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NO STATUTE ISSUE

SCANNED MAY 13 2011

Amended

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2007
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 2007, and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ADA FOUNDATION	D Employer identification number 36-6132046
	Number and street (or P O box if mail is not delivered to street address) Room/suite 211 EAST CHICAGO AVENUE	E Telephone number (312) 440-3534
	City or town, state or country, and ZIP + 4 CHICAGO, IL 60611-2637	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
	Please use IRS label or print or type See Specific Instructions	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website WWW.ADAFOUNDATION.ORG

J Organization type (check only one) ☒ 501(c)(3) () (insert no) 4947(a)(1) or 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number _____
M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 11,099,540.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received					
	a Contributions to donor advised funds	1a				
	b Direct public support (not included on line 1a)	1b		2,226,418.		
	c Indirect public support (not included on line 1a)	1c		3,510,452.		
	d Government contributions (grants) (not included on line 1a)	1d		1,980,239.		
	e Total (add lines 1a through 1d) (cash \$ 7,717,109. noncash \$)			7,717,109.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,372,933.		
	3 Membership dues and assessments	3				
	4 Interest on savings and temporary cash investments	4		29,460.		
	5 Dividends and interest from securities	5		625,263.		
	6a Gross rents	6a				
	b Less rental expenses	6b				
c Net rental income or (loss). Subtract line 6b from line 6a	6c					
7 Other investment income (describe _____)	7					
Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		1,307,433.	8a			
	b Less cost or other basis and sales expenses		8b			
	c Gain or (loss) (attach schedule)	1,307,433.	8c			
	d Net gain or (loss). Combine lines 8a, 8b, and 8c		8d		1,307,433.	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a Gross revenue (including _____ of contributions reported on line 12)	9a				
	b Less direct expenses other than fundraising expenses	9b				
	c Net income or (loss) from special events. Subtract line 9b from line 9a		9c			
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b				
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c			
11 Other revenue (from Part VII, line 103)	11		47,342.			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		11,099,540.			
Expenses	13 Program services (from line 44, column (B))	13		7,485,594.		
	14 Management and general (from line 44, column (C))	14		774,596.		
	15 Fundraising (from line 44, column (D))	15		1,713,146.		
	16 Payments to affiliates (attach schedule)	16				
	17 Total expenses. Add lines 16 and 44, column (A)	17		9,973,336.		
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		1,126,204.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		24,839,524.		
	20 Other changes in net assets or fund balances (attach explanation) STMT 1	20		35,485.		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		26,001,213.		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)
61,17

JSA
7E1010 2 000

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)				
(cash \$ _____ noncash \$ _____)				
If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule)				
(cash \$ <u>714,210</u> noncash \$ _____)				
If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	228,000.		22,800.	205,200.
b Compensation of former officers, directors, key employees, etc listed in Part V-B				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	3,265,746.	2,639,200.	288,445.	338,101.
27 Pension plan contributions not included on lines 25a, b, and c	610,541.	461,207.	54,391.	94,943.
28 Employee benefits not included on lines 25a - 27	423,498.	319,913.	37,728.	65,857.
29 Payroll taxes	227,998.	172,231.	20,312.	35,455.
30 Professional fundraising fees	582,948.			582,948.
31 Accounting fees	67,056.		67,056.	
32 Legal fees	156,103.		156,103.	
33 Supplies	34,655.	27,129.	6,645.	881.
34 Telephone	9,910.	2,237.	1,280.	6,393.
35 Postage and shipping	14,962.	8,611.	587.	5,764.
36 Occupancy	411.		411.	
37 Equipment rental and maintenance	38,619.	38,619.		
38 Printing and publications	614,751.	547,653.	26,669.	40,429.
39 Travel	144,345.	106,934.	9,684.	27,727.
40 Conferences, conventions, and meetings	272,253.	195,444.	21,295.	55,514.
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	71,639.	69,228.	575.	1,836.
43 Other expenses not covered above (itemize)				
a OTHER EXPENSES	2,156,920.	1,844,207.	60,615.	252,098.
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	9,973,336.	7,485,594.	774,596.	1,713,146.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 15 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a <u>PERFORM RESEARCH ACTIVITIES TO ENCOURAGE THE IMPROVEMENT OF THE HEALTH OF THE PUBLIC & TO PROMOTE THE ART AND SCIENCE OF DENTISTRY.</u> _____ _____ _____ (Grants and allocations \$ <u>NONE</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	4,573,182.
b <u>PROVIDE FUNDS TO EDUCATIONAL INSTITUTES AND OTHER ENTITIES TO ADVANCE DENTAL RESEARCH AND EDUCATIONAL PROGRAMS AND SUPPORT NATIONAL AND REGIONAL DENTAL ACCESS PROGRAMS TO MAKE DENTAL CARE AVAILABLE TO THE UNDERSERVED.</u> _____ _____ (Grants and allocations \$ <u>1,025,481.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	2,121,197.
c <u>PROVIDE CHARITABLE ASSISTANCE FOR DENTISTS AND THEIR FAMILIES IN NEED. THIS INCLUDES PROVIDING RELIEF GRANTS TO AID MEMBERS OF THE DENTAL PROFESSION AND THEIR DEPENDENTS WHO, BECAUSE OF AGE OR OTHER DISABLING CONDITIONS ARE NOT WHOLLY SELF-SUSTAINING, AND DISASTER GRANTS.</u> _____ (Grants and allocations \$ <u>27,500.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	288,937.
d <u>SEE STATEMENT 16</u> _____ _____ _____ (Grants and allocations \$ <u>NONE</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	502,278.
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,485,594.

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Part IV Balance Sheets (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,443,410.	45	386,995.
	46 Savings and temporary cash investments	511,268.	46	617,946.
	47a Accounts receivable	47a 796,853.		
	b Less allowance for doubtful accounts	47b	47c	796,853.
	48a Pledges receivable	48a	48c	
	b Less allowance for doubtful accounts	48b		
	49 Grants receivable	258,462.	49	12,143.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a 26,061.		
	b Less allowance for doubtful accounts	51b 26,061.	51c	NONE
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	65,374.	53	25,109.
	54a Investments - publicly-traded securities STMT 18. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	23,731,230.	54a	25,698,861.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55a Investments - land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b	55c		
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 1,872,197.			
b Less accumulated depreciation (attach schedule)	57b 1,628,155.	57c	244,042.	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	26,781,670.	59	27,781,949.	
Liabilities	60 Accounts payable and accrued expenses	445,898.	60	574,259.
	61 Grants payable	113,566.	61	254,962.
	62 Deferred revenue	74,712.	62	180,873.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 19)	1,307,970.	65	770,642.
66 Total liabilities. Add lines 60 through 65	1,942,146.	66	1,780,736.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	11,634,438.	67	12,529,957.
	68 Temporarily restricted	10,724,146.	68	10,959,996.
	69 Permanently restricted	2,480,940.	69	2,511,260.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	24,839,524.	73	26,001,213.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	26,781,670.	74	27,781,949.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements.		a	11,135,025.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1 35,485.		
2	Donated services and use of facilities.	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) -----	b4		
	Add lines b1 through b4		b	35,485.
c	Subtract line b from line a		c	11,099,540.
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b.	d1		
2	Other (specify) -----	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d ▶		e	11,099,540.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	9,973,336.								
b	Amounts included on line a but not on Part I, line 17	<table border="1"> <tr><td>b1</td><td></td></tr> <tr><td>b2</td><td></td></tr> <tr><td>b3</td><td></td></tr> <tr><td>b4</td><td></td></tr> </table>	b1		b2		b3		b4		
b1											
b2											
b3											
b4											
1	Donated services and use of facilities.										
2	Prior year adjustments reported on Part I, line 20										
3	Losses reported on Part I, line 20										
4	Other (specify) ----- ----- -----										
	Add lines b1 through b4	b									
c	Subtract line b from line a	c	9,973,336.								
d	Amounts included on Part I, line 17, but not on line a :	<table border="1"> <tr><td>d1</td><td></td></tr> <tr><td>d2</td><td></td></tr> </table>	d1		d2						
d1											
d2											
1	Investment expenses not included on Part I, line 6b										
2	Other (specify) ----- -----										
	Add lines d1 and d2	d									
e	Total expenses (Part I, line 17) Add lines c and d	e	9,973,336.								

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Yes	No
-----	----

11

75b

x

75c

	X
--	---

75d

	X
--	---

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76

X

77

X

78a

x

78b

1

79

X

80a

and check whether it is ☒ exempt or ☐ nonexempt

81a

NONE

81b

x

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
83 b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84 b		N/A	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
85 b			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: NONE, section 4912: NONE, section 4955: NONE		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: NONE		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization: NONE		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed: SEE STATEMENT 25		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions).	90b	39
91 a	The books are in care of: ROSEMARY BRANDT Telephone no: 312-440-3534		
	Located at: 211 EAST CHICAGO AVENUE CHICAGO, IL ZIP + 4: 60611-2637		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☒ X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 92 NONE**Part VII Analysis of Income-Producing Activities (See the instructions)**

Note. Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PATENT ROYALTIES					1,324,089.
b NIST PROJECTS					25,344.
c RESEARCH CONFERENCES					23,500.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	29,460.	
96 Dividends and interest from securities			14	625,263.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,307,433.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b RSRCH EQUIP MAINT			41	3,975.	
c OTHER INCOME			01	41,570.	
d INTEREST ON LOAN			14	1,797.	
e					
104 Subtotal (add columns (B), (D), and (E))				2,009,498.	1,372,933.
105 Total (add line 104, columns (B), (D), and (E))					3,382,431.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	STMT 26

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
N/A	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
N/A	

**Please
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 officer) is based on all information of which preparer has any knowledge.

Signature of officer *Emmett Murphy* Date 4-25-11

Type or print name and title EMMETT MURPHY INTERIM CFO

**Paid
Preparer's
Use Only**

Preparer's signature *Laurie A. Egan* Date 4/21/11 Check if self-employed ☐ Preparer's SSN or PTIN (See Gen Inst X) P00223617

Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP EIN 13-5565207

TWO CENTRAL PARK PLAZA, SUITE 1501 Phone no 402-348-1450

OMAHA, NE 68102-1626

Form **990** (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization

ADA FOUNDATION

Employer identification number

36-6132046

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are 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 & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 27				
Total number of other employees paid over \$50,000 . . ▶		25		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 28		
Total number of others receiving over \$50,000 for professional services ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 29		
Total number of other contractors receiving over \$50,000 for other services ▶		11

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 30	2d	X	
e Transfer of any part of its income or assets?	2e		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) STMT. 31	3a	X	
b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d Enter the total number of donor advised funds owned at the end of the tax year ► <u>NONE</u>			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► <u>NONE</u>			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ► <u>NONE</u>			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► <u>NONE</u>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	7,478,317.	7,831,299.	5,346,365.	4,837,587.	25,493,568.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,441,638.	650,718.	560,738.	565,504.	4,218,598.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	496,173.	453,712.	363,783.	360,046.	1,673,714.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. STMT 32 39,033.		84,343.	4,528,629.		4,652,005.
23 Total of lines 15 through 22	10,455,161.	9,020,072.	10,799,515.	5,763,137.	36,037,885.
24 Line 23 minus line 17.	8,013,523.	8,369,354.	10,238,777.	5,197,633.	31,819,287.
25 Enter 1% of line 23.	104,552.	90,201.	107,995.	57,631.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. NQT, APPLICABLE . . ▶	26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶	26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d
e Public support (line 26c minus line 26d total) ▶	26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f %

27 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2006) 3,202,523. (2005) 3,337,595. (2004) 2,497,237. (2003) 2,345,560.

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 <u>25,493,568.</u> 16 _____ 17 <u>4,218,598.</u> 20 _____ 21 _____ ▶	27c	29,712,166.
d Add Line 27a total. . . <u>11,382,915.</u> and line 27b total. . . _____ ▶	27d	11,382,915.
e Public support (line 27c total minus line 27d total). ▶	27e	18,329,251.
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶	27f	36,037,885.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶	27g	50.8611 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶	27h	4.6443 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 9 of the instructions)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)	31	
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 13 of the instructions)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON SECURITIES	35,485. -----
TOTAL	35,485. =====

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID		
=====		
A T STILL UNIVERSITY 5850 E STILL CIRCLE KIRKSVILLE, MO	GENERAL SUPPORT	20,000
ACADEMY OF OPERATIVE DENTISTRY PO BOX 14996 ATTN DR. GREGORY E SMITH MESA, AZ	GENERAL SUPPORT	6,000
ALCONA CITIZENS FOR HEALTH, INC 177 N BARLOW ROAD LINCOLN, MI 48472	GENERAL SUPPORT	5,000
ALLEGANY COUNTY HEALTH DEPARTMENT 12501 WILLOWBROOK ROAD, SE PO BOX 1745 CUMBERLAND, MD	GENERAL SUPPORT	5,000
AMERICAN EXPRESS 605 N MICHIGAN AVENUE CHICAGO, IL	PURCHASES FOR AN EXEMPT PURPOSE	507
AMERICAN RED CROSS 611 W BRAMBLETON AVENUE NORFOLK, VA 23510	GENERAL SUPPORT	2,500

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT				PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
RECIPIENT NAME AND ADDRESS	-----			-----	-----
AMERICAN SOCIETY OF DENTAL FOUNDATION 211 E CHICAGO AVENUE 21ST FL CHICAGO, IL 60611-2637	NONE	EXEMPT		GENERAL SUPPORT	1,500
AMERICAN STUDENT DENTAL ASSOCIATION 211 E CHICAGO AVENUE STE 1160 CHICAGO, IL 60611-2637	NONE	EXEMPT		GENERAL SUPPORT	1,000
APPLE TREE DENTAL 8960 SPRINGBROOK DRIVE MINNEAPOLIS, MN	NONE	EXEMPT		PURCHASES FOR AN EXEMPT PURPOSE	25,000
BLUE SPRINGS WELLINK INC 2405 SW 19TH STREET BLUE SPRINGS, MO	NONE	EXEMPT		PURCHASES FOR AN EXEMPT PURPOSE	5,000
BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUSETTS AVENUE BOSTON, MA	NONE	EXEMPT		GENERAL SUPPORT	10,000
BRIGHT BEGINNINGS, INC 128 M STREET, NW WASHINGTON, DC 20001	NONE	EXEMPT		GENERAL SUPPORT	5,000
CALIFORNIA DENTAL ASSOCIATION FOUNDATION 1201 K STREET SACRAMENTO, CA 95814	NONE	EXEMPT		GENERAL SUPPORT	20,000

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CENTRAL ILLINOIS DENTAL 1008 COUNTRY SOUIRE DRIVE URBANA, IL	GENERAL SUPPORT	5,000
CHAMPLAIN VALLEY 191 NORTH STREET BURLINGTON, VT 05402-1603	GENERAL SUPPORT	4,980.
CHICAGO DENTAL SOCIETY 401 N MICHIGAN AVENUE CHICAGO, IL 60611	GENERAL SUPPORT	5,000
CHILDREN'S DENTAL SERVICES 636 BROADWAY STREET, NE MINNEAPOLIS, MN 55413	GENERAL SUPPORT	5,000
CHIP OF GREATER RICHMOND 2922 W MARSHALL STREET RICHMOND, VA	GENERAL SUPPORT	4,211
CITY OF PALESTINE 504 N QUEEN STREET PALESTINE, TX	GENERAL SUPPORT	10,000
CITY OF SIOUX CITY IOWA P O. BOX 447 SIOUX CITY, IA	GENERAL SUPPORT	5,000

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

COLUMBIA MARIONETTE THEATRE
401 LAUREL STREET
COLUMBIA, SC

NONE
EXEMPT

GENERAL SUPPORT

5,000

COMMUNITY FOUNDATION OF THE ELMIRA
3078 E. WATER STREET
ELMIRA, NY 14901

NONE
EXEMPT

GENERAL SUPPORT

10,000.

CORONADO VILLAGE ELEMENTARY
213 AMISTAD
UNIVERSAL CITY, TX

NONE
EXEMPT

GENERAL SUPPORT

5,000

CREIGHTON UNIVERSITY
2500 CALIFORNIA PLAZA
OMAHA, NE 68154

NONE
EXEMPT

GENERAL SUPPORT

37,500.

DALLAS COUNTY HEALTH DEPARTMENT
1011 WEST MAIN
PO BOX 199
BUFFALO, MO

NONE
EXEMPT

GENERAL SUPPORT

5,000

DENTAL HEALTH FOR ARLINGTON INC
201 N EAST STREET
ARLINGTON, TX 76004

NONE
EXEMPT

GENERAL SUPPORT

5,000

DENTAL HEALTH THEATRE INC
727 N 1ST STREET 103
ST LOUIS, MO 63102

NONE
EXEMPT

GENERAL SUPPORT

5,000

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DENTISTS WHO CARE INC 622 W BUCHANAN HARLINGEN, TX	GENERAL SUPPORT	2,500
EAST CENTRAL DISTRICT HEALTH DEPT 2282 EAST 32ND AVE COLUMBUS, NE	GENERAL SUPPORT	5,000.
EL RIO FOUNDATION 839 WEST CONGRESS STREET TUCSON, AZ 85745	GENERAL SUPPORT	5,000
ENICH TRANSCULTURAL CONSULTANTS 11430 BURBANK BLVD NORTH HOLLYWOOD, CA 91601	PURCHASES FOR AN EXEMPT PURPOSE	7,200
FAMILY HEALTH CENTER OF BATTLE CREEK 181 WEST EMMETT STREET BATTLE CREEK, MI 49037	GENERAL SUPPORT	5,000
FRIENDS OF CHILDREN AND FAMILIES INC 4709 W CAMAS STREET BOISE, ID 83705	GENERAL SUPPORT	4,999
GENNESARET FREE CLINIC, INC 816 N. ALABAMA STREET INDIANAPOLIS, IN 46204-1414	GENERAL SUPPORT	2,500

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GOLDENROD HILLS COMMUNITY ACTION, INC

1119 AVENUE E

WISNER, NE 68791

NONE
EXEMPT

GENERAL SUPPORT

4,918

HEAD START CHILD AND FAMILY DEV PROG INC

950 S BURLINGTON

HASTINGS, NE

NONE
EXEMPT

GENERAL SUPPORT

5,000.

HEALTH VOLUNTEERS OVERSEAS

1900 L STREET, NW

WASHINGTON, DC

NONE
EXEMPT

GENERAL SUPPORT

26,270

HEALTHY MOTHERS-HEALTHY BABIES COALITION

P O BOX 350446

FORT LAUDERDALE, FL 33315

NONE
EXEMPT

GENERAL SUPPORT

4,800

HEALTHY SMILES OF INDIANA, INC

11710 E PROSPECT STREET

INDIANAPOLIS, IN 46239

NONE
EXEMPT

GENERAL SUPPORT

3,500

HOWARD UNVIERSITY

600 WEST STREET, NW

WASHINGTON, DC 20059

NONE
EXEMPT

GENERAL SUPPORT

35,262

ILLIONOIS STATE DENTAL SOCIETY

1010 S SECOND STREET

SPRINGFIELD, IL

NONE
EXEMPT

GENERAL SUPPORT

2,500

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
INDIANA DENTAL ASSOCIATION P O BOX 2487 INDIANAPOLIS, IN 46206	NONE EXEMPT	GENERAL SUPPORT	5,000.
INTERNATIONAL ASSOCIATION FOR DENTAL 1619 DUKE STREET ALEXANDRIA, VA	NONE EXEMPT	GENERAL SUPPORT	6,500.
JASON LEE MEMORIAL 168 S UNVIERSTY AVENUE BLACKFOOT, ID	NONE EXEMPT	GENERAL SUPPORT	100
KLAWATH HEALTH PARTNERSHIP INC 2074 S SIXTH STREET KLAWATH, OR 97601	NONE EXEMPT	GENERAL SUPPORT	9,100
KNO HO CO ASHALAND CAC 120 N 4TH STREET COSHOCOTON, OH	NONE EXEMPT	GENERAL SUPPORT	5,000
KOOTENAI VALLEY HEAD START, INC 247 INDIAN HEAD ROAD LIBBY, MT 59923	NONE EXEMPT	GENERAL SUPPORT	1,246
MARION COUNTY SCHOOL DISTRICT #24-J 2450 LANCESTER DR NE SALEM, OR	NONE EXEMPT	GENERAL SUPPORT	3,550

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MEDICAL COLLEGE OF GEORGIA 1481 LANEY WALKER BLVD AUGUSTA, GA 30901	GENERAL SUPPORT	1,395
MEHARRY MEDICAL COLLEGE 1005 DB TODD BLVD NASHVILLE, TN 37208	GENERAL SUPPORT	35,262
OHIO STATE UNIVERSITY 305 WEST 12TH AVENUE COLUMBUS, OH 43201	GENERAL SUPPORT	25,000
OHIO VALLEY OPPORTUNITIES INC HEAD P.O. BOX 1159 MADISON, IN	GENERAL SUPPORT	5,000
OLMSTED COUNTY PUBLIC HEALTH 2100 CAMPUS DRIVE SE ROCHESTER, MN	GENERAL SUPPORT	5,000
ORAL & MAXILLOFACIAL SURGERY FOUNDATION 9700 W BRYN MAWR AVENUE ROSEMONT, IL 60018	GENERAL SUPPORT	25,000
PRIVATE INDUSTRY COUNCIL 480 COOLSPRING ROAD UNIONTOWN, PA	GENERAL SUPPORT	5,000

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SACRED HEART FOUNDATION IN 5151 N 9TH AVENUE PENSACOLA, FL	NONE EXEMPT	GENERAL SUPPORT	2,500
SACRED HEART-ST MARYS HOSPITALS INC 2251 NORTH SHORE DRIVE RHINELANDER, WI 54501	NONE EXEMPT	GENERAL SUPPORT	3,116
SALISBURY ACADEMY 2210 JAKE ALEXANDER NORTH SALISBURY, NC 28147	NONE EXEMPT	GENERAL SUPPORT	2,620
SCHOOL OF DENTISTRY 8-450 MOOS TOWER MINNEAPOLIS, MN	NONE EXEMPT	GENERAL SUPPORT	-10,000.
SEVEN VALLEYS HEALTH COALITION 10 KENNEDY PARKWAY CORTLAND, NY 13045	NONE EXEMPT	GENERAL SUPPORT	4,975
SIERRA NEVADA CHILDREN'S SERVICES 256 BUENA VISTA STREET #110 GRASS VALLEY, CA 95945	NONE EXEMPT	GENERAL SUPPORT	5,000
SONRISAS COMMUNITY DENTAL CENTER COASTSIDE MEDICAL DENTAL CLINICS HALF MOON BAY, CA 94019	NONE EXEMPT	GENERAL SUPPORT	2,810

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SOUTHERN ILLINOIS UNIVERSITY 2800 COLLEGE AVENUE, BLDG 273 ALTON, IL	GENERAL SUPPORT	1,000
SPANISH CATHOLIC CENTER, INC 1618 MONROE STREET, NW WASHINGTON, DC 20001	GENERAL SUPPORT	5,000
TEMPLE UNIVERSITY 300 SULLIVAN HALL 1330 W BERKS ST PHILADELPHIA, PA 19122	GENERAL SUPPORT	5,000
THE CHILDRENS AID SOCIETY 105 EAST 22ND STREET NEW YORK, NY 10010	GENERAL SUPPORT	5,000
THE CHILDRENS DENTAL CENTER 300 E BUCKTHORN STREET INGLEWOOD, CA 90301	GENERAL SUPPORT	5,000
UNIVERSITY OF ARKANSAS 5210 GRAND AVENUE FORT SMITH, AR 72913	GENERAL SUPPORT	2,932
UNIVERSITY OF CALIFORNIA 10833 LE CONTE AVENUE RM 23-043 LOS ANGELES, CA 90095	GENERAL SUPPORT	35,262

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

UNIVERSITY OF COLORADO
GRANTS & CONTRACTS PO BOX 8508
AURORA, CO

NONE
EXEMPT

GENERAL SUPPORT

4,961

UNIVERSITY OF ILLINOIS
801 S. PAULINA
ACADEMIC AFFAIRS
CHICAGO, IL 60612

NONE
EXEMPT

GENERAL SUPPORT

36,262.

UNIVERSITY OF IOWA
FOUNDATION COLLEGE OF DENTISTRY
IOWA CITY, IA

NONE
EXEMPT

GENERAL SUPPORT

5,000

UNIVERSITY OF TEXAS
7000 FANNIN STREET SUITE 1200
HOUSTON, TX

NONE
EXEMPT

GENERAL SUPPORT

5,000

UNIVERSITY OF THE PACIFIC
2155 WEBSTER STREET
SAN FRANCISCO, CA 94115

NONE
EXEMPT

GENERAL SUPPORT

47,014

VENICE FAMILY CLINIC
604 ROSE AVENUE
VENICE, CA 90291

NONE
EXEMPT

GENERAL SUPPORT

5,000

VILAS COUNTY
330 COURT STREET
EAGLE RIVER, WI 54521

NONE
EXEMPT

GENERAL SUPPORT

4,999

ADA FOUNDATION

36-6132046

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

VIRGINIA DENTAL ASSOCIATION
7525 STAPLES MILL ROAD
RICHMOND, VA 23228

NONE
EXEMPT

GENERAL SUPPORT

1,000

MISCELLANEOUS/ADJUSTMENTS
211 E CHICAGO AVENUE, STE 1180
CHICAGO, IL 60811-2637

NONE
EXEMPT

VARIOUS

69,959.

TOTAL CONTRIBUTIONS PAID

714,210

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS
=====DESCRIPTION
-----PROGRAM
SERVICES

DISASTER RELIEF FUNDING;

181,971.

PAYMENTS TO INDIVIDUALS AFFECTED BY VARIOUS

DISASTERS DURING THE YEAR ENDED DECEMBER 31,

2007

SCHOLARSHIPS

156,800.

TOTALS

338,771.
=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

AS DENTISTRY'S PREMIER PHILANTHROPIC AND CHARITABLE ORGANIZATION, THE ADA FOUNDATION IS A CATALYST FOR UNITING PEOPLE AND ORGANIZATIONS TO MAKE A DIFFERENCE THROUGH BETTER ORAL HEALTH. WE SECURE CONTRIBUTIONS AND PROVIDE GRANTS FOR SUSTAINABLE PROGRAMS IN DENTAL RESEARCH, EDUCATION, ACCESS TO CARE AND ASSISTANCE FOR DENTISTS AND THEIR FAMILIES IN NEED.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT D

OUR LEGACY-OUR FUTURE (OLOF) IS NOT A FUNDRAISING ENTITY OR CAMPAIGN FOR THE ADA FOUNDATION. OLOF IS A PROGRAM OF THE ADA FOUNDATION WHOSE PURPOSE IS TO LEAD A COLLABORATIVE EFFORT OF VARIOUS PARTNER ORGANIZATIONS: DENTAL SCHOOLS, SPECIALTY ORGANIZATIONS AND OTHER DENTAL ORGANIZATIONS TO RAISE AWARENESS OF THE CHALLENGES FACING DENTAL EDUCATION IN THE U.S. AND TO PROMOTE A CULTURE OF PHILANTHROPY WITHIN DENTISTRY THAT WILL ADDRESS THESE ISSUES.

THE OLOF CAMPAIGN DID NOT AND WAS NEVER INTENDED TO RAISE FUNDS FOR THE ADA FOUNDATION ITSELF.

ITS GOAL IS TO HELP PARTNER ORGANIZATIONS TO COLLECTIVELY RAISE \$500 MILLION TO ADDRESS THE ISSUES FACING THE FUTURE OF DENTAL EDUCATION BY THE END OF 2014.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE
=====

BORROWER: DISASTER AND CHEMICAL DEPENDENCY LOANS
DATE OF NOTE: VAR
MATURITY DATE: VAR
REPAYMENT TERMS: ZERO INT UNTIL MATURITY. AFTER, 1% + PRIME
PURPOSE OF LOAN: ASSISTANCE
RELATIONSHIP: NONE

BEGINNING BALANCE DUE	50,828.
ENDING BALANCE DUE	26,061.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	50,828.
	=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	26,061.
	=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
EQUITY SECURITIES	16,318,052.	17,736,796.	FMV
BONDS	7,413,178.	7,962,065.	FMV
	-----	-----	
TOTALS	23,731,230.	25,698,861.	
	=====	=====	

ADA FOUNDATION

36-6132040

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DUE TO AMERICAN DENTAL ASSOC.	1,292,805.	732,514.
DUE TO CONSTITUENT SOCIETIES	15,165.	38,128.
	-----	-----
TOTALS	1,307,970.	770,642.
	=====	=====

ADA FOUNDATION

36-6132046

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
DR. ARTHUR A. DUGONI 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	PRESIDENT 5.00	NONE	NONE	NONE
DR. JAMES B. BRAMSON 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	SECRETARY 3.00	NONE	NONE	NONE
DR. ORIN W. ELLWEIN 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
MR. MICHAEL R. SUDZINA 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	VICE PRESIDENT 1.00	NONE	NONE	NONE
DR. CECILE A. FELDMAN 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. RAUL I. GARCIA 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. EDWARD LEONE, JR.	TREASURER 3.00	NONE	NONE	NONE

ADA FOUNDATION

36-6132046

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637				
DR. BENJAMIN CUMBUS 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. ROBERT C. HENDERSON 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
MR. KENT W. FLETCHER 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. ERNEST J. GARCIA, JR. 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. LINDA C. NIESEN 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. MICHAEL L. PERICH 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE

ADA FOUNDATION

36-6132046

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
DR. RICHARD A. SIMMS 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
MS. SHEILA HOPKINS 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
MS. LINDA C. TARRSON 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. KATHRYN A. KELL 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. DAVID N. MATTHEWS 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. MARIE C. SCHWEINEBRATEN 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE

ADA FOUNDATION

36-6132046

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MR. TIMOTHY J. SULLIVAN 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. RUSSELL I. WEBB 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. LEO E. ROUSE 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
DR. R. WAYNE THOMPSON 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	DIRECTOR 1.00	NONE	NONE	NONE
MR. R. BARKLEY PAYNE 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637	EXECUTIVE DIRECTOR 37.50	228,000.	24,917.	NONE
GRAND TOTALS		228,000.	24,917.	NONE

ADA FOUNDATION

36-6132046

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

=====

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
DR. JAMES B. BRAMSON AMERICAN DENTAL ASSOCIATION	36-0724690	710,723.	50,235.	10,251.
DR. EDWARD LEONE, JR. AMERICAN DENTAL ASSOCIATION	36-0724690	74,700.	15,991.	826.
DR. KATHRYN A. KELL AMERICAN DENTAL ASSOCIATION	36-0724690	49,650.	15,500.	3,459.
DR. MARIE C. SCHWEINEBRATEN AMERICAN DENTAL ASSOCIATION	36-0724690	49,650.	NONE	5,684.
DR. RUSSELL I. WEBB AMERICAN DENTAL ASSOCIATION	36-0724690	49,650.	NONE	11,898.
GRAND TOTALS		934,373.	81,726.	32,118.

=====

FORM 990, PART VI, LINE 90A - STATES
=====

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA,
IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM,
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

/

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	PATENT ROYALTIES RECEIVED FOR THE LICENSING OF PATENTS ASSIGNED TO THE FOUNDATION BECAUSE OF RESEARCH DONE BY THE FOUNDATION EMPLOYEES. THESE PATENTS ARE USED TO ADVANCE THE ORAL HEALTH OF THE PUBLIC AND THE LICENSING IS DONE IN THE PUBLIC INTEREST WITH A CHARITABLE IMPLICATION.
93B	REIMBURSEMENTS FROM THE NATIONAL INSTITUTE OF STANDARDS & TECHNOLOGY FOR SCIENTIFIC RESEARCH PROJECTS RELATED TO DENTAL HEALTH STUDIES PERFORMED ON BEHALF OF THE NIST.
93C	REGISTRATION FEES RECEIVED FOR DENTAL STUDENT RESEARCH CONFERENCE.

ADA FOUNDATION

36-6132046

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
RAFAEL L BOWEN 211 EAST CHICAGO AVE CHICAGO, IL 60611	DIST. SCIENTIST 40.00	164,321.	27,365.	NONE
DWIGHT S EDWARDS 211 EAST CHICAGO AVE CHICAGO, IL 60611	DIRECTOR DEVELOPMENT 37.50	131,875.	14,776.	NONE
GARY E SCHUMACHER 211 EAST CHICAGO AVE CHICAGO, IL 60611	ASSC. DIR./CHF REAS 40.00	150,569.	1,595.	NONE
GERALD L VOGEL 211 EAST CHICAGO AVE CHICAGO, IL 60611	CHIEF RES. SCIENTIST 40.00	121,937.	13,788.	NONE
LAURENCE C CHOW 211 EAST CHICAGO AVE CHICAGO, IL 60611	ASST DIRECTOR-PRC 40.00	116,998.	22,273.	NONE
TOTAL COMPENSATION		685,700.	79,797.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
BANNER & WITCOFF, LTD. 10 S. WACKER DRIVE CHICAGO, IL 60611	LEGAL	117,180.
TOTAL COMPENSATION		----- 117,180. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
CONTEMPO DIRECT INC W228 N821 WESTMOUND DRIVE WAUKESHA, WI 53186	DIRECT MAILING	153,903.
KETCHUM, INC. P.O. BOX 641654 PITTSBURGH, PA 15264	PROF. FUNDRAISERS	400,392.
MARC PUBLIC RELATIONS COMMERCE COURT, 225 W STATION SQ DRIVE PITTSBURGH, PA 15219	PUBLIC RELATIONS	297,894.
LJW EDUCATIONAL SERVICES P.O. BOX 2279 FALLON, NV 89407	PROGRAM CONSULTING	115,535.
FUSION CHAMBER 11 E. HUBBARD, 4A CHICAGO, IL 60611	ED. MATERIAL PROD.	123,160.
TOTAL COMPENSATION		----- 1,090,884. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE PART V, FORM 990

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

IN ORDER TO BE ELIGIBLE FOR A SCHOLARSHIP THE APPLICANT MUST BE A DENTAL STUDENT IN HIS OR HER SECOND YEAR OF DENTAL SCHOOL; A DENTAL HYGIENE STUDENT ENTERING HIS OR HER FINAL YEAR OF STUDY; A DENTAL ASSISTING STUDENT ENTERING THE DENTAL ASSISTING PROGRAM; OR A DENTAL LABORATORY TECHNOLOGY STUDENT ENTERING HIS OR HER FINAL YEAR OF STUDY. THE AMERICAN DENTAL ASSOCIATION FOUNDATION HAS DEFINED ELIGIBILITY CRITERION BASED ON FINANCIAL HARDSHIP AND ACADEMIC ACHIEVEMENT. THE AMERICAN DENTAL ASSOCIATION BOARD OF DIRECTORS THROUGH THEIR SCHOLARSHIP SCREENING COMMITTEES REVIEW VARIOUS CANDIDATE APPLICATIONS FOR SCHOLARSHIPS TO DETERMINE WHETHER THE CANDIDATES HAVE SATISFIED THE CRITERIA FOR ELIGIBILITY. THE SCREENING COMMITTEES ARE NORMALLY COMPOSED OF EXPERTS IN THEIR RESPECTIVE DISCIPLINES, SUCH AS FINANCIAL NEEDS ASSESSMENT AND ACADEMIC AFFAIRS. BASED ON A DEFINED SCORING MECHANISM THE SCREENING COMMITTEES RANK THE APPLICANTS AND SELECT A SLATE OF NOMINEES FOR EACH DISCIPLINE FOR CONSIDERATION. THE NOMINEE NAMES ARE FORWARDED TO THE ADA FOUNDATION BOARD OF DIRECTORS FOR APPROVAL BASED ON AVAILABLE FUNDS.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
SETTLEMENT PAYMENT	15,000.		4,527,604.		4,542,604.
OTHER INCOME	24,033.	20,973.	1,025.		46,031.
RESEARCH EQUIP MAINTENANCE		63,370.			63,370.
TOTALS	39,033.	84,343.	4,528,629.		4,652,005.

SCHEDULE D
(Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2007

Name of estate or trust

ADA FOUNDATION

Employer identification number

36-6132046

Note. Form 5227 filers need to complete *only* Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	1,307,433.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back	12	1,307,433.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2007

JSA
7F1210 2 000

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Part III Summary of Parts I and II**Caution:** Read the instructions before completing this part.

		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		1,307,433.
b	Unrecaptured section 1250 gain (see line 18 of the wrksh)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		1,307,433.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of	16	()
a	The loss on line 15, column (3) or b \$3,000		

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 43 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,150	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27, go to line 28 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Multiply line 26 by 5% (.05)	27		
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31 go to line 32 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28		
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29		
30	Subtract line 29 from line 28	30		
31	Multiply line 30 by 15% (.15)	31		
32	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions	32		
33	Add lines 27, 31, and 32	33		
34	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions	34		
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	35		

Schedule D (Form 1041) 2007

EIN 36-6132046
FYE.

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	NONE	
Land Improvements				
Buildings				
Leasehold Improvements				
Equipment				
Furniture & Fixtures	1,872,197.	71,640.	1,628,155.	244,042.
Property, Plant & Equipment	<u>1,872,197.</u>	<u>71,640.</u>	<u>1,628,155.</u>	<u>244,042.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	<u>1,872,197.</u>		<u>1,628,155.</u>	<u>244,042.</u>
Total Depreciation Expense, line 42		<u>71,640.</u>		

NOTE Depreciation is calculated using the straight-line method over the estimated useful life of the asset