efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491319009347

Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016

Name of foundation
DENTAQUEST FOUNDATION INC

A Employer identification number
04-3265080

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

Room/suite

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

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

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

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

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

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 56,292,835

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	205,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	329,151	329,151		
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	286,892			
	b	Gross sales price for all assets on line 6a 25,292,447				
	7	Capital gain net income (from Part IV, line 2)		286,892		
	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)	180,517	180,517		
	12	**Total.** Add lines 1 through 11	1,001,560	796,560		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages	1,135,432	0		1,135,432
	15	Pension plans, employee benefits	208,811	0		208,811
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	20,500	0		20,500
	c	Other professional fees (attach schedule)	2,821,343	86,219		2,735,124
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	104,781	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy	1,222	0		1,222
	21	Travel, conferences, and meetings	1,830,709	0		1,830,709
	22	Printing and publications	19,719	0		19,719
	23	Other expenses (attach schedule)	190,018	0		190,018
	24	**Total operating and administrative expenses.** Add lines 13 through 23	6,332,535	86,219		6,141,535
	25	Contributions, gifts, grants paid	15,379,056			15,379,056
	26	**Total expenses and disbursements.** Add lines 24 and 25	21,711,591	86,219		21,520,591
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-20,710,031			
	b	**Net investment income** (if negative, enter -0-)		710,341		
	c	**Adjusted net income**(if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	12,199,649	5,683,670	5,683,670
	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)	2,399,640		
	b Investments—corporate stock (attach schedule)	24,612,728		
	c Investments—corporate bonds (attach schedule)	25,469,311	42,546,103	42,546,103
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	9,295,612	7,996,945	7,996,945
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	0	66,117	66,117
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	73,976,940	56,292,835	56,292,835
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	63,776,940	56,292,835	
	25 Temporarily restricted	10,200,000	0	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	73,976,940	56,292,835	
	31 **Total liabilities and net assets/fund balances** (see instructions)	73,976,940	56,292,835	

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	73,976,940
2	Enter amount from Part I, line 27a	2	-20,710,031
3	Other increases not included in line 2 (itemize) ▶	3	3,025,926
4	Add lines 1, 2, and 3	4	56,292,835
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	56,292,835

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	286,892
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	17,450,612	72,264,810	0 241481
2014	16,457,364	82,155,924	0 200319
2013	16,541,226	81,382,362	0 203253
2012	12,785,226	68,587,005	0 186409
2011	9,692,117	65,175,246	0 148709

2	**Total** of line 1, column (d)	2	0 980171
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 196034
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	62,944,284
5	Multiply line 4 by line 3	5	12,339,220
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	7,103
7	Add lines 5 and 6	7	12,346,323
8	Enter qualifying distributions from Part XII, line 4	8	21,520,591

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	7,103
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	7,103
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	7,103
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a: 70,500		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 100,000		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	170,500
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	6
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	163,391
11	Enter the amount of line 10 to be **Credited to 2017 estimated tax** ▶ 163,391 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ HTTP //DENTAQUESTFOUNDATION ORG

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

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

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2016, 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?		Yes	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	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)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2016 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 2016).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

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

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

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

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

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

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

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MICHAEL MONOPOLI 465 MEDFORD STREET BOSTON, MA 02129	EXECUTIVE DIRECTOR 40 00	303,678	57,500	0
BRIAN SOUZA 465 MEDFORD STREET BOSTON, MA 02129	VP, CHIEF IMPACT OFF 40 00	210,767	20,000	0
MATTHEW BOND 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR OF NETWORK 40 00	90,748	18,171	0
GRANDY CODY 465 MEDFORD STREET BOSTON, MA 02129	MANAGING DIRECTOR, I 40 00	82,857	23,874	0
KATHLEEN LEONARD 465 MEDFORD STREET BOSTON, MA 02129	COMMUNICATION MANAGE 40 00	79,688	17,682	0
Total number of other employees paid over $50,000 ▶				4

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
HARDER & COMPANY COMMUNITY RESEARCH 299 KANSAS ST SAN FRANCISCO, CA 94103	ORGANIZATIONAL DEVELOPMENT SERVICES	494,083
INTERACTION INSTITUTE FOR SOCIAL CHANGE 89 SOUTH STREET BOSTON, MA 02111	STRATEGIC PLANNING SERVICES	488,154
QUALIS HEALTH PO BOX 33400 SEATTLE, WA 98133	HEALTH CARE MANAGEMENT SERVICES	270,524
FRAMEWORKS INSTITUTE 1333 H ST NW SUITE 700 WEST WASHINGTON, DC 20005	COMMUNICATIONS SERVICES	259,000
ARGUS COMMUNICATIONS INC 75 CENTRAL STREET BOSTON, MA 02109	MARKETING AND GRAPHICAL DESIGN SERVICES	132,428
Total number of others receiving over $50,000 for professional services. ▶		5

Part IX-A **Summary of Direct Charitable Activities**

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	52,108,574
b	Average of monthly cash balances	1b	11,794,252
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	63,902,826
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	63,902,826
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	958,542
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	62,944,284
6	**Minimum investment return.** Enter 5% of line 5	6	3,147,214

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

1	Minimum investment return from Part X, line 6			1	3,147,214
2a	Tax on investment income for 2016 from Part VI, line 5	2a	7,103		
b	Income tax for 2016 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	7,103
3	Distributable amount before adjustments Subtract line 2c from line 1			3	3,140,111
4	Recoveries of amounts treated as qualifying distributions			4	64,081
5	Add lines 3 and 4			5	3,204,192
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	3,204,192

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	21,520,591
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	21,520,591
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	7,103
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	21,513,488

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) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				3,204,192
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011. 6,498,318				
b From 2012. 9,407,286				
c From 2013. 12,525,994				
d From 2014. 12,414,647				
e From 2015. 13,919,806				
f Total of lines 3a through e.	54,766,051			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 21,520,591				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				3,204,192
e Remaining amount distributed out of corpus	18,316,399			
5 Excess distributions carryover applied to 2016	0			0
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	73,082,450			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	6,498,318			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	66,584,132			
10 Analysis of line 9				
a Excess from 2012. 9,407,286				
b Excess from 2013. 12,525,994				
c Excess from 2014. 12,414,647				
d Excess from 2015. 13,919,806				
e Excess from 2016. 18,316,399				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

GRANDY CODY TRENAE SIMPSON
465 MEDFORD ST
BOSTON, MA 02129
(617) 886-1700

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

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

c Any submission deadlines

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

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

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				15,379,056
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	329,151	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	286,892	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a PASSTHROUGH INCOME FROM VARIOUS K-1'S			14	180,517	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		796,560	0
13 **Total.** Add line 12, columns (b), (d), and (e).				**13**	796,560

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
1b(4)	216,754	DENTAL SERVICES OF MASSACHUSETTS INC	THE FOUNDATION REIMBURSES DENTAL SERVICES OF MASSACHUSETTS, INC FOR THE COST OF EMPLOYEE BENEFITS SUCH AS HEALTH AND DENTAL INSURANCE, ETC

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2017-11-06	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
ALFONSO PERILLO		2017-11-06		P00950491

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

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

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

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

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
25,292,447		25,884,135	-591,688
			-9,010
			881,102
			-201,310
			33,634
			9,944
			88,048
			76,172

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			-591,688
			-9,010
			881,102
			-201,310
			33,634
			9,944
			88,048
			76,172

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SARITA ARTEAGA DMD MAGD 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
THOMAS J GALLIGAN III 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
JAMES E COLLINS 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
LESLIE E GRANT DDS MSPA 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
CASWELL A EVANS JR DDS MPH 465 MEDFORD STREET BOSTON, MA 02129	CHAIR/DIRECTOR 1 00	0	0	0
SCOTT HARSHBARGER 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
RALPH FUCCILLO 465 MEDFORD STREET BOSTON, MA 02129	PRESIDENT/DIRECTOR 40 00	0	0	0
SANDRA OWENS LAWSON 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
STEVEN J POLLOCK 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
MARY VALLIER KAPLAN 465 MEDFORD STREET BOSTON, MA 02129	VICE CHAIR/DIRECTOR 1 00	0	0	0
ROBERT J WEYANT DDS 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR 1 00	0	0	0
GREGORY P WINN 465 MEDFORD STREET BOSTON, MA 02129	TREASURER 1 00	0	0	0
JAMES HAWKINS 465 MEDFORD STREET BOSTON, MA 02129	SECRETARY 1 00	0	0	0
JAMES R KNICKMAN 465 MEDFORD STREET BOSTON, MA 02129	DIRECTOR (APPOINTED ON 9/14/16) 1 00	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTH CARE FOR ALL 1 FEDERAL STREET 5TH FLOOR BOSTON, MA 02110	N/A	PC	TO IMPROVE ORAL HEALTH	883,580
ORAL HEALTH KANSAS INC 800 SW JACKSON STREET SUITE 1120 TOPEKA, KS 66612	N/A	PC	TO IMPROVE ORAL HEALTH	623,883
MICHIGAN ORAL HEALTH COALITION 7215 WESTSHIRE DRIVE LANSING, MI 48917	N/A	PC	TO IMPROVE ORAL HEALTH	588,739
PENNSYLVANIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS 1400 N PROVIDENCE RD ROSE TREE CORPORATE CENTER II MEDIA, PA 19063	N/A	PC	TO IMPROVE ORAL HEALTH	562,333
FAMILIES USA 1201 NEW YORK AVENUE NW WASHINGTON, DC 20005	N/A	PC	TO IMPROVE ORAL HEALTH	506,674
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NYU COLLEGE OF NURSING 433 FIRST AVE NEW YORK, NY 10010	N/A	PC	TO IMPROVE ORAL HEALTH	335,040
VIRGINIA ORAL HEALTH COALITION 4200 INNSLAKE DR SUITE 103 GLEN ALLEN, VA 23060	N/A	PC	TO IMPROVE ORAL HEALTH	351,856
SCHOOL-BASED HEALTH ALLIANCE 1010 VERMONT AVE NW STE 600 WASHINGTON, DC 20005	N/A	PC	TO IMPROVE ORAL HEALTH	309,920
NATIONAL ASSOCIATION OF STATES UNITED FOR AGING AND DISABILITIES 1201 15TH STREET NW SUITE 350 WASHINGTON, DC 20005	N/A	PC	TO IMPROVE ORAL HEALTH	299,649
CENTER FOR ORAL HEALTH 309 EAST SECOND STREET POMONA, CA 91766	N/A	PC	TO IMPROVE ORAL HEALTH	280,601
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR HEALTH CARE STRATEGIES INC 200 AMERICAN METRO BLVD STE 119 HAMILTON, NJ 08619	N/A	PC	TO IMPROVE ORAL HEALTH	292,228
OREGON PRIMARY CARE ASSOCIATION 310 SW 4TH AVE STE 200 PORTLAND, OR 97204	N/A	PC	TO IMPROVE ORAL HEALTH	260,353
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE VILLAGE, IL 60007	N/A	PC	TO IMPROVE ORAL HEALTH	259,420
NATIONAL RURAL HEALTH ASSOCIATION 1025 VERMONT AVENUE NW WASHINGTON, DC 20005	N/A	PC	TO IMPROVE ORAL HEALTH	250,000
FUTURE SMILES 3074 ARVILLE STREET LAS VEGAS, NV 89102	N/A	PC	TO IMPROVE ORAL HEALTH	251,126
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTHY SMILES HEALTHY CHILDREN 211 E CHICAGO AVE STE 1600 CHICAGO, IL 60611	N/A	PC	TO IMPROVE ORAL HEALTH	224,488
CENTER FOR HLTH POLICY DEV DBA NAT'L ACAD FOR STATE HLTH POLICY 10 FREE STREET 2ND FLOOR PORTLAND, ME 04101	N/A	PC	TO IMPROVE ORAL HEALTH	212,759
TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY SCHOOL OF DENTAL MEDICINE ONE KNEELAND STREET BOSTON, MA 02111	N/A	PC	TO IMPROVE ORAL HEALTH	208,461
FLORIDA PUBLIC HEALTH INST DBA FLORIDA INST FOR HLTH INNOV 2701 N AUSTRALIAN AVE STE 204 WEST PALM BEACH, FL 33407	N/A	PC	TO IMPROVE ORAL HEALTH	201,301
CHILDREN NOW 1404 FRANKLIN STREET SUITE 700 OAKLAND, CA 94612	N/A	PC	TO IMPROVE ORAL HEALTH	225,600
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON ORAL HEALTH COALITION (OROHC) POBOX 3132 WILSONVILLE, OR 97070	N/A	PC	TO IMPROVE ORAL HEALTH	204,103
MEDICAID MEDICARE CHIP SERVICES DENTAL ASSOCIATION 2 GROVE STREET SANDWICH, MA 02563	N/A	PC	TO IMPROVE ORAL HEALTH	193,171
TEXAS HEALTH INSTITUTE 8501 N MOPAC EXPRESSWAY SUITE 170 AUSTIN, TX 78759	N/A	PC	TO IMPROVE ORAL HEALTH	196,334
CALIFORNIA PAN-ETHNIC HEALTH NETWORK 1221 PRESERVATION PARK WAY SUITE 200 OAKLAND, CA 94612	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
MARSHALL UNIVERSITY RESEARCH CORPORATION ONE JOHN MARSHALL DR HUNTINGTON, WV 25755	N/A	PC	TO IMPROVE ORAL HEALTH	202,601
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA AMERICAN INDIAN ORAL HEALTH INITIATIVE 1740 W ADAMS STREET SUITE 409 PHOENIX, AZ 85007	N/A	PC	TO IMPROVE ORAL HEALTH	171,100
MARYLAND DENTAL ACTION COALITION INC 10015 OLD COLUMBIA ROAD SUITE B-215 COLUMBIA, MD 21046	N/A	PC	TO IMPROVE ORAL HEALTH	166,434
NATIONAL CONFERENCE OF STATE LEGISLATURES 7700 EAST FIRST PLACE DENVER, CO 80230	N/A	PC	TO IMPROVE ORAL HEALTH	164,474
DEPT OF HEALTH SERVICES-COUNTY OF SONOMA 490 MENDOCINO AVENUE SUITE 205 SANTA ROSA, CA 95404	N/A	PC	TO IMPROVE ORAL HEALTH	162,911
AMERICAN ACADEMY OF PEDIATRICS NJ CHAPTER SUITE 108 HAMILTON, NJ 08619	N/A	PC	TO IMPROVE ORAL HEALTH	161,520
Total 3a . . . . . ▶				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORAL HEALTH COLORADO PO BOX 150668 LAKEWOOD, CO 80215	N/A	PC	TO IMPROVE ORAL HEALTH	323,732
CRITICAL LEARNING SYSTEMS INC 5548 CRAFTWOOD DR CANE RIDGE, TN 37013	N/A	PC	TO IMPROVE ORAL HEALTH	294,632
NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION (NH ORAL HEALTH COALITION) 4 PARK ST STE 403 CONCORD, NH 03301	N/A	PC	TO IMPROVE ORAL HEALTH	162,578
FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION 2401 WESTON PKWY STE 203 CARY, NC 27513	N/A	PC	TO IMPROVE ORAL HEALTH	156,521
IDAHO DEPARTMENT OF HEALTH AND WELFARE 450 W STATE STREET BOISE, ID 83702	N/A	PC	TO IMPROVE ORAL HEALTH	167,000
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWAII PUBLIC HEALTH ASSOCIATION 7192 KALANIANAOLE HWY HONOLULU, HI 96825	N/A	PC	TO IMPROVE ORAL HEALTH	150,800
YOUTH EMPOWERED SOLUTIONS (YES) 4021 CARYA DRIVE RALEIGH, NC 27610	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
RHODE ISLAND KIDS COUNT INC 1 UNION STATION PROVIDENCE, RI 02903	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PARKWAY SUITE 100 LOUISVILLE, KY 40299	N/A	PC	TO IMPROVE ORAL HEALTH	158,270
SOCIETY OF TEACHERS OF FAMILY MEDICINE 11400 TOMAHAWK CREEK PKWY STE 540 LEAWOOD, KS 66211	N/A	PC	TO IMPROVE ORAL HEALTH	144,700
Total 3a . . . . . ▶				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR CHILDREN 104 HUNGERFORD STREET HARTFORD, CT 06106	N/A	PC	TO IMPROVE ORAL HEALTH	121,734
QUEST IN AIAN CHILDREN 278 SANBORN RD WHITE SALMON, WA 98672	N/A	PC	TO IMPROVE ORAL HEALTH	119,400
HEALTH RESOURCES IN ACTION 95 BERKELEY STREET BOSTON, MA 02116	N/A	PC	TO IMPROVE ORAL HEALTH	139,738
PHYSICIAN ASSISTANT EDUCATION ASSOCIATION (FISCAL AGENT) 300 N WASHINGTON STREET SUITE 710 ALEXANDRIA, VA 22314	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
UNITED WAY OF ROANOKE VALLEY INC 325 CAMPBELL AVENUE ROANOKE, VA 24016	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LENOWISCO PLANNING DISTRICT COMMISSION 372 TECHNOLOGY TRAIL LN DUFFIELD, VA 24244	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
SMART BEGINNINGS VIRGINIA PENINSULA 320 MAIN STREET NEWPORT NEWS, VA 23601	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
PWCVIRGINIA COMMONWEALTH UNIVERSITY 830 EAST MAIN STREET RICHMOND, VA 23298	N/A	PC	TO IMPROVE ORAL HEALTH	111,400
BERKS COUNTY COMMUNITY FOUNDATION 237 COURT ST READING, PA 19601	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
ACHIEVA THE ARC OF GREATER PITTSBURGH 711 BINGHAM ST PITTSBURGH, PA 15203	N/A	PC	TO IMPROVE ORAL HEALTH	111,400
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTH NET OF WEST MICHIGAN 620 CENTURY AVE SW STE 210 GRAND RAPIDS, MI 49503	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
TAMPA BAY HEALTHCARE COLLABORATIVE 33920 US HWY 19 N SUITE 269 PALM HARBOR, FL 34684	N/A	PC	TO IMPROVE ORAL HEALTH	106,400
CATALYST MIAMI 1900 BISCAYNE BLVD MIAMI, FL 33132	N/A	PC	TO IMPROVE ORAL HEALTH	111,400
CENTRAL VALLEY HEALTH POLICY INSTITUTE-CALIFORNIA STATE UNIVERSITY FRESNO F 490 NORTH CHESTNUT AVE FRESNO, CA 93726	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
VISION Y COMPROMISO 2536 EDWARDS AVE EL CERRITO, CA 94530	N/A	PC	TO IMPROVE ORAL HEALTH	111,400
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIDES CENTERLATINO COALITION FOR A HEALTHY CALIFORNIA 1225 8TH STREET SUITE 375 SACRAMENTO, CA 95814	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
STRATEGIC CONCEPTS IN ORGANIZING AND POLICY EDUCATION 1715 W FLORENCE AVE 2ND FLOOR LOS ANGELES, CA 90047	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
ASIAN AMERICANS ADVANCING JUSTICE - LOS ANGELES 1145 WILSHIRE BLVD 2ND FLOOR LOS ANGELES, CA 90017	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
CHILDREN'S ACTION ALLIANCE 4001 N 3RD ST STE 160 PHOENIX, AZ 85012	N/A	PC	TO IMPROVE ORAL HEALTH	100,800
ASIAN PACIFIC COMMUNITY IN ACTION 4520 N CENTRAL AVE STE380 PHOENIX, AZ 85012	N/A	PC	TO IMPROVE ORAL HEALTH	103,700
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOICES OF DETROIT INITIATIVE (VODI) 4201 SAINT ANTOINE ST DETROIT, MI 48201	N/A	PC	TO IMPROVE ORAL HEALTH	110,893
PUT PEOPLE FIRST PA CO NATIONAL ECONOMIC AND SOCIAL RIGHTS INITIATIVE 5424 CATHARINE ST PHILADELPHIA, PA 19143	N/A	PC	TO IMPROVE ORAL HEALTH	102,720
CHILDREN'S DENTAL HEALTH PROJECT 1020 19TH STREET NW SUITE 400 WASHINGTON, DC 20036	N/A	PC	TO IMPROVE ORAL HEALTH	98,120
NATIVE AMERICAN CONNECTIONS 4520 N CENTRAL AVE STE 600 PHOENIX, AZ 85012	N/A	PC	TO IMPROVE ORAL HEALTH	97,975
ARIZONA ALLIANCE FOR COMMUNITY HEALTH CENTERS 700 EAST JEFFERSON STREET PHOENIX, AZ 85034	N/A	PC	TO IMPROVE ORAL HEALTH	80,600
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA ASSOCIATION FOR PRIMARY HEALTH CARE INC 315 WEST PONCE DE LEON AVENUE - SUITE 1000 DECATUR, GA 30030	N/A	PC	TO IMPROVE ORAL HEALTH	80,600
OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS 2109 STELLA COURT COLUMBUS, OH 43215	N/A	PC	TO IMPROVE ORAL HEALTH	80,600
ILLINOIS PRIMARY HEALTH CARE ASSOCIATION 500 NORTH NINTH STREET SPRINGFIELD, IL 62701	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION 6400 LAKEOVER RD STE A JACKSON, MS 39213	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
KANSAS ASSOCIATION FOR THE MEDICALLY UNDERSERVED 1129 S KANSAS AVE STE B TOPEKA, KS 66612	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012	N/A	PC	TO IMPROVE ORAL HEALTH	75,800
PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS 1035 MUMMA ROAD WORMLEYSBURG, PA 17043	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
MICHIGAN PRIMARY CARE ASSOCIATION 7215 WESTSHIRE DR LANSING, MI 48917	N/A	PC	TO IMPROVE ORAL HEALTH	75,000
BI-STATE PRIMARY CARE ASSOCIATION 525 CLINTON STREET BOW, NH 03304	N/A	PC	TO IMPROVE ORAL HEALTH	74,993
ASTDD (ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS) 3858 CASHILL BLVD RENO, NV 89509	N/A	PC	TO IMPROVE ORAL HEALTH	74,707
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTH AFFAIRS 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20815	N/A	PC	TO IMPROVE ORAL HEALTH	53,600
CENTER FOR MEDICARE ADVOCACY 1025 CONNECTICUT AVE NW WASHINGTON, DC 20036	N/A	PC	TO IMPROVE ORAL HEALTH	40,881
OHIO HILLS HEALTH SERVICES 101 EAST MAIN STREET BARNESVILLE, OH 43713	N/A	PC	TO IMPROVE ORAL HEALTH	35,000
COLLEGE FOR EVERY STUDENT 2303 MAIN STREET ESSEX, NY 12936	N/A	PC	TO IMPROVE ORAL HEALTH	35,000
MONTANA STATE UNIVERSITY 173560 SHERRICK HALL BOZEMAN, MT 59717	N/A	PC	TO IMPROVE ORAL HEALTH	32,364
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA FE FELLOWSHIP ON MEDICARE 223 N GUADALUPE 459 SANTA FE, NM 87501	N/A	PC	TO IMPROVE ORAL HEALTH	30,000
THE MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST BOSTON, MA 02114	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
TIDES FOUNDATION (CAMPAIGN FOR GRADE-LEVEL READING) 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS 4319 FORBES BLVD LANHAM, MD 20706	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
SOUTH CAROLINA PRIMARY HEALTH CARE ASSOCIATION 3 TECHNOLOGY CIRCLE COLUMBIA, SC 29203	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDAHO PRIMARY CARE ASSOCIATION 1087 W RIVER ST STE 160 BOISE, ID 83702	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
HEALTH CENTER ASSOCIATION OF NEBRASKA 3929 S 147TH ST STE 100A OMAHA, NE 68144	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
WISCONSIN PRIMARY HEALTH CARE ASSOCIATION 5202 EASTPARK BLVD SUITE 109 MADISON, WI 53718	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
COLORADO COMMUNITY HEALTH NETWORK 600 GRANT ST STE 800 DENVER, CO 80203	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
OKLAHOMA PRIMARY CARE ASSOCIATION 4300 N LINCOLN BOULEVARD SUITE OKLAHOMA CITY, OK 73105	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION 1620 I STREET NW WASHINGTON, DC 20006	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
RHODE ISLAND HEALTH CENTER ASSOCIATION 235 PROMENADE ST RM 455 PROVIDENCE, RI 02908	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
NEW JERSEY PRIMARY CARE ASSOCIATION INC 3836 QUAKERBRIDGE ROAD SUITE 201 HAMILTON, NJ 08619	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
MAINE PRIMARY CARE ASSOCIATION 73 WINTHROP STREET AUGUSTA, ME 04330	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
LOUISIANA PRIMARY CARE ASSOCIATION 4550 NORTH BLVD STE 120 BATON ROUGE, LA 70806	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
Total . . . . . 3a ▶				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENTUCKY PRIMARY CARE ASSOCIATION INC PO BOX 751 FRANKFORT, KY 40601	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
INDIANA PRIMARY HEALTH CARE ASSOCIATION 429 N PENNSYLVANIA ST INDIANAPOLIS, IN 46204	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS 2340 HANSEN LANE TALLAHASSEE, FL 32301	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
COMMUNITY HEALTHCARE ASSOCIATION OF THE DAKOTAS 300 S PHILLIPS AVENUE SIOUX FALLS, SD 57104	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
COMMUNITY HEALTH CENTER ASSOCIATION OF CONNECTICUT INC 100 GREAT MEADOW ROAD SUITE 400 WETHERSFIELD, CT 06109	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI COALITION FOR PRIMARY HEALTH CARE INC DBA MISSOURI PRIMARY CARE 3325 EMERALD LN JEFFERSON CTY, MO 65109	N/A	PC	TO IMPROVE ORAL HEALTH	24,100
MONTANA PRIMARY CARE ASSOCIATION INC 1805 EUCLID AVE HELENA, MT 59601	N/A	PC	TO IMPROVE ORAL HEALTH	26,800
LA COMUNIDAD HISPANA 731 W CYPRESS STREET KENNETT SQUARE, PA 19348	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
AMERICAN DENTAL ASSOCIATION 211 E CHICAGO AVE CHICAGO, IL 60611	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
VIRGINIA PRIMARY CARE ASSOCIATION 3831 WESTERRE PARKWAY HENRICO, VA 23233	N/A	PC	TO IMPROVE ORAL HEALTH	15,645
Total 3a . . . . . ▶				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDREN'S PARTNERSHIP 811 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90017	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
TENNESSEE PRIMARY CARE ASSOCIATION 710 SPENCE LANE NASHVILLE, TN 37217	N/A	PC	TO IMPROVE ORAL HEALTH	21,200
TEXAS ORAL HEALTH COALITION INC 4614 BOWIE DR MIDLAND, TX 79703	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
THE ORAL HEALTH FORUM 1015 W LAWRENCE AVE 2ND FLOOR CHICAGO, IL 60640	N/A	PC	TO IMPROVE ORAL HEALTH	26,200
STUDENT HEALTH SUPPORT SVCS DBA LOS ANGELES TRUST FOR CHILDREN'S HEALTH 333 S BEAUDRY AVE 29TH FLOOR LOS ANGELES, CA 90017	N/A	PC	TO IMPROVE ORAL HEALTH	15,600
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MATERNAL AND CHILD ORAL HEALTH RESOURCE CENTER BOX 571272 WASHINGTON, DC 20057	N/A	PC	TO IMPROVE ORAL HEALTH	11,271
EISNER PEDIATRIC & FAMILY MEDICAL CENTER 1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015	N/A	PC	TO IMPROVE ORAL HEALTH	10,925
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF DENTISTRY DEPARTMENT 467 BRAUER HALL CHAPEL HILL, NC 27312	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVENUE STOCKTON, CA 95211	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
STONY BROOK FOUNDATION INC 230 ADMINISTRATION STONY BROOK, NY 11794	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
Total 3a . . . . . ▶				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PRAXIS PROJECT 7731 ALASKA AVE NW WASHINGTON, DC 20012	N/A	PC	TO IMPROVE ORAL HEALTH	10,600
ALASKA DENTAL SOCIETY 9170 JEWEL LAKE RD STE 100 ANCHORAGE, AK 99502	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
CONNECTICUT FOUNDATION FOR DENTAL OUTREACH INC 835 WEST QUEEN STREET SOUTHINGTON, CT 06489	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
MINNESOTA DENTAL FOUNDATION 1335 INDUSTRIAL BLVD NE STE 200 MINNEAPOLIS, MN 55413	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
EDWARD M KENNEDY COMMUNITY HEALTH CENTER INC 650 LINCOLN STREET WORCESTER, MA 01605	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYMOUNT UNIVERSITY 1000 NORTH GLEBE ROAD ARLINGTON, VA 22201	N/A	PC	TO IMPROVE ORAL HEALTH	8,400
TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET ST CHARLES, IL 60532	N/A	PC	TO IMPROVE ORAL HEALTH	7,848
APPLE TREE DENTAL 8960 SPRINGBROOK DRIVE NW MINNEAPOLIS, MN 55433	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
DELTA DENTAL OF SOUTH DAKOTA FOUNDATION 804 N EUCLID AVE PIERRE, SD 57501	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
ORAL HEALTH AMERICA 180 N MICHIGAN AVENUE SUITE 1150 CHICAGO, IL 60601	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total 3a . . . . . ▶				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSISSIPPI ORAL HEALTH COMMUNITY ALLIANCE (MOHCA) P O BOX 11504 JACKSON, MS 39283	N/A	PC	TO IMPROVE ORAL HEALTH	8,500
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES 301 CENTENNIAL MALL SOUTH LINCOLN, NE 68509	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
INDIANA DENTAL ASSOCIATION FOUNDATION FOR DENTAL HEALTH INC 1319 E STOP 10 RD INDIANAPOLIS, IN 46142	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
THE HEALTH ENRICHMENT NETWORK PO BOX 566 OAKDALE, LA 71463	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
CONNECTICUT ORAL HEALTH INITIATIVE (COHI) 175 MAIN ST HARTFORD, CT 06106	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total 3a . . . . . ▶				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY FIRST HEALTH 116 SOUTH GEORGE ST YORK, PA 17401	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY 540 BROADWAY ALBANY, NY 12211	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
MAINE ORAL HEALTH COALITION C/O MEDICAL CARE DEVELOPMENT INC AUGUSTA, ME 04330	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
ORAL HEALTH NEVADA INC PO BOX 10281 RENO, NV 89510	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
OREGON CHILD DEVELOPMENT COALITION 9140 SW PIONEER CT SUITE E WILSONVILLE, OR 97070	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA UNIVERSITY COLLEGE OF DENTISTRY 1201 NORTH STONEWALL AVENUE OKLAHOMA CITY, OK 73117	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
ALASKA PRIMARY CARE ASSOCIATION 1231 GAMBELL ST SUITE 200 ANCHORAGE, AK 99501	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
CHILDREN'S HEALTH ALLIANCE OF WISCONSIN 6737 W WASHINGTON ST WEST ALLIS, WI 53214	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
MISSOURI COALITION FOR ORAL HEALTH 606 E CAPITOL AVE JEFFERSON CTY, MO 65101	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
MEDICAL UNIVERSITY OF SOUTH CAROLINA 173 ASHLEY AVENUE CHARLESTON, SC 29209	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
Total . . . . . ▶ **3a**				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS CHILDREN'S HOSPITAL 1 CHILDRENS WAY SLOT 608 LITTLE ROCK, AR 72202	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
CENTRAL ALABAMA COMMUNITY FOUNDATION 35 S COURT STREET MONTGOMERY, AL 36104	N/A	PC	TO IMPROVE ORAL HEALTH	5,600
NATIONAL DENTAL ASSOCIATION INC 6411 IVY LANE STE 703 GREENBELT, MD 20770	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
SENIOR CHARITY CARE FOUNDATION PO BOX 744 KAYSVILLE, UT 84037	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS INC 40 COURT STREET 10TH FLOOR BOSTON, MA 02108	N/A	PC	TO IMPROVE ORAL HEALTH	3,000
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY HEALTHCARE 301 NP AVENUE FARGO, ND 58102	N/A	PC	TO IMPROVE ORAL HEALTH	3,000
NORTHLAND HEALTH CENTERS 104 MAIN STREET TURTLE LAKE, ND 58575	N/A	PC	TO IMPROVE ORAL HEALTH	3,000
VALLEY COMMUNITY HEALTH CENTERS 212 S 4TH ST GRAND FORKS, ND 58201	N/A	PC	TO IMPROVE ORAL HEALTH	3,000
LEE COUNTY HEALTH DEPARTMENT 2218 AVE H FORT MADISON, IA 52627	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT 422 E DOUGLAS ST ONEILL, NE 68763	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN KENNEBEC CHILD DEVELOPMENT COOPORATION 337 MAINE STREET FARMINGDALE, ME 04344	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
KINDERSMILE FOUNDATION PO BOX 43119 UPPER MONTCLAIR, NJ 07043	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
YKHC PO BOX 848 BETHEL, AK 99559	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
CONSCIOUS CONNECTIONS INC 802 W 29TH STREET WILMINGTON, DE 19802	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
DARE 340 LOCKWOOD STREET PROVIDENCE RI, RI 02907	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT VIDA HEALTH CENTER 12082 BEN PROCTOR DR EL PASO, TX 79936	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
SOUTHERN PLAINS TRIBAL HEALTH BOARD 9705 NORTH BROADWAY EXTENSION OKLAHOMA CITY, OK 73114	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
HARRISON COUNTY BOARD OF EDUCATION EB SAUNDERS WAY CLARKSBURG, WV 26301	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
MILWAUKEE AREA HEALTH EDUCATION CENTER 2224 W KILBOURN AVE MILWAUKEE, WI 53233	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
VOICES FOR UTAH CHILDREN 747 E SOUTH TEMPLE ST SALT LAKE CITY, UT 84102	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA RESEARCH FOUNDATION 901 SUMTER STREET 5TH FLOOR COLUMBIA, SC 29208	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
ORAL HEALTH COLORADO 2519 11TH AVE UNIT A PMB 200 GREELEY, CO 80631	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
ENLACE CHICAGO 2756 S HARDING AVE CHICAGO, IL 60623	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
232-HELP INC 1005 JEFFERSON ST LAFAYETTE, LA 70501	N/A	PC	TO IMPROVE ORAL HEALTH	2,900
BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	N/A	PC	TO IMPROVE ORAL HEALTH	850
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF BOSTON UNIVERSITY BUMC OFFICE OF SPONSORED PROGRAMS 85 EAST NEWTON STREET M-921 BOSTON, MA 02215	N/A	PC	TO IMPROVE ORAL HEALTH	500
THE THEATER OFFENSIVE INC 565 BOYLSTON STREET 3RD FLOOR BOSTON, MA 02116	N/A	PC	TO IMPROVE ORAL HEALTH	500
AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY 3085 STEVENSON DRIVE SUITE 200 SPRINGFIELD, IL 62703	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
HARVARD SCHOOL OF MEDICINE OFFICE OF DIVERSITY AND COMMUNITY PARTNERSHIPS 164 LONGWOOD AVENUE 2ND FLOOR BOSTON, MA 02115	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
NATIONAL COLLABORATIVE FOR HEALTH EQUITY (HELEN) 1301 CONNECTICUT AVE NW WASHINGTON, DC 20036	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ, CA 95065	N/A	PC	TO IMPROVE ORAL HEALTH	24,000
FAMILIES FIRST OF THE GREATER SEACOAST 100 CAMPUS DRIVE SUITE 12 PORTSMOUTH, NH 03801	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
WASHINGTON STATE SMILE PARTNERS 221 WINSLOW WAY W STE 302 BAINBRIDGE IS, WA 98001	N/A	PC	TO IMPROVE ORAL HEALTH	4,000
THE PARTNERSHIP INC 155 SEAPORT BOULEVARD BOSTON, MA 02110	N/A	PC	TO IMPROVE ORAL HEALTH	2,500
MA DENTAL SOCIETY FOUNDATION TWO WILLOW STREET SOUTHBOROUGH, MA 01745	N/A	PC	TO IMPROVE ORAL HEALTH	2,500
Total . . . . . ▶ 3a				15,379,056

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTH LAW ADVOCATES 30 WINTER STREET SUITE 1004 BOSTON, MA 02108	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
Total 3a . . . . . ▶				15,379,056

TY 2016 Accounting Fees Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING EXPENSE	20,500	0		20,500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319009347

TY 2016 Investments Corporate Bonds Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Name of Bond	End of Year Book Value	End of Year Fair Market Value
BAIRD SHORT-TERM BOND FUND	42,546,103	42,546,103

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319009347

TY 2016 Investments - Other Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
WEATHERLOW OFFSHORE FUND	FMV	1,933,847	1,933,847
TIFF PRIVATE EQUITY PARTNERS	FMV	1,525,952	1,525,952
DRAKE CAPITAL OFFSHORE PARTNERS LP	FMV	2,910,530	2,910,530
ABERDEEN GLOBAL PARTNERS LP	FMV	1,626,616	1,626,616

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319009347

TY 2016 Other Assets Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE FROM AFFILIATE		66,117	66,117

TY 2016 Other Expenses Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	23,960	0		23,960
SUBSCRIPTIONS AND DUES	56,429	0		56,429
TELEPHONE	8,327	0		8,327
PUBLIC RELATIONS	9,179	0		9,179
SOFTWARE LEASE	92,123	0		92,123

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319009347

TY 2016 Other Income Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PASSTHROUGH INCOME FROM VARIOUS K-1'S	180,517	180,517	180,517

TY 2016 Other Increases Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	2,961,845
REFUND OF UNEXPENDED GRANTS	64,081

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491319009347

TY 2016 Other Professional Fees Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING EXPENSE	2,735,124	0		2,735,124
INVESTMENT MANAGEMENT FEES	86,219	86,219		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319009347

TY 2016 Taxes Schedule

Name: DENTAQUEST FOUNDATION INC

EIN: 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	104,781	0		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491319009347

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

Schedule of Contributors

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

OMB No 1545-0047

2016

Name of the organization
DENTAQUEST FOUNDATION INC

Employer identification number
04-3265080

Organization type (check one)

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization	Employer identification number
DENTAQUEST FOUNDATION INC	04-3265080

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WASHINGTON DENTAL SERVICE FOUNDATION 9706 FOURTH AVENUE NE SEATTLE, WA98115	$ 200,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
2	EDWARD A HJERPE III ONE GREAT ROAD BARRINGTON, RI02806	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization	Employer identification number
DENTAQUEST FOUNDATION INC	04-3265080

Part II Noncash Property

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

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

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

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

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

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

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

Name of organization
DENTAQUEST FOUNDATION INC

Employer identification number
04-3265080

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $** ____________

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee