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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 01-01-2	008 and ending 12-31-2008	}		
		pplicable	Please	C Name of organization	-		D Employer id	dentification number
Address change Please use IF				ADA Foundation			36-61320	46
Nar	ne cha	nge	label or print or	Doing Business As			E Telephone	number
_		_	type. See				(312)440	-3534
_	Initial return Specific Instructions. Number and street (or P O box if mail is not delivered to street address) Round East Chicago Avenue							s \$ 11,791,172
_			tions.	211 East Chicago / Wehac			<u> </u>	
✓ Am	ended	return		City or town, state or country, and 2 Chicago, IL 606112637	ZIP + 4			
☐ App	lication	pending		Cilicago, IL 000112037				
			F Nan	ne and address of principal office	er	H(a) Is th	■ ıs a group retui	n for
				KLEY PAYNE		affilia		ΓYes Γ No
				AST CHICAGO AVENUE GO,IL 606112637				
				,			ll affiliates inclu	
Ta:	x-exem	npt status	▼ 501(c)) (3) ◀ (insert no)	or		o," attach a iisi ip exemption ni	t (see instructions)
			w adafounda			n(c) 5/50	ip exemption in	
	ebsite	=: -	w adaloulida	ation org			1	
_				ion Trust Association Other 🕨	-	L Year of fo	ormation 1965	M State of legal domicile IL
Pa	rt I		mary					
	1			e organization's mission or most ON IS A CATALYST FOR UNITI		ATIONS TO	NAVE A DIE	EDENCE THROUGH
01			R ORAL HE		NG PEOPLE AND ORGANIZ	ATIONS IC	MAKE A DIF	-ERENCE INROUGH
Governance								
Ē								
臺	_							
្វ	2		,	if the organization discontinue				
2 6	3			nembers of the governing body (320
Activities	4	Numbe	r of indepen	ident voting members of the gov	erning body (Part VI, line 1b))	•	414
5	5	Total n	umber of en	nployees (Part V , line 2a)				5 45
ଧ୍ୟ	6	Total n	umber of vo	lunteers (estimate if necessary)			6112
		_		ted business revenue from Part		:	7a 0	
	b	Net unr	elated busi	ness taxable income from Form	990-T, line 34		-	7b 0
						Prie	or Year	Current Year
a.	8	Contri	ibutions and	d grants (Part VIII, line 1h) .			7,717,109	7,422,399
Revenue	9	Progra	am service	revenue (Part VIII, line 2g) .		1,372,933	46,916	
9.	10	Inves	tment incor	ne (Part VIII, column (A), lines		1,962,156	953,367	
	11	Other	revenue (P	art VIII, column (A), lines 5, 60	l, 8c, 9c, 10c, and 11e)		47,342	1,809,964
	12			dd lines 8 through 11 (must equ			11,099,540	10,232,646
	13			ar amounts paid (Part IX, column			1,052,981	1,586,533
	14			or for members (Part IX, column	1,032,981	1,380,333		
			•	ompensation, employee benefits				
&	15	5aiari 10)	es, other co	ompensation, employee benefits	_	4,755,783	4,695,694	
Expenses	16a	•	sional fund	raising fees (Part IX, column (A		0	526,301	
÷	ь			enses (Part IX, column (D), line 25)			,	
Ш	17			(Part IX, column (A), lines 11a-		4,164,572	2,978,457	
	18			Add lines 13-17 (must equal Pa			9,973,336	9,786,985
			•					
- m	19	reven	iue iess exp	penses Subtract line 18 from lin	C 1 2	P *	1,126,204	445,661
Net Assets or Fund Balances	_ ا	_				Beginn	ing of Year	End of Year
58. E.	20	Total	assets (Par	rt X, line 16)			27,781,949	20,418,201
Å. A.E.	21	Total	liabilities (F	Part X, line 26)			1,780,736	1,887,470
<u>Ž</u> Ž	22	Netas	sets or fun	d balances Subtract line 21 fro	m line 20		26,001,213	18,530,731
Pai	t II	Sign	ature Blo	ock		•		
				глигу, I declare that I have examined t				
		1.		correct, and complete Declaration of p	reparer (other than officer) is based	on all informa	tion of which prepare	arer has any knowledge
Sign		****	*** lature of office	or .		2011 Date	-04-25	
Here	2	[]				Date		
			METT MURPHY e or print nam	INTERIM CFO				
		F 'yp∈	c or brille liqili	ic unu titic				
		Preparei signatur		ne A Egger		heck if elf-	Preparer's iden (see instruction	tifying number ns)
Paid		-	c P Wildin	_ yy = .		mpolyed 🕨 🦵	' ' ==	•
Prepa			ame (or yours	KPMG LLP			EIN Þ	
Use (Only		mployed), , and ZIP + 4	Two Central Park Plaza Suite 1503	<u> </u>		LIN F	
				Omaha, NE 681021626			Phone no 🕨	(402) 348-1450
May t	he IR	S discus	ss this retu	rn with the preparer shown abov	e? (see instructions)			✓ Yes 「No

Part III Statement of Program Service Accomplishments (see instructions.) 1 Briefly describe the organization's mission

<u> </u>	
As dentistry's premier philanthropic and charitable organization, the ADA Foundation is a catalyst for uniting people and organizations to	
nake 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	
	•

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?						
	If "Yes," describe these new services on Schedule O						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program						

- Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
- 4a (Code) (Expenses \$ 4,527,433 including grants of \$ 0) (Revenue \$ 1,831,744)
 PERFORM RESEARCH ACTIVITIES TO ENCOURAGE THE IMPROVEMENT OF THE HEALTH OF THE PUBLIC & TO PROMOTE THE ART AND SCIENCE OF DENTISTRY
- 4b (Code) (Expenses \$ 2,048,437 including grants of \$ 1,291,533) (Revenue \$ 0)

 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
- 4c (Code) (Expenses \$ 613,272 including grants of \$ 295,000) (Revenue \$ 0)

 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
- Other program services (Describe in Schedule O)
 (Expenses \$ 245,893 including grants of \$ 0) (Revenue \$ 0)
- **4e** Total program service expenses▶\$ 7,435,035 (Must equal Part IX, Line 25, column (B).)

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{4}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

	_		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	rt V Statements Regarding Other IRS Filings and Tax Compliance			raye			
Ра	Statements Regarding Other 1R5 Fillings and Tax Comphanice						
	Enterthe manh and a Roy 2 of Enterth 1006 Amend Commenced Transmitted		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable						
	1a 32						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable						
	gaming (gambling) winnings to prize winners?	1c	Yes				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes				
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No			
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b					
4a	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)?	4a		Νo			
Ь	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						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?						
6a	Did the organization solicit any contributions that were not tax deductible?						
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	Yes				
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes				
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as						
	required?						
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?						
•		8					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-					
a b	Did the organization make any taxable distributions under section 4966?	9a 9b					
10	Section 501(c)(7) organizations. Enter	90					
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club						
-	facilities						
11	Section 501(c)(12) organizations. Enter						
	Gross income from members or shareholders						
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the						
	year 12b						

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	about policies not required by the Internal Revenue Code.)						
Se	ection A. Governing Body and Management		.,				
			Yes	No			
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body						
ь	Enter the number of voting members that are independent 1b 14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any						
_	other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?	7a	Yes				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No			
11	L1 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
Se	ection B. Policies	11		No			
			Yes	No			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Yes				
12	describe in Schedule O how this is done	13	Yes				
13							
14	Does the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
	The organization's CEO, Executive Director, or top management official?	15a 15b		No No			
b	b Other officers or key employees of the organization?						
	Describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed ►AL , AK , AZ , AR , CA , CO , CT , DC , F ME , MD , MA , MI , MN , MS , MO , NH , ND , OH , OK , OR , PA , RI , SC , TN , U WI	NJ,N	M , NY	,NC,			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the PAUL SHOLTY 211 EAST CHICAGO AVENUE CHICAGO,IL 606112637 (312) 440-2516	ie orga	inizatioi	n ▶			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
 - List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the	organizati	on dıd not compensate any officer, o	direct	tor, t	trust	tee oi	rkey	/ employee		
		(C) Position (check all that apply)	k all						(=)	(F)
(A) Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Dr James B Bramson Secretary	3 0	Х		х				0	1,104,557	45,108
Dr Orin W Ellwein Director	1 0	Х						0	0	0
Dr Cecile A Feldman Director	1 0	Х						0	0	0
Dr Raul I Garcia Director	1 0	Х						0	0	0
Dr Edward Leone Jr Treasurer	3 0	Х		х				0	71,716	39,207
Dr Benjamın Cumbus Dırector	1 0	Х						0	0	0
Dr Robert C Henderson Director	1 0	Х						0	0	0
Mr Kent W Fletcher Director	1 0	Х						0	0	0
Dr Ernest J Garcia Jr Director	1 0	Х						0	0	0
Dr Linda C Niessen Director	1 0	Х						0	0	0
Dr Michael L Perich Director	1 0	Х						0	0	0
Dr Richard A Simms Director	1 0	Х						0	0	0
Ms Sheila Hopkins Director	1 0	Х						0	0	0
Ms Linda C Tarrson Director	1 0	Х						0	0	0
Dr Kathryn A Kell Director	1 0	Х						0	39,959	0
Dr David N Matthews Director	1 0	Х						0	0	0
Dr Marie C Schweinebraten Director	1 0	Х						0	59,868	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		(C) Position (check all that apply)						(D)	(5)	(F)
(A) Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Mr Timothy J Sullivan Director	1 0	Х						0	0	(
Dr Russell I Webb Director	1 0	Х						0	66,259	C
Dr Leo E Rouse Director	1 0	Х						0	0	(
Dr R Wayne Thompson Director	1 0	Х						0	57,260	(
Dr John Findley Secretary	1 0	Х		х				0	254,040	70,034
Mr Mark Feldman Secretary	1 0	Х		х				0	590,210	500
Dr David Warren Director	1 0	Х						0	0	(
Dr Jane Grover Director	1 0	Х						0	30,439	(
Dr Charles L Steffel Director	1 0	Х						0	1,618	(
Dr Arthur A Dugoni President	5 0			х				0	0	C
Mr Michael R Sudzina vice president	1 0			х				0	0	(
Mr R Barkley Payne Executive Director	38 0			х				235,894	0	23,674
Mr Gary Schumacher Assoc Dir /chief reas	40 0				х			154,355	0	39,445
Mr Daniel Meyer Senior VP, Science/Prof Affair	40 0				х			0	244,158	59,401
MR RAFAEL BOWEN DIST SCIENTIST	40 0					х		175,865	0	17,307
MR DWIGHT EDWARDS DIRECTOR, DEVELOPMENT	38 0					х		141,888	0	41,695
Mr LAURENCE CHOW ASSISTANT DIRECTOR	40 0					х		127,644	0	79,215
Mr SABINE DICKENS CHIEF RESEARCH SCIENTIST	40 0					х		133,271	0	46,783
Mr GERALD VOGEL CHIEF RESEARCH SCIENTIST	40 0					х		130,173	0	69,169
1b Total					Þ	<u> </u>		1,099,090	2,520,084	531,538
2 Total number of	individuals	(including those in 1a) who reco	eived mo	re th	nan	\$100	000) in reportable		

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►7

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
KETCHUM INC 5151 BELTLINE ROAD 900 DALLAS, TX 75254	PROF FUND CONSULT	380,813
BANNER WITCOFF LTD 10 S WACKER DRIVE CHICAGO, IL 60611	LEGAL	328,580
AARP PO BOX 51040 WASHINGTON, DC 20049	EDUCATIONAL PROMOT	265,327
BRIDGELINE SOFTWARE 10 SIXTH ROAD WOBURN, MA 01801	п	186,298
THERMO ELECTRON NORTH AMERICA 5225 VERONA ROAD MADISON, WI 53711	LAB CONSULTING	174,967
	10000	

			(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or
1a	Federated campaigns	1a				
ь	Membership dues	1b				
c	Fundraising events	. 1c 1,700				
d	Related organizations	1d 3,233,193				
e	Government grants (contributions)	1e 2,170,926				
f	All other contributions, gifts, grants, and					
1.	sımılar amounts not ıncluded above	<u> </u>				
b c d e f	Noncash contributions included lines 1a-1f \$	ın				
h	Total. Add lines 1a-1f		7,422,399			
		Business Code				
2a	NIST PROJECTS	900,099	24,416	24,416		
b	RESEARCH CONFERENCES	541,900	22,500	22,500		
c						
d						
e		_				
f	All other program service reven	ue				
	Total Addissa 2- 20		46.045			
3	Total. Add lines 2a-2f		46,916			
3	Investment income (including d		569,850			569,8
4	and other similar amounts). Income from investment of tax-exemp		0			309,0
5			1,784,828	1,784,828		
3	Royalties (i) Real	(II) Personal	2,.0.,020	2,101,020		
6a	Gross Rents	(II) Personal				
b	Less rental					
	expenses					
C	Rental income or (loss)					
d	Net rental income or (loss) .					
	(ı) Securities	(II) O ther				
7a	Gross amount 1,777,9 from sales of assets other	931				
b	Less cost or 0,394,4 other basis and	414				
c	sales expenses Gain or (loss) 383,	517				
d	Net gain or (loss)		383,517			383,5
8a			303,317			303,3
Ju	Gross income from fundraising events (not including \$\frac{1,700}{\text{of contributions reported on line}}	1.0				
	See Part IV, line 18					
		a 169,300				
ь	Less direct expenses	-				
С	Net income or (loss) from fundra	nising events 🕨	5,188			5,1
9a	Gross income from gaming activ See Part IV, line 19					
.		a .				
b	Less direct expenses		0			
C 100	Net income or (loss) from gamin	gactivities	0			
10a	Gross sales of inventory, less returns and allowances .	a				
ь	Less cost of goods sold	b				
С	Net income or (loss) from sales	of inventory 🕨	0			
	Miscellaneous Revenue	Business Code				
11a	OTHER MISCELLANEOUS INCOME	900,099	19,948			19,9
b		_				
С						
d	All other revenue	_				
e	Total. Add lines 11a-11d .		19,948			
12	Total Revenue. Add lines 1h, 2g 9c, 10c, and 11e	, 3, 4, 5, 6d, 7d, 8c,	10,232,646	1,831,744	(978,5

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do n	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations				·
	ın the U.S. See Part IV, line 21	839,999	839,999		
2	Grants and other assistance to individuals in the				
	U S See Part IV, line 22	746,384	746,384		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	150	150		
4	Benefits paid to or for members	0	130		
5	Compensation of current officers, directors, trustees, and				
_	key employees	461,182	147,489	181,428	132,265
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons				
-	described in section 4958(c)(3)(B)	0	2 267 702	170.013	
7	Other salaries and wages	2,985,410	2,267,702	179,842	537,866
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	600,629	456,235	36,182	108,212
9	Other employee benefits	421,438	320,122	25,388	75,928
10	Payroll taxes	227,035	172,454	13,677	40,904
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	291,243	291,243		
c	Accounting	67,740		67,740	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	526,301			526,301
f	Investment management fees	14,141		14,141	
g	Other	626,459	517,377	31,250	77,832
12	Advertising and promotion	394,595	321,632	17,182	55,781
13	Office expenses	203,054	127,723	12,794	62,537
14	Information technology	15,465	3,942		11,523
15	Royalties	0			
16	Occupancy	0			
17	Travel	311,277	222,645	35,193	53,439
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	71,832	53,231	6,035	12,566
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	89,639	88,718	230	691
23	Insurance	49,508	25,883	4,716	18,909
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	INDIRECT COSTS	580,030	580,030		
a b	INVENTOR'S SHARE OF ROYALTIES	241,458	241,458		
c	OTHER EXPENSES	22,016	10,618		11,398
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,786,985	7,435,035	625,798	1,726,152
26	Joint Costs. Check here ► ☐ If following SOP 98-2		, , , , , ,	, 1	· ·
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	, 5	•			

Pa	rt X	Balance Sheet					<u> </u>	~g~
					(A) Beginning of year		(B End of	-
	1	Cash—non-interest-bearing			386,995	1		582,670
	2	Savings and temporary cash investments			617,946	2		0
	3	Pledges and grants receivable, net			12,143	3		118,399
	4	Accounts receivable, net			796,853	4		973,859
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of 3	ction	4958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
SS	9	Prepaid expenses and deferred charges			25,109	9		28,809
⋖	10a	Land, buildings, and equipment cost basis	10a	2,104,023				
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b	1,717,794	244,042	10c		386,229
	11	Investments—publicly traded securities			25,698,861	11	18	8,328,235
	12	Investments—other securities See Part IV, line 11		ī		12		
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			0	15		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		-	27,781,949		20	0,418,201
	17	Accounts payable and accrued expenses .			574,259			513,772
	18	Grants payable			254,962	18		522,723
	19	Deferred revenue			180,873	19		109,757
	20	Tax-exempt bond liabilities			123,212	20		,
S.	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>.ia</u>		persons Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities Complete Part X of Schedule D	770,642	25		741,218		
	26	Total liabilities. Add lines 17 through 25	1,780,736			1,887,470		
— Ф		Organizations that follow SFAS 117, check here ▶ ✓ and complethrough 29, and lines 33 and 34.	ete li	nes 27				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Balance	27	Unrestricted net assets			12,529,957	27	;	8,378,386
100 100 100 100 100 100 100 100 100 100	28	Temporarily restricted net assets			10,959,996	28		7,622,943
	29	Permanently restricted net assets			2,511,260	29		2,529,402
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d com	plete				
s or	30	Capital stock or trust principal, or current funds				30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
AS	32	Retained earnings, endowment, accumulated income, or other fui				32		
Net	33	Total net assets or fund balances			26,001,213	33	14	8,530,731
Z	34	Total liabilities and net assets/fund balances			27,781,949	34	2	0,418,201
Pa	rt XI	Financial Statements and Reporting						
							Yes	No
1		unting method used to prepare the Form 990					103	
2a		the organization's financial statements compiled or reviewed by a		•		2a		No
b		the organization's financial statements audited by an independen				2b	Yes	
c	audıt	es" to 2a or 2b, does the organization have a committee that assu , review, or compilation of its financial statements and selection c	fanı	ndependent accou	ntant?	2c	Yes	
	Sıngl	result of a federal award, was the organization required to undergoe Audit Act and OMB Circular A-133?				3a	Yes	
b	If "Y€	es," did the organization undergo the required audit or audits? .				3b	Yes	

Employer identification number

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

ADA Foundation

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

								36	-6132046	5		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
Γhe	organız	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	170(b)(1)((A)(i).			
2	\vdash	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	\sqcap	A hospital	or a cooperative	e hospital service organizati	on describ	bed in Sec	tion 170(Ł	b)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	\sqcap	A medical i	research organı	zation operated in conjuncti	on with a h	hospital de	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	atıon operated f	or the benefit of a college or	university	y owned o	r operated	l by a gove	rnmental	unıt desc	rıbed ın	
		Section 170(b)(1)(A)(iv). (Complete Part II)										
6	Γ	A federal, s	state, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	Anorganiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral publi	с
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8		A communi	ıty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	굣	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	SS
		receipts fro	om activities rel	ated to its exempt functions	-subject	to certair	exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	c) from bu	sınesses	
		acquired by	y the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (Se	e instruc	tions)	
11	Г	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo	ses of
				orted organizations describe						Section 5	09(a)(3)	.Check
				type of supporting organiza				_	_	⊢ ∓	0.	la a sa
	_		• •		Type III				d		III - Ot	
е	ı	•	foundation man	rtify that the organization is agers and other than one or			•			•	•	
f				d a written determination fro	m the IRS	S that it is	a Type I.	Type II o	r Tvpe III	supportir	na oraani:	zation.
-		check this					/ /	. , , ,	, , ,		. 5 5	
g		Since Augu following pe		as the organization accepted	d any gift (or contrib	ution from	any of the	!			
		(i) a perso	n who dırectly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	low, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	No
		(ii) a family	y member of a p	erson described in (i) above	7					11g(ii)	No
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (11) al	bove?				11g(iii)	No
h		Provide the	e following inform	nation about the organizatio	ns the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) Ar	nount of
		orted	` ´	(described on lines 1-9		atıon ın		nızatıon		atıon ın	1 '	ort?
	Organ	nization		above or IRC section	col (i)			i) of your		rganızed		
				(See Instructions))	your go	_	supp	ort?	ın the	US?		
						ment?	V	N-	V	NI-	+	
					Yes	No	Yes	No	Yes	No		
											-	
								-				
								-			-	
			1									

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check							
	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,346,365	7,831,299	7,478,317	7,717,109		7,422,399	35,795,489
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	560,738	650,718	2,441,638	1,372,933	1,831,744		6,857,771
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	F 007 102	0.402.017	0.010.055	9,090,042		9,254,143	42.652.260
6	Total Add lines 1-5 Amounts included on lines 1, 2, and 3	5,907,103	8,482,017	9,919,955	9,090,042		9,254,143	42,653,260
	received from disqualified persons A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of	2,497,237	3,337,595	3,202,523	3,435,452		3,233,192	15,705,999
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
c	Total of lines 7a and 7b	2,497,237	3,337,595	3,202,523	3,435,452		3,233,192	15,705,999
8	Public Support (Substract line 7c from line 6)							26,947,261
T۸	tal Support							
	• •							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007		2008	(f) Total
Cale 9	A mounts from line 6	(a) 2004 5,907,103	(b) 2005 8,482,017	(c) 2006 9,919,955	(d) 2007 9,090,042		2008 9,254,143	(f) Total 42,653,260
Cale 9	· _ · _ · · _ · _							
Cale	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	5,907,103 363,783	8,482,017 453,712	9,919,955 496,173	9,090,042 656,520		9,254,143 569,850	42,653,260 2,540,038
Cale 9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b	5,907,103	8,482,017	9,919,955	9,090,042		9,254,143	42,653,260
Cale 9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	5,907,103 363,783	8,482,017 453,712	9,919,955 496,173	9,090,042 656,520		9,254,143 569,850	42,653,260 2,540,038
Cale 9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	5,907,103 363,783	8,482,017 453,712	9,919,955 496,173	9,090,042 656,520		9,254,143 569,850	42,653,260 2,540,038
Cale 9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and	5,907,103 363,783 363,783	8,482,017 453,712 453,712	9,919,955 496,173 496,173	9,090,042 656,520 656,520		9,254,143 569,850 569,850	42,653,260 2,540,038 2,540,038
Cale 9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	5,907,103 363,783 363,783 4,528,629	8,482,017 453,712 453,712 84,343	9,919,955 496,173 496,173 39,033	9,090,042 656,520 656,520 45,545		9,254,143 569,850 569,850 19,948	42,653,260 2,540,038 2,540,038 4,717,498 49,910,796
Cale 9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	5,907,103 363,783 363,783 4,528,629	8,482,017 453,712 453,712 84,343	9,919,955 496,173 496,173 39,033	9,090,042 656,520 656,520 45,545		9,254,143 569,850 569,850 19,948	42,653,260 2,540,038 2,540,038 4,717,498 49,910,796 ation,
Cale 9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the or	5,907,103 363,783 363,783 4,528,629 rganization's fir	8,482,017 453,712 453,712 84,343 st, second, third	9,919,955 496,173 496,173 39,033	9,090,042 656,520 656,520 45,545	01(c)(i	9,254,143 569,850 569,850 19,948	42,653,260 2,540,038 2,540,038 4,717,498 49,910,796 ation,
Cale 9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	5,907,103 363,783 363,783 4,528,629 rganization's fir	8,482,017 453,712 453,712 84,343 st, second, third	9,919,955 496,173 496,173 39,033	9,090,042 656,520 656,520 45,545		9,254,143 569,850 569,850 19,948	42,653,260 2,540,038 2,540,038 4,717,498 49,910,796 ation,
Cale 9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet	5,907,103 363,783 363,783 4,528,629 rganization's fir	8,482,017 453,712 453,712 84,343 st, second, third	9,919,955 496,173 496,173 39,033	9,090,042 656,520 656,520 45,545	D1(c)(3	9,254,143 569,850 569,850 19,948	42,653,260 2,540,038 2,540,038 4,717,498 49,910,796 ation,
Cale 9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	5,907,103 363,783 363,783 4,528,629 4,528,629 entage column (f) dividule A , Part IV - A	8,482,017 453,712 453,712 84,343 st, second, third ed by line 13 co	9,919,955 496,173 496,173 39,033 , fourth, or fifth	9,090,042 656,520 656,520 45,545 tax year as a 50	D1(c)(3	9,254,143 569,850 569,850 19,948	42,653,260 2,540,038 2,540,038 4,717,498 49,910,796 ation,
Cale 9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	5,907,103 363,783 363,783 4,528,629 4,528,629 entage column (f) dividule A , Part IV - A	8,482,017 453,712 453,712 84,343 st, second, third ed by line 13 co	9,919,955 496,173 496,173 39,033 , fourth, or fifth	9,090,042 656,520 656,520 45,545 tax year as a 50	D1(c)(3	9,254,143 569,850 569,850 19,948	42,653,260 2,540,038 2,540,038 4,717,498 49,910,796 ation,

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

►V

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

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DLN: 93493115000211

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization ADA Foundation

Supplemental Financial Statements

				1320			
Pa	To the contraction or the contraction of the con		unds o	r Ac	counts	. Comple	ete if the
	organization unionoreal record to reminist	(a) Donor advised funds	(l) Fun	ds and o	ther accou	unts
	Total number at end of year						
	Aggregate contributions to (during year)						
	Aggregate grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		nor advis	ed		☐ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	5 5	•			☐ Yes	┌ No
a i	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	to Form	990,	, Part IV	/, lıne 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space	•					ea
	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the form	n of a cou	ns e rv:	ation eas	ement	
	on the last day of the tax year	med conservation contribution in the form	101 4 001	13614	ation eas	ement	
					Held at	the End of	the Yea
	Total number of conservation easements			2a			
	Total acreage restricted by conservation easement	s		2b			
	Number of conservation easements on a certified hi			2c			
	Number of conservation easements included in (c) a	` ,		2d			
	Number of conservation easements modified, transfe	•	ad by the		nization d	during	
	the taxable year	rred, released, extiliguished, or terminati	eu by the	orga	IIIZatioii (uuring	
	the taxable year						
	Number of states where property subject to conserva	ition easement is located 🟲					
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, a	nd		☐ Yes	Г No
	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	e year ►				
	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing easements during the y	ear ► \$				
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of se	ction			┌ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financia	•				
Ti.	Organizations Maintaining Collectio Complete if the organization answered "		or Oth	er S	imilar <i>i</i>	Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in fur				e,
1	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research				•	
	(i) Revenues included in Form 990, Part VIII, line 1			ļ	► \$		
	(ii) Assets included in Form 990, Part X			.	\$		
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS	•	or financ	ıal ga	ın, provid	ie the	
	Revenues included in Form 990, Part VIII, line 1			Þ	· \$		
,	Accets included in Form 990 Part V			b . d			

	•••• Organizations Maintaining Co	HECTIONS OF AFT	, HIS	tori	<u>cai ir</u>	easu	ies, oi c	Juie	31111111	II ASSC	: LS (CC	ontinuea)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	ne fol	lowing t	that are	e a signific	ant us	se of its c	ollection	ו	
а	Public exhibition		d	Γ	Loan	orexch	nange prog	rams				
ь	Scholarly research		e	Γ	Other	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and expla	ın hov	w the	v furthe	er the o	raanızatıo	n's ex	empt pur	pose in		
_	Part XIV				,							
5	During the year, did the organization solicit o								ılar	_		
	assets to be sold to raise funds rather than t										Yes	No No
Pal	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						IIIZaliOII a	iiiswe	ereu re	:S 10 F0	פ ווו ופ	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						rotheras	sets n	ot	Г	Yes	
b	If "Yes," explain why in Part XIV and comple	te the following tabl	le				_					
										A mou	ınt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	≥ 21?				_			Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete											
		(a)Current Year	(b)Prior	Year	(c) Tw	o Years Back	(d)	Three Years	Back (e)Four Y	ears Back
1a	Beginning of year balance	2,885,412				-		-				
b	Contributions	18,142				1						
c	Investment earnings or losses	-885,993										
d	Grants or scholarships											
е	Other expenditures for facilities and programs	106,607										
f	Administrative expenses							+				
g	End of year balance	1,910,954						+				
2	Provide the estimated percentage of the yea											
		0 %	15									
а	Board designated or quasi-endowment	0 70										
Ь	remailent endowment F ======											
c	Term endowment ► 0 %	6.11										
3а	Are there endowment funds not in the posses organization by	sion of the organiza	ation	thata	are held	d and a	dministere	d for t	the		Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations									3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S	ched	ule R?					3b		
4	Describe in Part XIV the intended uses of th	e organization's end	lowm	ent fu	ınds							
Par	t VI Investments—Land, Buildings	, and Equipme	nt. S	ee F	orm 9	90, Pa	rt X, line	10.	1			
	Description of investment				Cost oi		(b)Cost or basis (ot		(c) Dep	reciation	(d) B	ook value
									1			
1a	Land		•									
	Land											
b												
b c	Buildings					0	2,10	04,023		1,717,794		386,229
b c d	Buildings		· · ·			0	2,1	04,023		1,717,794		386,229

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
	. ,	Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri	ption	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X	1	T	
(a) Description of Liability	(b) A mount	-	
Federal Income Taxes	745 504	-	
DUE TO AMERICAN DENTAL ASSOC	715,591	-	
DUE TO CONSTITUENT SOCIETIES	25,627		
		1	
		1	
		1	
		1	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	741,218		

2	Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25)	1	10,232,646
	Total expenses (Form 990, Part IX, column (A), line 25)		//-
_		2	9,786,985
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	445,661
4	Net unrealized gains (losses) on investments	4	-7,916,143
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-7,916,143
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-7,470,482
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		2,480,615
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c d	Recoveries of prior year grants		
e e	Other (Describe in Part XIV)	2e	-7,916,143
3	Subtract line 2e from line 1	3	10,396,758
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		10,330,730
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b -164,112		
c	Add lines 4a and 4b	4c	-164,112
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,232,646
Part 2		per	
1	Total expenses and losses per audited financial statements	1	9,951,097
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV) 2d 164,112		
e	Add lines 2a through 2d	2e	164,112
3	Subtract line 2e from line 1	3	9,786,985
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,786,985

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation		
ENDOWMENT FUNDS	SCHEDULE D, PART V	THE FOUNDATION'S ENDOWMENTS CONSIST OF VARIOUS FUNDS TO SUPPORT ACCESS TO CARE AND EDUCATION ACTIVITIES NET ASSETS RELATED TO THE FOUNDATIOENDOWMENTS ARE DONOR-RESTRICTED FUNDS, CLASSIFIED AND REPORTED BASED UPON THE DONORIMPOSED RESTRICTIONS		
Part X	Tax Status and Accounting for Uncertainty in Income Taxes	The Foundation is an Illinois not-for-profit corporation recognized as exempt from federal income taxes under Section 501(a) of the internal Revenue Code (Code) as an organization described in Section 501(c)(3) of the Code. The Foundation received a favorable determination letter from the Internal Revenue Service on September 4, 1997 stating that it is exempt from taxation on income related to its exempt purpose. The Accounting for Uncertainty in Income Taxes, ASC Topic 740 clarifies the accounting for uncertainty in income taxes recognized in the financial statements and established recognition and measurement criteria for tax positions taken in a tax return. The adoption of the provisions of ASC topic 740 did not impact the Foundation's financial position or results of operations. There was no significant unrelated business income in 2008, and therefore, no provision for income taxes has been recorded.		
Part XIII, Line 2D	Reclassification of Special Events Expense	Special Events Expense \$(164,112)		
Part XII, Line 4B	Reclassification of Special Events Expense to Revenue	Special Events Expense \$(164,112)		

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DLN: 93493115000211

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

Employer identification number

ADA	Foundation					26 613204	c	
Pa	rt I General Info	mation on A	ctivities Outsi	ide the United States	s. Complete	36-6132046		
	"Yes" to Form			ac the office office	or complete		iizadon ansi	Crea
1	For grantmakers. Do	es the organiza	ation maintain r	ecords to substantiate	the amount	of the grant	s or	
				assistance, and the se				_
	the grants or assistar	ice					✓ Yes	┌ No
2	For grant makers. Descri United States	ibe in Part IV the	organization's pr	rocedures for monitoring th	ne use of grai	nt funds outsıd	le the	
3	Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a progr describe sp	ty listed in (d) ram service, pecific type of s) in region	(f) Total expe	
Sout	th Asia	0	0	Program Services	Dental Trair	ning		29,807
		0	0					29,807
Tota	als ▶	1	ή '	Ί	1		I	29,007

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information								
Identifier	ReturnReference	Explanation						

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As Filed Data -

DLN: 93493115000211

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

x Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization ADA Foundation

Employer identification number

36-6132046

Part I	Fundraising Activities	. Complete if the orga	anızatıon answered "	Yes" to Form 990,	Part IV, line 17.
--------	------------------------	------------------------	----------------------	-------------------	-------------------

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- e Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of Individual or entity (fundraiser)	(ii) A ctivity	(iii) fundrais custo conti contribi	er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Ketchum Inc	INNOVATION Campaign		No	0	380,813	-380,813	
Fleishman-Hillard Inc	INNOVATION Campaign		No	0	31,985	-31,985	
CONTEMPO	DIRECT MAILING		Νο	0	113,503	-113,503	
 Total			<u> </u>				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) To	tal Eve	
			KIDS SMILE GALA	NONE	0		(a) (ii ol (c))	rougi
			(event type)	(event type)	(total number)			
₽	1	Gross receipts	171,000				17	1,000
Revenue	2	Less Charitable contributions	1,700					1,700
	3	Gross revenue (line 1 minus line 2)	169,300				16	9,300
	4	Cash Prizes						
မှ မေ	5	Non-cash Prizes						
Ďeŭ L	6	Rent/Facility costs	2,500					2,500
ă ∺	7	Other direct expenses	161,612				16	1,612
Direct Expenses	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)			16	4,112
_	9	Net income summary Combine III	nes 3 and 8 ın column (d)					5,188
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th	l gaming irough co	(Add ol (c))
œ	1	Gross revenue						
မှာ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u> </u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_	Yes	┌ Yes%_			
	7	Direct expense summary Add line	,	'				
		Net gaming income summary Com			_			
		Net gaining income summary Com	bille lilles I allu / ill colu				Yes	No
9		er the state(s) in which the organiza						
а		he organization licensed to operate	gaming activities in each	of these states?		· 9a		
Ь		No," Explain						
_								
.0a b		e any of the organization's gaming l ′es," Explain	icenses revoked, suspen	ded or terminated during	g the tax year?	10a		
		s the organization operate gaming a	activities with nonmembe	rs?				
.1								

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493115000211

OMB No 1545-0047

2008

Department of the Treasury

Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Name of the organization						Employer identif	ication number
ADA Foundation						36-6132046	
Part I General Inform	mation on Gra	nts and Assistance	е			•	
	d to award the gra	nts or assistance?			gibility for the grants or assi		▽ Yes □
Form 990, Part : Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that reco itional space is	eived more than \$5,0	00. Check this box	tes. Complete if the org if no one recipient receiv	ved more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	1, ,	(g) Description of on-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec							14
organizations 3 Enter total number of oth							- 14

	· /						
Part III	Grants and Othe	r Assistance to Indivi	duals in the United States.	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 22.
	Use Schedule I-1 ((Form 990) if additional s	pace is needed.	-			

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	MONITORING USE OF GRANTS	GRANTEES MUST SIGN A GRANT TERMS AGREEMENT WHICH SPECIFIES THEIR ACCEPTANCE OF THE GRANT AND OUTLINES GRANT USE REQUIREMENTS FURTHER, GRANTEES MUST COMPLETE A FINAL REPORT FORM THAT SUMMARIZES THE PROJECT WITH A NARRATIVE DESCRIPTION, LISTS OBJECTIVES ACHIEVED AND HOW THOSE ACHIEVEMENTS WERE MEASURED, ALONG WITH THE ESTIMATED NUMBER OF PEOPLE SERVED AND THE ESTIMATED NUMBER OF VOLUNTEERS USED

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DLN: 93493115000211

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization
ADA Foundation

that answered "Yes" to Form 990, Part IV, line 23.

Inspection

Employer identification number

36-6132046

Pa	rt I Questions Regarding Compensation				
				Yes	Νo
1a		ided any of the following to or for a person listed in Form o provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writ provision of all the expenses described above? If "No		1b		
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D		2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa	art VII, Section A , line 1a			
а	Receive a severance payment or change of control pa	yment?	4a	Yes	
b	Participate in, or receive payment from, a supplement	al nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-bas	sed compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	vide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must com	plete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de	· · · · · · · · · · · · · · · · · · ·	7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F in Part III		8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Dr James B Bramson	(ı) (ıı)	0 142,574	0 0	0 961,983	0 31,655	0 15,159	0 1,151,371	556,752
Dr John Findley	(I)	0 236,022	0 0	0 18,018	0 70,034	0	0 324,074	C
Mr Mark Feldman	(ı) (ıı)	0 298,626	0	0 291,584	0 500	0	0 590,710	253,269
Mr R Barkley Payne	(ı) (ıı)	234,385 0	1,000 0	509 0	17,687 0	10,948	264,529 0	C
Mr Gary Schumacher	(ı) (ıı)	136,206 0	17,000 0	1,149 0	35,545 0	6,752	196,652	C
MR RAFAEL BO WEN	(ı) (ıı)	168,379 0	0	7,486 0	0	20,997	196,862	C
MR DWIGHT EDWARDS	(ı) (ıı)	140,629 0	0	1,259 0	30,842 0	13,929	186,659 0	C
Mr LAURENCE CHOW	(ı) (ıı)	124,371 0	0	3,273 0	61,908 0	20,076	209,628	C
Mr SABINE DICKENS	(ı) (ıı)	129,983 0	0	3,288 0	44,183 0	5,363	182,817	C
Mr GERALD VOGEL	(ı) (ıı)	126,875 0	0	3,298 0	57,628 0	14,310	202,111	C
Mr Daniel Meyer	(ı) (ıı)	0 236,977	0 5,000	0 2,181	0 40,794	0 23,549	0 308,501	0 8,557
	(ii)			·	·			
	(ii)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanat ion
		\$308,419
FORM 990, SCHEDULE J, PART II		DEFERRED COMPENSATION IN COLUMN C INCLUDES, WHERE APPLICABLE, THE 2008 INCREASE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PLAN, EMPLOYER CONTRIBUTIONS TO THE 401(K) DEFINED CONTRIBUTION PLAN, AS WELL AS AMOUNTS AWARDED BUT NOT PAID UNDER THE EXECUTIVE PARITY PLAN OF THE ADA BOARD OF TRUSTEES TO SET ASIDE SPECIFIED CASH AMOUNTS ANNUALLY FOR CERTAIN EXECUTIVES THIS ARRANGEMENT IS MEANT AS COMPENSATION FOR THOSE WHO SUFFERED RESTRICTIONS IN THEIR BENEFITS BEGINNING IN 1994 AS A RESULT OF THE OMNIBUS BUDGET RECONCILIATION ACT NONTAXABLE BENEFITS IN COLUMN D INCLUDES EMPLOYER-PAID HEALTH BENEFIT PLAN PREMIUMS AND THE VALUE OF EMPLOYER SELF-INSURED DENTAL BENEFITS REPORTABLE COMPENSATION INCLUDES SEVERANCE PAYMENTS, WHERE APPLICABLE
SCHEDULE J, PART I, LINE 4b	Nonqualified Plans	The following individuals participated in a nonqualified plan during 2008 and received contributions in the following amounts Dr John Findley \$69,534 (Accrual) Mr R Barkley Payne \$1,993 (Accrual)

Return to Form

Software ID: Software Version:

EIN: 36-6132046

Name: ADA Foundation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Dr James B Bramson	(ı) (ıı)		0	0 961,983	0 31,655	0 15,159	0 1,151,371	0 556,752
Dr John Findley	(ı) (ıı)		0	0 18,018	0 70,034	0	0 324,074	0
Mr Mark Feldman	(ı) (ıı)		0	0 291,584	0 500	0	0 590,710	0 253,269
Mr R Barkley Payne	(I) (II)		1,000	509 0	17,687 0	10,948 0	264,529 0	0
Mr Gary Schumacher	(ı) (ıı)		17,000	1,149 0	35,545 0	6,752 0	196,652 0	0
MR RAFAEL BOWEN	(I) (II)		0	7,486 0	0	20,997 0	196,862 0	0
MR DWIGHT EDWARDS	(ı) (ıı)	140,629 0	0	1,259 0	30,842 0	13,929 0	186,659 0	0
Mr LAURENCE CHOW	(I) (II)	124,371 0	0	3,273 0	61,908 0	20,076 0	209,628	0
Mr SABINE DICKENS	(I) (II)		0	3,288 0	44,183 0	5,363 0	182,817 0	0
Mr GERALD VO GEL	(ı) (ıı)		0	3,298 0	57,628 0	14,310 0	202,111	0
Mr Daniel Meyer	(ı) (ıı)	0 236,977	0 5,000	1 "	0 40,794	0 23,549	0 308,501	0 8,557

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DLN: 93493115000211

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization ADA Foundation

Employer identification number

36-6132046

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 1B	INDEPENDENT VOTING MEMBERS	SOME OF THE MEMBERS OF THE ADA FOUNDATION BOARD OF DIRECTORS ARE NOT CONSIDERED INDEPENDENT BECAUSE THEY RECEIVE REIMBURSEMENT FROM THE AMERICAN DENTAL ASSOCIATION OF STATED AMOUNTS ON AN ANNUAL BASIS FOR SUCH GENERAL EXPENSES AS POSTAGE, TELEPHONE AND SECRETARIAL ASSISTANCE SUBSTANTIATION OF SUCH EXPENSES IS NOT REQUIRED FOR REIMBURSEMENT THESE AMOUNTS ARE REPORTED AS TAXABLE INCOME TO THE RECIPIENTS ADDITIONALLY, THERE IS A DIFFERENCE IN VOTING RIGHTS THE FOUNDATION'S PRESIDENT ONLY VOTES ON AN ISSUE IF THE BOARD MEMBERS' VOTE RESULTS IN A TIE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OR STOCKHOLDERS	THE AMERICAN DENTAL ASSOCIATION IS THE SOLE MEMBER OF THE ADA FOUNDATION

ldentifier	Return Reference	Explanation
FORM 990 , PART VI , LINE 7A	ELECTIONS OF THE GOVERNING BODY	THE MEMBER HAS THE DUTY TO ELECT THE PRESIDENT, VICE PRESIDENT AND MEMBERS OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 10	FORM 990 REVIEW	THE originally filed FORM 990 WAS PROVIDED TO THE FINANCE COMMITEE PRIOR TO FILING

ldentifier	Return Reference	Explanation
FORM 990, PART VILINE 12C	CONFLICT OF INTEREST POLICY	THERE IS AN ANNUAL REVIEW OF THE CONFLICT OF INTEREST POLICY BOARD MEMBERS AND EMPLOYEES AT THE DIRECTOR LEVEL AND ABOVE ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR IN-HOUSE LEGAL COUNSEL COLLECT AND REVIEW RESPONSES AND DETERMINE NECESSARY ACTION, IF ANY INDIVIDUALS WHO HAVE A DISCLOSED CONFLICT RECUSE THEMSELVES FROM DISCUSSION, AND DO NOT VOTE IF THERE IS A DIRECT CONFLICT

ldentifier	Return Reference	Explanation
FORM 99O, PART VI, LINE 15B	PROCESS FOR DETERMINING COMPENSATION	THE EXECUTIVE DIRECTOR OF THE AMERICAN DENTAL ASSOCIATION, WHO IS ALSO THE SECRETARY OF THE ADA FOUNDATION BOARD OF DIRECTORS DETERMINES AND REVIEWS THE COMPENSATION OF THE FOUNDATION'S EXECUTIVE DIRECTOR THE HUMAN RESOURCES DEPARTMENT REVIEWS COMPARABILITY DATA ON ANNUAL EMPLOYEE SALARY INCREASES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	ORGANIZATION DOCUMENTS	THE ADA FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
FORM 990, SCHEDULE G, PART I LINE 2B		Fundraisers were involved in the development of campaign brands, campaign materials, and launching of the innovation in dental education campaign which included mail and other firms of solicitation Specific receipts were not identified with individual fundraising organizations

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D		OUR LEGACY-OUR FUTURE (OLOF) PROGRAM RELATED EXPENSES \$245,893 GRANTS NONE REVENUE NONE 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.

ldentifier	Return Reference	Explanation
FORM 990, PART V, LINE 7G AND 7H	STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE	DURING THE YEAR, ADA FOUNDATION DID NOT RECEIVE ANY OF THE PROPERTY LISTED ON LINE 7G AND 7H, THEREFORE, NO FORMS WERE FILED

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 7B	GOVERNING BODY	The American Dental Association, as the sole member of the ADA Foundation, has the authority to elect or remove directors, amend or repeal the articles of incorporation, approve mergers or dissolutions, approve disposition of all or substantially all the assets of the Foundation, amend the bylaws, and appoint the President and Vice-President

ldentifier	Return Reference	Explanation
AMENDMENTS TO FORM 990		Amendments to the 2008 Form 990 included the following. Changes to Form 990, Parts VIII and IX. Reclassification of expenses for Part IX among Columns B, C, and D. Reclassification of amounts from Part IX to Part VIII for fundraising events. Changes to Schedule G, Parts I and II Changes to the fundraisers listed, activities conducted, and amounts paid for Part I. Changes to fundraising events under Part II.

DLN: 93493115000211

OMB No 1545-0047 2008

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Open to Public Inspection

Name of the organization ADA Foundation						Employer identification number			
					36-6132046				
Part I	Identification of Disregarded Entities		1	ı					
	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity			
Part II	Identification of Related Tax-Exempt Organiza	tions	1						
	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3)	(F) S Direct controlling entity			
AMERICAN DE	NTAL ASSOCIATION								
211 E CHICAC CHICAGO, IL6 36-0724690	GO AVE 60611	TRADE ASSOC	IL	501(C)(6)	NONE	NA			

Part III	Identification of Rela	ted Organizatio	ns Taxable	e as a Partner	ship

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H Disprop allocat	ortionate	(I) Code V—UBI amount on Box 20 of K-1	Gen mar	(J) eral o naging tner?
							Yes	No	1	Yes	No
ADAIdm 211 E CHI AVE Chicago IL CHICAGO, IL606112637 20-8339478	MARKETING	IL	ADA BUS ENTERPR	NONE	0	0		No			No
								•	•		•

Part IV Identification of Related O	rganizations Taxable as a Corporation or Trust
-------------------------------------	--

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ADA BUSINESS ENTERPRISES INC 211 E CHICAGO AVE CHICAGO, IL606112637 36-3679743	FIN SERVICES	ΙL	ADA	C CORP	0	0	0 %
	!				!		
						C-li - d-d-	D /F 000) 3000

Yes No

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV	

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- Reimbursement paid by other organization for expenses
- Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	Transaction type(a-r)	(C) Amount Involved
(1)	AMERICAN DENTAL ASSOCIATION	С	3,233,193
(2)	AMERICAN DENTAL ASSOCIATION	0	1,396,239
(3)	AMERICAN DENTAL ASSOCIATION	Р	32,105
(4)	AMERICAN DENTAL ASSOCIATION	Q	715,591
(5)	ADA BUSINESS ENTERPRISES INC	С	60,000
(6)			

(B)

1a		No
1b		No
1 c	Yes	
1d		No
1e		No
1f		No
1 g		No
1h		No
1i		No
1j		No
1k		No
11		No
1m		No
1n		No
10	Yes	
1р	Yes	
	_	
1q	Yes	
1r		No

(0)

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	organizations?		(E) Share of end-of-year assets	(F) f Disproprtionate ear allocations?		(G) Code V—UBI amount on Box 20 of K-1 (H) General or managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	

Software ID:

Software Version:

EIN: 36-6132046

Name: ADA Foundation

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

Software ID: Software Version:

EIN: 36-6132046
Name: ADA Foundation

Form 990 Schedule G - Licensed States							
	Licensed States						

Software ID: Software Version:

EIN: 36-6132046 **Name:** ADA Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

i orini 990,3cheddie 1, Fai	t II, Grants a	ilu Otilei Assistalic	e to dovernments	and Organization	is in the officed St	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE PEOPLE'S CLINIC 1850 WEST GARFIELD BLVD CHICAGO,IL 60609	36-3157387	501(C)(3)	7,500	0			PUBLIC SUPPORT
AMERICAN ACADEMY OF PEDIATRICS141 NW PT BLVD ELK GROVE VILLAGE, IL 60007	36-2275597	501(C)(3)	58,365	0			PUBLIC SUPPORT
UNIVERSITY OF THE PACIFIC2155 WEBSTER ST SAN FRANCISCO, CA 94115	94-1156266	501(C)(3)	11,667	0			PUBLIC SUPPORT
MEHARRY MEDICAL COLLEGESTUDENT AFFAIRS NASHVILLE,TN 37208	62-0488046	501(C)(3)	8,750	0			PUBLIC SUPPORT
UNIVERSITY OF ILLINOIS COLLEGE OF DENTISTRY CHICAGO,IL 606127211	37-6000511	501(C)(3)	8,750	0			PUBLIC SUPPORT
UNIVERSITY OF CALIFORNIASTUDENT-RUN FREE DENTAL CLINIC LA JOLLA, CA 92093	95-6006143	501(C)(3)	8,750	0			PUBLIC SUPPORT
HOWARD UNIVERSITY	53-0204707	501(C)(3)	8,750	0			PUBLIC SUPPORT
NATIONAL DENTAL BOARD OF Anesthesiology211 E CHCAGO AVE 780 CHICAGO,IL 60611	36-4478666	501(C)(3)	37,842	0			PUBLIC SUPPORT
INTERNATIONAL ASSOCIATION FOR DENTAL1619 DUKE STREET ALEXANDRIA, VA 223143406	54-1790186	501(C)(3)	6,500	0			PUBLIC SUPPORT
AMERICAN ASSOCIATION FOR DENTAL RESEARCH 1619 DUKE STREET ALEXANDRIA,VA 22314	54-1790185	501(C)(3)	6,500	0			PUBLIC SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	1	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL COLLEGE OF GEORGIA1481 LANEY WALKER BLVD AUGUSTA,GA 30912	58-1418202	501(C)(3)	10,000	0			PUBLIC SUPPORT
I-LEAD INC	23-2821833	501(C)(3)	15,000	0		!	PUBLIC SUPPORT
TEAM SMILE INC2000 SWIFT STREET KANSAS CITY, MO 64116	75-3250075	501(C)(3)	15,000	0			PUBLIC SUPPORT
AMERICA'S DENTISTS CARE FOUNDATION	26-2275291	501(C)(3)	25,000	0			PUBLIC SUPPORT
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Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
scholarships	5	3,501	0		
dısaster fund	120	295,200	0		
scholarships	58	96,500	0		
minority scholarships	25	62,500	0		
relief fund	328	209,964	0		
AAP-oral health award	1	19,816	0		
continuing education course	1	50,000	0		
SHILS AWARD	2	4,000	0		
DENTAL PIPELINE PROJECT	1	4,903	0		