

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. By law, the IRS cannot redact the information on the form.

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

OMB No 1545-0052








2013


Open to Public Inspection

For calendar year 2013, or tax year beginning 01-01-2013 , and ending 12-31-2013

Name of foundation DENTAQUEST FOUNDATION INC		<b>A Employer identification number</b>  04-3265080	
Number and street (or P O box number if mail is not delivered to street address) 465 MEDFORD STREET		<b>B Telephone number</b> (see instructions)  (617) 886-1700	
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02129		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input type="checkbox"/> \$ 82,665,850	<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	<b>F</b> 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)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	5,135,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities. . . . .	225,111	225,111		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	1,793,822			
	b Gross sales price for all assets on line 6a 438,935				
	7 Capital gain net income (from Part IV, line 2) . . .		1,793,822		
	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) . . . . .	 1,040,523	938,855		
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	8,194,456	2,957,788		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .	893,405	0		893,405
	15 Pension plans, employee benefits . . . . .	159,597	0		159,597
	16a Legal fees (attach schedule) . . . . .	 731	0		731
	b Accounting fees (attach schedule) . . . . .	 17,833	0		17,833
	c Other professional fees (attach schedule) . . . . .	 1,916,835	263,481		1,653,354
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions)	 92,298	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .	1,693	0		1,693
	21 Travel, conferences, and meetings . . . . .	902,251	0		902,251
	22 Printing and publications . . . . .	5,640	0		5,640
	23 Other expenses (attach schedule) . . . . .	 88,758	0		88,758
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	4,079,041	263,481		3,723,262
	25 Contributions, gifts, grants paid . . . . .	12,844,907			12,844,907
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	16,923,948	263,481		16,568,169
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-8,729,492			
	b <b>Net investment income</b> (if negative, enter -0-)		2,694,307		
	c <b>Adjusted net income</b> (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 . . . . .	18,915,639	7,793,904	7,793,904
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)	3,760,743	 3,434,875	3,434,875
	b	Investments—corporate stock (attach schedule) . . . . .	31,152,253	 36,330,564	36,330,564
	c	Investments—corporate bonds (attach schedule). . . . .	24,646,947	 25,032,505	25,032,505
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .	6,849,404	 10,074,002	10,074,002
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	 326,248	 0	 0	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	85,651,234	82,665,850	82,665,850	
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 ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .	72,151,234	77,515,850	
	25	Temporarily restricted . . . . .	13,500,000	5,150,000	
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> 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 page 17 of the instructions) . . . . .	85,651,234	82,665,850	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .	85,651,234	82,665,850	

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	85,651,234
2	Enter amount from Part I, line 27a . . . . .	2	-8,729,492
3	Other increases not included in line 2 (itemize) ▶ 	3	5,744,108
4	Add lines 1, 2, and 3 . . . . .	4	82,665,850
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	82,665,850

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	1,793,822
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 page 18 of the 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))
2012	12,785,226	68,587,005	0 186409
2011	9,692,117	65,175,246	0 148709
2010	5,486,283	55,133,057	0 099510
2009	5,390,796	46,455,810	0 116041
2008	6,327,495	44,185,636	0 143203

2 Total of line 1, column (d). . . . .	2	0 693872
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 138774
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5. . . . .	4	81,382,362
5 Multiply line 4 by line 3. . . . .	5	11,293,756
6 Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	26,943
7 Add lines 5 and 6. . . . .	7	11,320,699
8 Enter qualifying distributions from Part XII, line 4. . . . .	8	16,568,169

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

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		1	26,943		
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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		2	0		
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-)				3	26,943
3		Add lines 1 and 2. . . . .				4	0
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	26,943		
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .		6a	60,283		
6		Credits/Payments					
a		2013 estimated tax payments and 2012 overpayment credited to 2013					
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 . . . . .		7	60,283		
7		Total credits and payments. Add lines 6a through 6d. . . . .					
8		Enter any penalty for underpayment of estimated tax. Check here <input checked="" 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	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .				10	33,340
11		Enter the amount of line 10 to be Credited to 2014 estimated tax  33,340 Refunded		11	0		

Part VII-AStatements Regarding Activities

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	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . . <i>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.</i>	1b		No
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? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	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? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	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? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	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? <i>If "No," attach explanation.</i>	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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶ WWW.DENTAQUESTFOUNDATION.ORG				
14	The books are in care of ▶ GREGORY P WINN Telephone no ▶ (617) 886-1700			
	Located at ▶ 465 MEDFORD STREET BOSTON MA ZIP +4 ▶ 02129			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶			

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 page 20 of the instructions)? . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		
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 2013? . . . . .	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2013 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.</i> ) . . . . .	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 2013?	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 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☒

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

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

1

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

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

2

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MICHAEL MONOPOLI 465 MEDFORD STREET BOSTON,MA 02129	DIRECTOR OF POLICY P 40 00	287,952	35,930	0
BRIAN SOUZA 465 MEDFORD STREET BOSTON,MA 02129	MANAGING DIRECTOR 40 00	161,899	16,705	0
NATHAN HO 465 MEDFORD STREET BOSTON,MA 02129	PROJECT COORDINATOR 40 00	74,931	14,770	0
MATTHEW BOND 465 MEDFORD STREET BOSTON,MA 02129	PROGRAM AND GRANTS A 40 00	69,940	14,480	0
ANDREA FORSHT 465 MEDFORD STREET BOSTON,MA 02129	GRANTS ASSOCIATE 40 00	65,772	11,444	0
Total number of other employees paid over \$50,000.				2

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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	455,625
INTERACTION INSTITUTE FOR SOCIAL CHANGE 70 FARGO ST STE 908 BOSTON, MA 02210		
TRACY GARLAND 4759 51ST PLACE SW SEATTLE, WA 98116	STRATEGIC PLANNING	234,205
ARGUS COMMUNICATIONS INC 177 MILK STREET SUITE 610 BOSTON, MA 02109	MANAGEMENT TRAINING	180,000
	MARKETING	105,876
Total number of others receiving over \$50,000 for professional services.		0

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 page 24 of the 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	74,459,108
b	Average of monthly cash balances. . . . .	1b	8,162,579
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	82,621,687
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	82,621,687
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	1,239,325
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	81,382,362
6	Minimum investment return. Enter 5% of line 5. . . . .	6	4,069,118

Part XI

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

1	Minimum investment return from Part X, line 6. . . . .	1	4,069,118
2a	Tax on investment income for 2013 from Part VI, line 5. . . . .	2a	26,943
b	Income tax for 2013 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	26,943
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	4,042,175
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	4,042,175
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	4,042,175

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	16,568,169
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	16,568,169
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	26,943
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	16,541,226
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 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				4,042,175
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2013				
a From 2008. . . . .				4,149,415
b From 2009. . . . .				2,959,032
c From 2010. . . . .				2,733,153
d From 2011. . . . .				6,498,318
e From 2012. . . . .				9,407,286
f Total of lines 3a through e. . . . .	25,747,204			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ _____ 16,568,169				
a Applied to 2012, 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 2013 distributable amount. . . . .				4,042,175
e Remaining amount distributed out of corpus	12,525,994			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	38,273,198			
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 2012 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .	0			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions). . . .	4,149,415			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .	34,123,783			
10 Analysis of line 9				
a Excess from 2009. . . .				2,959,032
b Excess from 2010. . . .				2,733,153
c Excess from 2011. . . .				6,498,318
d Excess from 2012. . . .				9,407,286
e Excess from 2013. . . .				12,525,994

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 2013, 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)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2013	(b) 2012	(c) 2011	(d) 2010	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

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

1

Information Regarding Foundation Managers:

a

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

b

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

2

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

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

a

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

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

b

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

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

c

Any submission deadlines

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

d

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

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

**Part XV**

Supplementary Information (continued)

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

Recipient	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
Name and address (home or business)				
<b>a</b> Paid during the year See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	12,844,907
<b>b</b> Approved for future payment				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2013)

Part XVII

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

1

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a

Transfers from the reporting foundation to a noncharitable exempt organization of

1

Cash.

2

Other assets.

b

Other transactions

1

Sales of assets to a noncharitable exempt organization.

2

Purchases of assets from a noncharitable exempt organization.

3

Rental of facilities, equipment, or other assets.

4

Reimbursement arrangements.

5

Loans or loan guarantees.

6

Performance of services or membership or fundraising solicitations.

c

Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

		Yes	No
1a(1)			No
1a(2)			No
1b(1)			No
1b(2)			No
1b(3)			No
1b(4)	Yes		
1b(5)			No
1b(6)			No
1c			No

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
1b(4)	173,097	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 or fiduciary) is based on all information of which preparer has any knowledge.

\*\*\*\*\*

2014-11-06

\*\*\*\*\*

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

ALFONSO PERILLO

Preparer's Signature

Date

2014-11-06

Check if self-employed

☐

PTIN

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 990-PF (2013)

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

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

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
438,935		465,648	-26,713
			-118,615
			1,300,812
			464,956
			30,882
			48,797
			31,579
			1,773
			60,351

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


Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-26,713
			-118,615
			1,300,812
			464,956
			30,882
			48,797
			31,579
			1,773
			60,351



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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ALICE HUAN-MEI CHEN MD MPH	DIRECTOR (5/7/13-PRESENT) 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
CASWELL A EVANS JR DDS MPH	CHAIR/DIRECTOR 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
RALPH FUCCILLO	PRESIDENT/DIRECTOR 5 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
MYRA J GREEN	SECRETARY (1/1/13-3/13/13) 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
MARY KAPLAN	DIRECTOR (5/27/13-PRESENT) 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
FAY DONOHUE	DIRECTOR 5 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
DONALD J KENNEY	DIRECTOR 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
HAROLD COX	DIRECTOR 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
NORMAN TINANOFF	DIRECTOR 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
SHEPARD GOLDSTEIN DMD	DIRECTOR 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
MICHAEL S MCPHERSON	VICE CHAIR/DIRECTOR 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
LINDA C NIESSEN DMD	DIRECTOR 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
ALONZO PLOUGH PHD MPH	DIRECTOR (5/7/13-PRESENT) 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
LESLIE E GRANT DDS MSPA	DIRECTOR 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
GREGORY WINN	TREASURER 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
JAMES HAWKINS	SECRETARY (3/13/13-PRESENT) 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
CHESTER DOUGLASS	DIRECTOR (1/1/13-5/7/13) 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				
RODERICK K KING	DIRECTOR (1/1/13-5/7/13) 1 00	0	0	0
465 MEDFORD STREET BOSTON,MA 02129				

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

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CAPE COD FOUNDATION 259 WILLOW STREET YARMOUTH PORT,MA 02675	N/A	PC	TO IMPROVE ORAL HEALTH	68,450
GEORGIA DENTAL ASSOCIATION FOUNDATION FOR ORAL HEALTH INC 7000 PEACHTREE DRIVE SUITE 200 BUILDING 17 ATLANTA,GA 303281655	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
HIV ALLIANCE 1966 GARDEN AVENUE EUGENE,OR 97403	N/A	PC	TO IMPROVE ORAL HEALTH	21,589
MERCY MINISTRIES OF LAREDO 2500 ZACATECAS LOREDO,TX 78046	N/A	PC	TO IMPROVE ORAL HEALTH	5,891
MOM-N-PA 420 E ORANGE STREET SHIPPENSBURG,PA 17257	N/A	PC	TO IMPROVE ORAL HEALTH	10,000
ST ANN CENTER FOR INTERGENERATIONAL CARE INC 2801 E MORAN AVENUE MILWAUKEE,WI 53107	N/A	PC	TO IMPROVE ORAL HEALTH	1,233
VISTA COMMUNITY CLINIC 1000 VALE TERRACE VISTA,CA 92084	N/A	PC	TO IMPROVE ORAL HEALTH	176,836
OUTER CAPE HEALTH SERVICES PO BOX 1413 WELLFLEET,MA 02667	N/A	PC	TO IMPROVE ORAL HEALTH	2,617
EDWARD M KENNEDY COMMUNITY HEALTH CENTER INC 2000 CENTURY DRIVE WORCESTER,MA 01606	N/A	PC	TO IMPROVE ORAL HEALTH	28,079
GRANITE COUNTY MEDICAL FOUNDATION PO BOX 401 PHILIPSBURG,MT 59858	N/A	PC	TO IMPROVE ORAL HEALTH	6,450
DIENTES COMMUNITY DENTAL CARE 1830 COMMERCIAL WAY SANTA CRUZ,CA 95065	N/A	PC	TO IMPROVE ORAL HEALTH	14,000
INTERFAITH DENTAL CLINIC 1721 PATTERSON STREET NASHVILLE,TN 37203	N/A	PC	TO IMPROVE ORAL HEALTH	15,000
UPSTREAM PUBLIC HEALTH 240 N BROADWAY STREET SUITE 201 PORTLAND,OR 972771881	N/A	PC	TO IMPROVE ORAL HEALTH	50,000
THE PEW CHARITABLE TRUSTS 901 E STREET SW WASHINGTON,DC 20004	N/A	PC	TO IMPROVE ORAL HEALTH	90,000
HEALTH RESOURCES IN ACTION 95 BERKELEY STREET BOSTON,MA 02116	N/A	PC	TO IMPROVE ORAL HEALTH	357,306
<b>Total . . . . .</b>  <b>3a</b>				12,844,907


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

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
(NEW YORK UNIVERSITY) COLLEGE OF NURSING AT THE COLLEGE OF DENTISTRY 726 BROADWAY 10TH FLOOR NEW YORK,NY 10003	N/A	PC	TO IMPROVE ORAL HEALTH	262,641
ORAL HEALTH AMERICA 180 NORTH MICHIGAN AVE CHICAGO,IL 60601	N/A	PC	TO IMPROVE ORAL HEALTH	166,244
HEALTHY SMILES HEALTH CHILDREN 211 E CHICAGO AVE 1700 CHICAGO,IL 60611	N/A	PC	TO IMPROVE ORAL HEALTH	348,571
FOUNDATION FOR CHILDREN 104 HUNGERFORD STREET HARTFORD,CT 06106	N/A	PC	TO IMPROVE ORAL HEALTH	340,366
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE SUITE 316CP BOSTON,MA 021155005	N/A	PC	TO IMPROVE ORAL HEALTH	403,854
SARRELL REGIONAL DENTAL CENTER 230 E 10TH STREET SUITE 106 ANNISTON,AL 36207	N/A	PC	TO IMPROVE ORAL HEALTH	213,909
MARSHFIELD CLINIC RESEARCH FOUNDATION 1000 NORTH OAK AVENUE MASHFIELD,WI 54449	N/A	PC	TO IMPROVE ORAL HEALTH	186,631
AT STILL UNIVERSITY OF HEALTH SCIENCE 800 JEFFERSON STREET KIRKSVILLE,MO 635011443	N/A	PC	TO IMPROVE ORAL HEALTH	199,985
NATIONAL CHILDREN'S ORAL HEALTH FOUNDATION 4108 PARK ROAD STE 300 CHARLOTTE,NC 282092262	N/A	PC	TO IMPROVE ORAL HEALTH	483,190
WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION 886 CHSTNUT RIDGET ROAD MOGANTOWN,WV 265066845	N/A	PC	TO IMPROVE ORAL HEALTH	50,000
TIDES CENTER THECHILDREN'S PARTHERSHIP 1351 3RD STREET PROMENADE SUITE 206 SANTA MONICA,CA 90401	N/A	PC	TO IMPROVE ORAL HEALTH	209,500
MEDICAID-CHIP STATE DENTAL ASSOCIATION 2 GROVE STREET SANDWICH,MA 02563	N/A	PC	TO IMPROVE ORAL HEALTH	266,443
UNIVERSITY OF TEXAS FOUNDATION POST OFFICE BOX 250 AUSTIN,TX 78767	N/A	PC	TO IMPROVE ORAL HEALTH	166,884
FLORIDA PUBLIC HEALTH INSITITE 1622 N FEDERAL HIGHWAY SUITE B LAKE WORK,FL 334606645	N/A	PC	TO IMPROVE ORAL HEALTH	113,117
HEARTLAND HEALTH OUTREACH INC (CHICAGO COMMUNITY ORAL HEALTH FORUM) 1015 W LAWRENCE AVENUE 2ND FLOOR CHICAGO,IL 60640	N/A	PC	TO IMPROVE ORAL HEALTH	169,055
<b>Total . . . . .</b>			<b>3a</b>	12,844,907


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

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CENTER FOR HEALTH POLICY DEVELOPMENT (NASHP) 1233 20TH STREET NORTHWEST SUITE 303 WASHINGTON,DC 20036	N/A	PC	TO IMPROVE ORAL HEALTH	70,132
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY,IA 522444550	N/A	PC	TO IMPROVE ORAL HEALTH	187,420
BETTER ORAL HEALTH FOR MASSACHUSETTS COALITION 40 COURT STREET 10TH FLOOR BOSTON,MA 02108	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
NORTH FLORIDA MEDICAL CENTERS 535 JOHN KNOX ROAD TALLAHASSEE,FL 323034117	N/A	PC	TO IMPROVE ORAL HEALTH	58,422
FLORIDA DENTAL HYGIENE ASSOCIATION PO BOX 13675 TALLAHASSEE,FL 32317	N/A	PC	TO IMPROVE ORAL HEALTH	112,761
SOCIETY OF TEACHERS OF FAMILY MEDICINE 11400 TOMAHAWK CREEK PARKWAY SUITE 540 LEAWOOD,KS 66211	N/A	PC	TO IMPROVE ORAL HEALTH	176,450
CENTER FOR HEALTH CARE STRATEGIES 200 AMERICAN METRO BLVD STE 119 HAMILTON,NJ 086192320	N/A	PC	TO IMPROVE ORAL HEALTH	154,805
CENTER FOR ORAL HEALTH (DENTAL HEALTH FOUNDATION) 309 EAST SECOND STREE POMONA,CA 917661854	N/A	PC	TO IMPROVE ORAL HEALTH	169,884
MASSACHUSETTS HEAD START ASSOCIATION 68 ALLISON AVENUE TAUTON,MA 027806958	N/A	PC	TO IMPROVE ORAL HEALTH	154,811
CHILDREN'S DENTAL HEALTH PROJECT 1012 19TH STREET NW SUITE 400 WASHINGTON,DC 200364946	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
STUDENT HEALTH SUPPORT SVCS (LA TRUST) 333 S BEAUDRY AVE 29TH FLOOR LOS ANGELES,CA 90017	N/A	PC	TO IMPROVE ORAL HEALTH	200,000
DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES 417 FEDERAL STREET COVER,DE 19901	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
UNITED SIKHS JAF POB 7203 NEW YORK,NY 10116	N/A	PC	TO IMPROVE ORAL HEALTH	125,000
NCCPA FOUNDATION INC (NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN 12000 FINDLEY RD SUITE 100 JOHNS CREEK,GA 30097	N/A	PC	TO IMPROVE ORAL HEALTH	166,971
UNIVERSITY OF HAWAII 2425 CAMPUS ROADSINCLAIR ROOM 1 HONOLULU,HI 96822	N/A	PC	TO IMPROVE ORAL HEALTH	99,971
<b>Total . . . . .</b>			<b>3a</b>	12,844,907


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

Recipient	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
Name and address (home or business)				
<b>a</b> Paid during the year				
ILLINOIS CHAPTER AMERICAN ACADEMY OF PEDIATRICS 1400 W HUBBARD STREET SUITE 100 CHICAGO,IL 60642	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
ORAL HEALTH KANSAS 800 SW JACKSON SUITE 1120 TOPEKA,KS 66612	N/A	PC	TO IMPROVE ORAL HEALTH	101,423
KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PKWY STE 100 LOUISVILLE,KY 40299	N/A	PC	TO IMPROVE ORAL HEALTH	200,000
NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION 4 PARK STREET SUITE 403 CONCORD,NH 03301	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
NORTH CAROLINA FOUNDATION FOR ADVANCED HEALTH PROGRAMS 2401 WESTON PKWY STE 203 CARY,NC 27513	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
UNIVERSITY OF ALABAMA BIRMINGHAM 1919 7TH AVE SOUTH BIRMINGHAM,AL 35294	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
ARIZONA DENTAL FOUNDATION 3193 N DRINKWATER BLVD SCOTTSDALE,AZ 85251	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
CHILDREN NOW 1404 FRANKLIN STREET SUITE 700 OAKLAND,CA 94612	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
ORAL HEALTH COLORADO 1985 UNION STREET LAKEWOOD,CO 80215	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
FLORIDA PUBLIC HEALTH INSTITUTE 1623 N FEDERAL HIGHWAY SUITE B LAKE WORTH,FL 33460	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
IDAHO DEPARTMENT OF HEALTH AND WELFARE 450 W STATE STREET 6TH FLOOR BOISE,ID 83702	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
MARYLAND DENTAL ACTION COALITION 6410 DOBBIN ROAD SUITE G COLUMBIA,MD 21045	N/A	PC	TO IMPROVE ORAL HEALTH	149,775
MICHIGAN ORAL HEALTH COALITION 7215 WESTSHIRE SRIVE LANSING,MI 48917	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
MISSISSIPPI STATE DEPARTMENT OF HEALTH 570 E WOODROW WILSON O-450 JACKSON,MS 39215	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
AMERICAN ACADEMY OF PEDIATRICS NEW JERSEY CHAPTER 2826 QUAKERBRIDGET ROADSUITE 106 HAMILTON,NJ 08619	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
<b>Total . . . . .</b>  <b>3a</b>				12,844,907


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

Recipient	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
Name and address (home or business)				
<b>a</b> Paid during the year				
NORTH DAKOTA DEPARTMENT OF HEALTH 600 E BOULEVARD AVE DEPT 301 BISMARCK,ND 58505	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
OREGON ORAL HEALTH COALITION PO BOX 3132 WILSONVILLE,OR 97070	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
PENNSYLVANIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS 1400 N PROVIDENCE ROAD BLDNG 2SUITE 3007 MEDIA,PA 19063	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
SOUTH CAROLINA RESEARCH FOUNDATION 901 SUMTER STREET 5TH FLOOR COLUMBIA,SC 29208	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
VIRGINIA ORAL HEALTH COALITION 3460 MAYLAND COURT STE 110 RICHMOND,VA 23233	N/A	PC	TO IMPROVE ORAL HEALTH	304,754
CHILDRENS NATIONAL MEDICAL CENTER (CHILDRENS HOSPITAL FOUNDATION) 111 MICHIGAN AVENUE NW WASHINGTON,DC 20010	N/A	PC	TO IMPROVE ORAL HEALTH	149,904
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES 1 DAVIS SQUARE SUITE 100 CHARLESTON,WV 25301	N/A	PC	TO IMPROVE ORAL HEALTH	150,000
HEALTH CARE FOR ALL 30 WINTER STREET SUITE 1010 BOSTON,MA 02108	N/A	PC	TO IMPROVE ORAL HEALTH	40,000
MASSACHUSETTS DENTAL SOCIETY FOUNDATION TWO WILLOW STREET SOUTHBOROUGH,MA 017451027	N/A	PC	TO IMPROVE ORAL HEALTH	60,000
AMERICAN DENTAL HYGIENISTS' ASSOCIATION INSTITUTE OF ORAL HEALTH 444 MICHIGAN AVE SUITE 3400 CHICAGO,IL 60611	N/A	PC	TO IMPROVE ORAL HEALTH	25,000
ARIZONA ASSOCIATION OF COMMUNITY HEALTH CENTERS 700 E JEFFERSON STREET SUITE 100 PHOENIX,AZ 85034	N/A	PC	TO IMPROVE ORAL HEALTH	110,000
AMERICAN DENTAL ASSOCIATION SURVEY CENTER 211 EAST CHICAGO AVENUE CHICAGO,IL 606112678	N/A	PC	TO IMPROVE ORAL HEALTH	50,000
BRIGHAM AND WOMEN'S HOSPITAL SOUTHERN JAMAICA PLAIN HEALTH CENTER 640 CENTRE ST JAMAICA PLAIN,MA 02130	N/A	PC	TO IMPROVE ORAL HEALTH	17,086
NATIONAL FOUNDATION FOR DENTISTRY FOR THE HANDICAPPED (DENTAL LIFELIN 1800 15TH STREET SUITE 100 DENVER,CO 80202	N/A	PC	TO IMPROVE ORAL HEALTH	40,000
<b>Total</b> . . . . .  <b>3a</b>				12,844,907

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

Recipient	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
Name and address (home or business)				
<b>a</b> Paid during the year				
TRUSTEES OF BOSTON UNIVERSITY 560 HARRISON AVENUE 3RD FLOOR BOSTON,MA 02118	N/A	PC	TO IMPROVE ORAL HEALTH	500
HARVARD SCHOOL OF DENTAL MEDICINE (PRESIDENT AND FELLOWS OF HARVARD COLLEGE 118 LONGWOOD AVENUE BOSTON,MA 02118	N/A	PC	TO IMPROVE ORAL HEALTH	500
PROTEUS FUND 15 RESEARCH DRIVE SUITE B AMHERST,MA 01002	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
QUEST 278 SANBORN ROAD WHITE SALMON,WA 98672	N/A	PC	TO IMPROVE ORAL HEALTH	20,000
SCHWEITZER FELLOWSHIP 330 BROOKLINE AVENUE BOSTON,MA 02215	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
THE DIMOCK CENTER 55 DIMOCK STREET ROXBURY,MA 02119	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
MASSACHUSETTS DENTAL SOCIETY 2 WILLOW STREET SOUTHBOROUGH,MA 017451020	N/A	PC	TO IMPROVE ORAL HEALTH	750
THE THEATER OFFENSIVE INC 565 BOYLSTON STREET 3RD FLOOR BOSTON,MA 02116	N/A	PC	TO IMPROVE ORAL HEALTH	500
KANSAS HEALTH INSTITUTE 212 SW 8TH AVENUE STE 300 TOPEKA,KS 66603	N/A	PC	TO IMPROVE ORAL HEALTH	5,000
NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS 7501 WISCONSIN AVE SUITE 1100W BETHESDA,MD 20814	N/A	PC	TO IMPROVE ORAL HEALTH	280,393
ALASKA PRIMARY CARE ASSOCIATION 903 WEST NRTHRN LTS BLVDSUITE 200 AHNCHORAGE,AK 99503	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
CALIFORNIA PRIMARY CARE ASSOCIATION 1231 I STREET 4TH FLOOR SACRAMENTO,CA 95814	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
IOWA PRIMARY CARE ASSOCIATION 9943 HICKMAN ROAD URBANDALE,IA 50322	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
TENNESSEE PRIMARY CARE ASSOCIATION 416 WILSON PIKE CIRCLE BRENTWOOD,TN 37027	N/A	PC	TO IMPROVE ORAL HEALTH	99,648
BI-STATE PRIMARY CARE ASSOCIATION 525 CLINTON STREET BOW,NH 03304	N/A	PC	TO IMPROVE ORAL HEALTH	99,966
<b>Total . . . . .</b>  <b>3a</b>				12,844,907

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

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION 6400 LAKEOVER RD SUITE A JACKSON,MS 39213	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
GEORGIA ASSOCIATION FOR PRIMARY HEALTH CARE 315 WEST PONCE DE LEON AVENUE SUITE 1000 DECATUR,GA 30030	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
ILLINOIS PRIMARY HEALTH CARE ASSOCIATION 500 NORTH NINTH STREET SPRINGFIELD,IL 62701	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
KANSAS ASSOCIATION FOR THE MEDICALLY UNDERSERVED 1129 S KANSAS AVENUE SUITE B TOPEKA,KS 66612	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
MICHIGAN PRIMARY CARE ASSOCIATION 7215 WESTSHIRE SRIVE LANSING,MI 48917	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS 4150 INDIANOLA AVE COLUMBUS,OH 43214	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
OREGON PRIMARY CARE ASSOCIATION 310 SW 4TH AVE SUITE 200 VISTA,OR 97204	N/A	PC	TO IMPROVE ORAL HEALTH	100,000
PENNSYLVANNIA ASSOCIATION OF COMMUNITY HEALTH CENTERS 1035 MUMMA RD SUITE 1 WORMLEYSBURG,PA 17043	N/A	PC	TO IMPROVE ORAL HEALTH	99,997
US NATIONAL ORAL HEALTH ALLIANCE 465 MEDFORD STREET BOSTON,MA 02129	N/A	PC	TO IMPROVE ORAL HEALTH	350,000
THE SOCIETY OF TEACHERS OF FAMILY MEDICINE 11400 TOMAHAWK CREEK PARKWAY SUITE 540 LEAWOOD,KS 66211	N/A	PC	TO IMPROVE ORAL HEALTH	12,000
LEHIGH VALLEY HOSPITAL INC 2100 MACK BOULEVARD ALLENTOWN,PA 181035622	N/A	PC	TO IMPROVE ORAL HEALTH	19,619
PRESBYTERIAN MEDICAL SERVICES PO BOX 2267 SANTA FE,NM 87504	N/A	PC	TO IMPROVE ORAL HEALTH	50,916
MORE HEALTH INC 3821 HENDERSON BOULEVARD TAMPA,FL 336295032	N/A	PC	TO IMPROVE ORAL HEALTH	85,000
FLORIDA DEPARTMENT OF HEALTH- ALACHUA COUNTY HEALTH DEPARTMENT 224 SE 24TH STREET GAINESVILLE,FL 32641	N/A	PC	TO IMPROVE ORAL HEALTH	101,591
UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH 2367 SPH BUILDING COLLEGE PARK,MD 20742	N/A	PC	TO IMPROVE ORAL HEALTH	266,713
<b>Total . . . . .</b>  <b>3a</b>				12,844,907



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

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NOVA SOUTHEASTERN UNIVERSITY INC 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 333147796	N/A	PC	TO IMPROVE ORAL HEALTH	109,404
<b>Total . . . . .</b>				<b>3a</b> 12,844,907

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](http://www.irs.gov/form990).

OMB No 1545-0047  
  
2013

Name of the organization DENTAQUEST FOUNDATION INC	Employer identification number 04-3265080
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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 of \$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).

<b>Name of organization</b> DENTAQUEST FOUNDATION INC	<b>Employer identification number</b> 04-3265080
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<b>Part I</b>	<b>Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed		
<b>(a)</b> <b>No.</b>	<b>(b)</b> <b>Name, address, and ZIP + 4</b>	<b>(c)</b> <b>Total contributions</b>	<b>(d)</b> <b>Type of contribution</b>
<u>1</u>	DENTAQUEST LLC 465 MEDFORD STREET  BOSTON, MA 02129	\$ 5,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
<u>2</u>	WASHINGTON DENTAL SERVICE FOUNDATIO 9706 FOURTH AVENUE NE  SEATTLE, WA 98115	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
<u>3</u>	CONNECTICUT HEALTH FOUNDATION 100 PEARL STREET  HARTFORD, CT 06103	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
<u>4</u>	EDWARD A HJERPE III ONE GREAT ROAD  BARRINGTON, RI 02806	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
<u>  </u>	    	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
<u>  </u>	    	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

<b>Name of organization</b> DENTAQUEST FOUNDATION INC	<b>Employer identification number</b>  04-3265080
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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
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b> DENTAQUEST FOUNDATION INC	<b>Employer identification number</b> 04-3265080
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Part III

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

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

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div>		
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div>		
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div>		
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div>		

## TY 2013 Accounting Fees Schedule

**Name:** DENTAQUEST FOUNDATION INC

**EIN:** 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING EXPENSE	17,833	0		17,833

**TY 2013 Investments Corporate  
Bonds Schedule****Name:** DENTAQUEST FOUNDATION INC**EIN:** 04-3265080

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
SSGA PASSIVE BOND MKT CTF	3,855,142	3,855,142
COLCHESTER GLOBAL BOND FUND	3,851,411	3,851,411
ING GLOBAL REAL ESTATE	4,120,164	4,120,164
VANGUARD	5,765,579	5,765,579
TAP FUND LTD	3,429,174	3,429,174
VAN ECK HARD ASSETS CLASS I MUTUAL FUND	4,011,035	4,011,035

**TY 2013 Investments Corporate  
Stock Schedule****Name:** DENTAQUEST FOUNDATION INC**EIN:** 04-3265080

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
RUSSELL 3000 INDEX NON-LENDING STRATEGY	19,691,834	19,691,834
SSGA MSCI ACWI EX USA INDEX NON-LENDING QP STRATEGY	13,547,474	13,547,474
TAMRO SMALL CAP TAMRO CAPITAL PARTNERS FUND	3,091,256	3,091,256



**TY 2013 Investments Government  
Obligations Schedule****Name:** DENTAQUEST FOUNDATION INC**EIN:** 04-3265080**US Government Securities - End of****Year Book Value:**

3,434,875

**US Government Securities - End of****Year Fair Market Value:**

3,434,875

**State & Local Government  
Securities - End of Year Book****Value:**

0

**State & Local Government  
Securities - End of Year Fair****Market Value:**

0

**TY 2013 Investments - Other Schedule****Name:** DENTAQUEST FOUNDATION INC**EIN:** 04-3265080

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
WEATHERLOW OFFSHORE FUND	FMV	2,667,587	2,667,587
TIFF ABSOLUTE RETURN POOL II	FMV	2,737,088	2,737,088
TIFF PRIVATE EQUITY PARTNERS	FMV	727,862	727,862
DRAKE CAPITAL OFFSHORE PARTNERS LP	FMV	3,591,647	3,591,647
FLAG GLOBAL PARTNERS LP	FMV	349,818	349,818

## TY 2013 Legal Fees Schedule

**Name:** DENTAQUEST FOUNDATION INC

**EIN:** 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	731	0		731

TY 2013 Other Assets Schedule

**Name:** DENTAQUEST FOUNDATION INC

**EIN:** 04-3265080

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE FROM AFFILIATE	326,248		

**TY 2013 Other Expenses Schedule****Name:** DENTAQUEST FOUNDATION INC**EIN:** 04-3265080

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	30,330	0		30,330
SUBSCRIPTIONS AND DUES	26,120	0		26,120
TELEPHONE	7,280	0		7,280
PUBLIC RELATIONS	25,028	0		25,028

**TY 2013 Other Income Schedule****Name:** DENTAQUEST FOUNDATION INC**EIN:** 04-3265080

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PROGRAM DUES	101,668		101,668
PASSTHROUGH INCOME FROM VARIOUS K-1'S	938,855	938,855	938,855

## TY 2013 Other Increases Schedule

**Name:** DENTAQUEST FOUNDATION INC

**EIN:** 04-3265080

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	5,744,108

**TY 2013 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	1,653,354	0		1,653,354
INVESTMENT MANAGEMENT FEES	263,481	263,481		0



**TY 2013 Taxes Schedule**

**Name:** DENTAQUEST FOUNDATION INC

**EIN:** 04-3265080

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	92,298	0		0