br>PC                                                                        | STUDENT SCHOLARSHIPS             | 7,365.  |
| COLUMBIA UNIVERSITY EXECUTIVE EDUCATION<br>2880 BROADWAY<br>NEW YORK, NY 10025            | N/A<br>PC                                                                        | STUDENT SCHOLARSHIPS             | 200.    |
| EASTMAN DENTAL CENTER<br>625 ELMWOOD AVE<br>ROCHESTER, NY 14620                           | N/A<br>PC                                                                        | STUDENT SCHOLARSHIPS             | 100.    |
| HUDSON VALLEY COMMUNITY COLLEGE<br>80 VANDENBURGH AVE<br>TROY, NY 12180                   | N/A<br>PC                                                                        | STUDENT SCHOLARSHIPS             | 3,773.  |

FORM 990FF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 10 (CONT'D)

| RECIPIENT NAME AND ADDRESS                                                                           | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND |  | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT  |
|------------------------------------------------------------------------------------------------------|------------------------------------------------|--|----------------------------------|---------|
|                                                                                                      | FOUNDATION STATUS OF RECIPIENT                 |  |                                  |         |
| MEDICAL COLLEGE OF WISCONSIN<br>9200 WEST WISCONSIN AVE<br>MILWAUKEE, WI 53226                       | N/A<br>PC                                      |  | STUDENT SCHOLARSHIPS             | 17,000. |
| UNIVERSITY OF TEXAS - SAN ANTONIO<br>HEALTH SCIENCE CTR, 7703 FLOYD CURL DR<br>SAN ANTONIO, TX 78229 | N/A<br>PC                                      |  | STUDENT SCHOLARSHIPS             | 4,150.  |
| DENTAL LIFELINE NETWORK<br>1800 15TH ST, STE 100<br>DENVER, CO 80202                                 | PC                                             |  | STUDENT SCHOLARSHIPS             | 10,000. |
| ORAL HEALTH AMERICA<br>180 N.MICHIGAN AVE, STE 1150<br>CHICAGO, IL 60601                             | PC                                             |  | STUDENT SCHOLARSHIPS             | 10,000. |
| NEW YORK UNIVERSITY<br>25 WEST FOURTH STREET, 1ST FLOOR<br>NEW YORK, NY 10012                        | PC                                             |  | STUDENT SCHOLARSHIPS             | 16,000. |
| SOUTHERN ILLINOIS SCHOOL OF DENTAL MEDICINE<br>2800 COLLEGE AVE<br>ALTON, IL 62002                   | PC                                             |  | STUDENT SCHOLARSHIPS             | 15,000. |

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 10 (CONT'D)

| RECIPIENT NAME AND ADDRESS                                                                 | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND<br>FOUNDATION STATUS OF RECIPIENT |  | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT          |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|----------------------------------|-----------------|
|                                                                                            |                                                                                  |  |                                  |                 |
| UNIVERSITY OF MINNESOTA SCHOOL OF DENTISTRY<br>515 DELAWARE ST SE<br>MINNEAPOLIS, MN 55455 | PC                                                                               |  | STUDENT SCHOLARSHIPS             | 12,500.         |
| UNIVERSITY OF TENNESSEE<br>320 STUDENT SERVICES BUILDING<br>KNOXVILLE, TN 37996-0230       | PC                                                                               |  | STUDENT SCHOLARSHIPS             | 8,200.          |
| MOUNT WACHUSETT<br>499 MOUNTAIN RD<br>PRINCETON, MA 01541                                  | PC                                                                               |  | STUDENT SCHOLARSHIPS             | 500.            |
|                                                                                            |                                                                                  |  | TOTAL CONTRIBUTIONS PAID         | <u>117,488.</u> |