



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

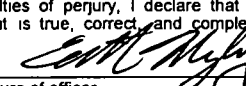
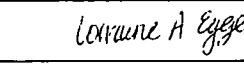
A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

| | | | | |
|--|--|---|--------------------------------------|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization ADA FOUNDATION | | D Employer identification number |
| | | Doing Business As | | 36-6132046 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | E Telephone number |
| | | 211 EAST CHICAGO AVENUE | | (312) 440-3534 |
| | | City or town, state or country, and ZIP + 4 | | G Gross receipts \$ 13,448,856. |
| | | CHICAGO, IL 60611-2637 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | F Name and address of principal officer EMMETT P. MURPHY | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637 | | If "No," attach a list (see instructions) |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) | | <input type="checkbox"/> 4947(a)(1) or | | H(c) Group exemption number ▶ |
| | | 527 | | |
| J Website. ▶ WWW.ADAFOUNDATION.ORG | | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation | | <input type="checkbox"/> Trust | <input type="checkbox"/> Association | <input type="checkbox"/> Other ▶ |
| | | L Year of formation 1965 | | M State of legal domicile IL |

Part I Summary

| | | | |
|---|---|--------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities ADA FOUNDATION IS A CATALYST FOR UNITING PEOPLE AND ORGANIZATIONS TO MAKE A DIFFERENCE THROUGH BETTER ORAL HEALTH. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 20 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 45 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 93 |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 2,158. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 7,422,399. | 6,234,930. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 46,916. | 32,605. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 953,367. | 4,578,669. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,809,964. | 1,799,924. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 10,232,646. | 12,646,128. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 1,586,533. | 526,776. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 4,695,694. | 4,938,174. |
| | b Total fundraising expenses, Part IX, column (D), line 25 | 526,301. | 375,867. |
| Net Assets or Fund Balances | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 2,978,457. | 2,528,581. |
| | 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 9,786,985. | 8,369,398. |
| | 19 Revenue less expenses Subtract line 18 from line 12 | 445,661. | 4,276,730. |
| | 20 Total assets (Part X, line 16) | Beginning of Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 20,418,201. | 24,764,037. |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 1,887,470. | 1,956,576. | |
| | | 18,530,731. | 22,807,461. |

Part II Signature Block

| | | |
|---------------------------------|---|---|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | |
| | Signature of officer  EMMETT MURPHY INTERIM CFO | Date 4-25-11 |
| Paid Preparer's Use Only | Preparer's signature  Laurence A. Egan | Date 4/21/11 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP TWO CENTRAL PARK PLAZA, SUITE 1501 OMAHA, NE 68102-1626 | Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00223617 EIN ▶ 13-5565207 Phone no ▶ 402-348-1450 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

Form 990 (2009)

SCANNED MAY 24 2011

917-22 19

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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 services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 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 \$ 4,833,654 including grants of \$ 6,000) (Revenue \$ 1,844,302)

PERFORM RESEARCH ACTIVITIES TO ENCOURAGE THE IMPROVEMENT OF THE HEALTH OF THE PUBLIC & TO PROMOTE THE ART AND SCIENCE OF DENTISTRY.

4b (Code) (Expenses \$ 810,432 including grants of \$ 338,458) (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 \$ 311,600 including grants of \$ 182,318) (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.

4d Other program services (Describe in Schedule O)

(Expenses \$ 182,090 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 6,137,776.

Part IV Checklist of Required Schedules

| | 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 | X |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X |
| 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 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | X |
| 5 Sections 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 similar funds or 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 | X |
| 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 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | X |
| 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 | X |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X |
| 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | X |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | | |
| • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | |
| • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | |
| • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | |
| • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X | | |
| 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | X |
| 12A Was the organization included in consolidated, independent audited financial statement for the tax year? | 12A | X |
| If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | X |
| 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 | X |
| 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 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | X |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | X |

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------|---|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 24 a | 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 lines 24b through 24d and complete Schedule K. If "No," go to question 25 | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25 a | 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 | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 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 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 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. | | X |
| 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 | X | |
| 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 | | X |
| 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 | X | |
| 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | 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 36 | |
| 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 X | |
| 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 | 2a 45 | |
| 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 instructions) | 2b X | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a X | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b X | |
| 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 | X |
| b 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? | 5a | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| 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? | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | X |
| b 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). | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a X | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b X | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| 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 | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | |
| a Did the organization make any taxable distributions under section 4966? | 9a | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter | | |
| a Gross income from members or shareholders | 11a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| | Yes | No |
|---|-----|----|
| 1a Enter the number of voting members of the governing body | 1a | 20 |
| b 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 | X |
| 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 | X |
| 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | X |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | X |
| 6 Does the organization have members or stockholders? | 6 | X |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | X |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | 8a | X |
| b Each committee with authority to act on behalf of the governing body? | 8b | X |
| 9 Is there any officer, director, 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 | 9a | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|--|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates? | 10a | X |
| 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? | 10b | |
| 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X |
| 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | X |
| 13 Does the organization have a written whistleblower policy? | 13 | X |
| 14 Does the organization have a written document retention and destruction policy? | 14 | X |
| 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? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | X |
| b Other officers or key employees of the organization | 15b | X |
| If "Yes" to line 15a or 15b, 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 | X |
| 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 | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► ATTACHMENT 4**

18 Section 6104 requires an organization to make its Forms 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 ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **► PAUL SHOLTY 211 EAST CHICAGO AVENUE CHICAGO, IL 60611-2637**
 312-440-2516

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- 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, and 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 organization did not compensate any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DR. ORIN W. ELLWEIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. CECILE A. FELDMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. RAUL I. GARCIA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. EDWARD LEONE, JR. TREASURER | 3.00 | X | | X | | | | 0. | 74,468. | 47,575. |
| DR. ROBERT C. HENDERSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MR. KENT W. FLETCHER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. ERNEST J. GARCIA, JR. DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. RICHARD A. SIMMS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MS. SHEILA HOPKINS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MS. LINDA C. TARRSON DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. DAVID N. MATTHEWS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. MARIE C. SCHWEINEBRATEN DIRECTOR | 1.00 | X | | | | | | 0. | 59,689. | 0. |
| MR. TIMOTHY J. SULLIVAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. RUSSELL I. WEBB DIRECTOR | 1.00 | X | | | | | | 0. | 67,969. | 0. |
| DR. LEO E. ROUSE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. R. WAYNE THOMPSON DIRECTOR | 1.00 | X | | | | | | 0. | 45,175. | 0. |

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

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------------|--|-----------------------|---------|--------------|---------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DR. DAVID WARREN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. JANE S. GROVER DIRECTOR | 1.00 | X | | | | | | 0. | 2,085. | 0. |
| DR. CHARLES L. STEFFEL DIRECTOR | 1.00 | X | | | | | | 0. | 59,359. | 0. |
| DR. CHARLES H. NORMAN DIRECTOR | 1.00 | X | | | | | | 0. | 62,196. | 0. |
| DR. DONALD L. SEAGO DIRECTOR | 1.00 | X | | | | | | 0. | 1,053. | 0. |
| DR. CHARLES L. SMITH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. LEWIS C. WALKER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. LINDA C. NIESSEN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. JOHN FINDLEY SECRETARY | 1.00 | | | X | | | | 0. | 559,605. | 6,391. |
| DR. ARTHUR A. DUGONI PRESIDENT | 5.00 | | | X | | | | 0. | 0. | 0. |
| MR. MICHAEL R. SUDZINA VICE PRESIDENT | 1.00 | | | X | | | | 0. | 0. | 0. |
| MR. R. BARKLEY PAYNE EXECUTIVE DIRECTOR | 38.00 | | | X | | | | 227,960. | 0. | 25,587. |
| DR. KATHLEEN O'LOUGHLIN SECRETARY | 3.00 | | | X | | | | 0. | 214,616. | 80,300. |
| 1b Total CONTINUED AT SCHEDULE J-2 | | | | | | | | 1,119,379. | 1,390,581. | 456,806. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **14**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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 J for such person

| | Yes | No |
|----------|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

Section B. Independent Contractors

1 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 |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 5 | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **8**

Part VIII Statement of Revenue

36-6132046

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|--|----------------------|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 9,500 | | | |
| | d | Related organizations | 1d | 2,978,828 | | | |
| | e | Government grants (contributions) | 1e | 1,448,740 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,797,862 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | 131,898 | | | |
| | h | Total. Add lines 1a-1f | | 6,234,930. | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | RESEARCH CONFERENCES | 541900 | 22,500 | 22,500 | | |
| | b | PUBLICATION AND PRODUCT SALES | 900099 | 10,105 | 10,105 | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 32,605 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 4,440,965 | | | 4,440,965 |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 | Royalties | | 1,809,540 | 1,809,540 | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross Rents | | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | 0. | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | 775,848 | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | |
| | | 638,144 | | | | | |
| | c | Gain or (loss) | | | | | |
| | | 137,704 | | | | | |
| | d | Net gain or (loss) | | 137,704 | | | 137,704 |
| | 8a | Gross income from fundraising events (not including \$ 9,500 of contributions reported on line 1c) See Part IV, line 18 | a | 90,400. | | | |
| | b | Less direct expenses | b | 164,584. | | | |
| | c | Net income or (loss) from fundraising events | | -74,184 | | | -74,184 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b | Less direct expenses | b | | | | |
| c | Net income or (loss) from gaming activities | | 0 | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | | | |
| b | Less cost of goods sold | b | | | | | |
| c | Net income or (loss) from sales of inventory | | 0 | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | OTHER MISCELLANEOUS INCOME | 900099 | 64,568 | | 2,158 | 62,410 | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 64,568 | | | | |
| 12 | Total Revenue. See instructions | | 12,646,128. | 1,842,145 | 2,158 | 4,566,895 | |

Form 990 (2009)

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 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 in the U S See Part IV, line 21 . . . | 233,458. | 233,458. | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | 293,318. | 293,318. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 461,808. | 152,593. | 180,040. | 129,175. |
| 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. | | | |
| 7 Other salaries and wages | 3,168,298. | 2,425,757. | 200,530. | 542,011. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . | 573,335. | 422,306. | 43,518. | 107,511. |
| 9 Other employee benefits | 499,581. | 365,945. | 44,433. | 89,203. |
| 10 Payroll taxes | 235,152. | 168,331. | 23,426. | 43,395. |
| 11 Fees for services (non-employees) | 0. | | | |
| a Management | 206,738. | 206,738. | | |
| b Legal | 65,350. | | 65,350. | |
| c Accounting | 0. | | | |
| d Lobbying | 375,867. | | | 375,867. |
| e Professional fundraising services See Part IV, line 17 | 14,140. | | 14,140. | |
| f Investment management fees | 499,334. | 428,569. | 27,000. | 43,765. |
| g Other | 93,290. | 19,414. | 3,486. | 70,390. |
| 12 Advertising and promotion | 363,552. | 276,194. | 7,922. | 79,436. |
| 13 Office expenses | 0. | | | |
| 14 Information technology | 0. | | | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 0. | | | |
| 17 Travel | 292,739. | 178,275. | 47,643. | 66,821. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 48,616. | 33,648. | | 14,968. |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 107,140. | 106,504. | 156. | 480. |
| 23 Insurance | 30,907. | 19,951. | 2,695. | 8,261. |
| 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) | | | | |
| a <u>INDIRECT COSTS</u> | 440,588. | 440,588. | | |
| b <u>INVENTOR'S SHARE OF ROYALTIES</u> | 334,591. | 334,591. | | |
| c <u>HONORARIA</u> | 18,532. | 18,532. | | |
| d <u>OTHER EXPENSES</u> | 13,064. | 13,064. | | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses Add lines 1 through 24f | 8,369,398. | 6,137,776. | 660,339. | 1,571,283. |
| 26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 582,670. | 1 | 362,958. |
| | 2 Savings and temporary cash investments | 0. | 2 | 0. |
| | 3 Pledges and grants receivable, net | 118,399. | 3 | 133,705. |
| | 4 Accounts receivable, net | 973,859. | 4 | 903,440. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 0. | 7 | 6,000. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 28,809. | 9 | 26,313. |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 2,335,080. | | |
| | b Less accumulated depreciation | 10b 1,824,934. | | |
| | | 386,229. | 10c | 510,146. |
| | 11 Investments - publicly traded securities | 18,328,235. | 11 | 22,821,475. |
| | 12 Investments - other securities See Part IV, line 11 | | 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) | 20,418,201. | 16 | 24,764,037. | |
| Liabilities | 17 Accounts payable and accrued expenses | 513,772. | 17 | 507,129. |
| | 18 Grants payable | 522,723. | 18 | 309,053. |
| | 19 Deferred revenue | 109,757. | 19 | 40,080. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties | | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | 741,218. | 25 | 1,100,314. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,887,470. | 26 | 1,956,576. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 8,378,386. | 27 | 11,384,948. |
| | 28 Temporarily restricted net assets | 7,622,943. | 28 | 9,283,976. |
| | 29 Permanently restricted net assets | 2,529,402. | 29 | 2,138,537. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 18,530,731. | 33 | 22,807,461. |
| | 34 Total liabilities and net assets/fund balances | 20,418,201. | 34 | 24,764,037. |

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? **2a**
- b** Were the organization's financial statements audited by an independent accountant? **2b**
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? **2c**
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? **3a**
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits **3b**

Yes No

X

X

X

X

X

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts 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 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 instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 7,831,299 | 7,478,317 | 7,717,109 | 7,591,699 | 6,234,930 | 36,853,354 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 650,718 | 2,441,638 | 1,372,933 | 1,831,744 | 1,842,145 | 8,139,178 |
| 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 | | | | | | |
| 6 Total. Add lines 1 through 5 | 8,482,017 | 9,919,955 | 9,090,042 | 9,423,443 | 8,077,075 | 44,992,532 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 3,337,595 | 3,202,523 | 3,435,452 | 3,233,193 | 2,918,828 | 16,127,591 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | 3,337,595 | 3,202,523 | 3,435,452 | 3,233,193 | 2,918,828 | 16,127,591 |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 28,864,941 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|-----------|------------|-----------|------------|------------|------------|
| 9 Amounts from line 6 | 8,482,017 | 9,919,955 | 9,090,042 | 9,423,443 | 8,077,075 | 44,992,532 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 453,712 | 496,173 | 656,520 | 569,850 | 4,440,965 | 6,617,220 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 453,712 | 496,173 | 656,520 | 569,850 | 4,440,965 | 6,617,220 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH 1. | 84,343 | 39,033 | 45,545 | 19,948 | 64,568 | 253,437 |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | 9,020,072 | 10,455,161 | 9,792,107 | 10,013,241 | 12,582,608 | 51,863,189 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 55.66 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 54.47 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 12.76 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | 5.04 % |

- 19a **33 1/3 % support tests - 2009.** 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 ☒ **X**
- b **33 1/3 % support tests - 2008.** 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 ☐
- 20 **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 explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

| DESCRIPTION | 2005 | 2006 | 2007 | 2008 | 2009 | TOTAL |
|----------------------------|---------------|---------------|---------------|---------------|---------------|----------------|
| SETTLEMENT PAYMENT | 0 | 15,000 | 0 | 0 | 0. | 15,000 |
| OTHER INCOME | 20,973 | 24,033 | 41,570 | 19,948 | 64,568 | 171,092 |
| RESEARCH EQUIP MAINTENANCE | 63,370 | 0 | 3,975 | 0 | 0. | 67,345 |
| TOTAL | <u>84,343</u> | <u>39,033</u> | <u>45,545</u> | <u>19,948</u> | <u>64,568</u> | <u>253,437</u> |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ADA FOUNDATION

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

36-6132046

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

| | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table

| | Amount |
|---|--------|
| 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 Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

| | (a) Current Year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,910,954 | 2,885,412 | | | |
| b Contributions | -289,289 | 18,142 | | | |
| c Net investment earnings, gains, and losses | 487,518 | -885,993 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | 106,607 | | | |
| f Administrative expenses | 1,088 | | | | |
| g End of year balance | 2,108,095 | 1,910,954 | | | |

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0.0000 %
 b Permanent endowment ▶ 100.0000 %
 c Term endowment ▶ 0.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 2,335,080 | 1,824,934 | 510,146 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 510,146 |

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12

| (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 | | |
| Closely-held equity interests | | |
| Other _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ► | | |

Part VIII Investments - Program Related. See 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) must equal Form 990, Part X, col. (B) line 13) | | |

Part IX **Other Assets.** See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) | |

Part X **Other Liabilities.** See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Amount |
|----|---|-------------------|
| | Federal income taxes | |
| | DUE TO RELATED ORGANIZATIONS | 972,752. |
| | DUE TO CONSTITUENT SOCIETIES | 31,687. |
| | CHARITY GIFT ANNUITY PAYABLE | 95,875. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 1,100,314. |

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|---|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 12,646,128. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 8,369,398. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 4,276,730. |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 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 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 | 4,276,730. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 12,810,712. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 12,810,712. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | -164,584. |
| c | Add lines 4a and 4b | 4c | -164,584. |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 12,646,128. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 8,533,982. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | 164,584. |
| e | Add lines 2a through 2d | 2e | 164,584. |
| 3 | Subtract line 2e from line 1 | 3 | 8,369,398. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| a | 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 must equal Form 990, Part I, line 18) | 5 | 8,369,398. |

Part XIV Supplemental Information

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE FOUNDATION'S ENDOWMENTS CONSIST OF VARIOUS FUNDS TO SUPPORT ACCESS TO CARE AND EDUCATIONAL ACTIVITIES. NET ASSETS RELATED TO THE FOUNDATION ENDOWMENTS ARE DONOR-RESTRICTED FUNDS, CLASSIFIED AND REPORTED BASED UPON THE DONOR-IMPOSED RESTRICTIONS.

PART XIII, LINE 4B

RECLASS OF SPECIAL EVENT EXPENSE

(164,584) RECLASS OF FUNDRAISING EXPENSE

PART XIII, LINE 2D

RECLASS OF SPECIAL EVENT EXPENSE

(164,584) RECLASS OF FUNDRAISING EXPENSE

PART X, LINE 2

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

Part XIV Supplemental Information (continued)

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 2009, AND THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ADA FOUNDATION

Employer identification number

36-6132046

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

- 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

- 3 Activities per Region (Use Schedule F-1 (Form 990) if additional 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) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|---------------|-------------------------------------|---|--|--|----------------------------------|
| SOUTH ASIA | 0 | 0 | PROGRAM SERVICES | DENTAL TRAINING | 20,516 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | 0 | 0 | | | 20,516 |

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

Schedule F (Form 990) 2009

Part IV

Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

Area with horizontal dashed lines for supplemental information.

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

ADA FOUNDATION

Employer Identification number

36-6132046

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | | | |
|---|-------------------------------------|----------------------------------|---|-------------------------------------|---------------------------------------|
| a | <input checked="" type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | f | <input checked="" type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input checked="" type="checkbox"/> | Special fundraising events |
| d | <input checked="" type="checkbox"/> | In-person solicitations | | | |

- 2a 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 services? ☒ Yes ☐ No

- 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

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|------------------------|--|----|--------------------------------------|---|---|
| | | Yes | No | | | |
| KETCHUM/THE PURSUANT GROUP | INNOVATION CAMPAIGN | | X | 0. | 200,000. | -200,000. |
| FLEISHMAN-HILLARD INC | INNOVATION CAMPAIGN | | X | 0. | 144,367. | -144,367. |
| MCS DIRECT | DIRECT MAILING | | X | 0. | 31,500. | -31,500. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ► | | | | 0. | 375,867. | -375,867. |

- 3 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, NM, NY, NC, ND, OH,

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | Revenue | | | Direct Expenses | |
|---|---|--------------------------------------|---|--|--|
| | (a) Event #1 KIDS SMILE GALA (event type) | (b) Event #2 NONE (event type) | (c) Other Events 0 (total number) | (d) Total events (add col (a) through col (c)) | |
| 1 Gross receipts | 99,900. | | | 99,900. | |
| 2 Less Charitable contributions | 9,500. | | | 9,500. | |
| 3 Gross income (line 1 minus line 2) | 90,400. | | | 90,400. | |
| 4 Cash prizes | | | | | |
| 5 Noncash prizes | | | | | |
| 6 Rent/facility costs | 34,397. | | | 34,397. | |
| 7 Food and beverages | 63,310. | | | 63,310. | |
| 8 Entertainment | 2,635. | | | 2,635. | |
| 9 Other direct expenses | 64,242. | | | 64,242. | |
| 10 Direct expense summary Add lines 4 through 9 in column (d) | | | | (164,584.) | |
| 11 Net income summary Combine line 3, column (d), and line 10 | | | | -74,184. | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | Revenue | | | Direct Expenses | |
|--|---------------------------|--|---------------------------|---|--|
| | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) | |
| 1 Gross revenue | | | | | |
| 2 Cash prizes | | | | | |
| 3 Noncash prizes | | | | | |
| 4 Rent/facility costs | | | | | |
| 5 Other direct expenses | | | | | |
| 6 Volunteer labor | Yes _____ % No _____ % | Yes _____ % No _____ % | Yes _____ % No _____ % | | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | () | |
| 8 Net gaming income summary Combine line 1, column d, and line 7 | | | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

| | Yes | No |
|-----|-----|----|
| 9a | | |
| 10a | | |
| 11 | | |
| 12 | | |

| | | Yes | No |
|-------------|--|-----|----|
| 13 | Indicate the percentage of gaming activity operated in | | |
| a | The organization's facility 13a % | | |
| b | An outside facility 13b % | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | Name ► _____ | | |
| | Address ► _____ | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a | | |
| b | 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 of the third party | | |
| | Name ► _____ | | |
| | Address ► _____ | | |
| 16 | Gaming manager information | | |
| | Name ► _____ | | |
| | Gaming manager compensation ► \$ _____ | | |
| | Description of services provided ► _____ | | |
| | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | |
| 17 | Mandatory distributions | | |
| a | 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ | | |

Schedule G (Form 990 or 990-EZ) 2009

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ADA FOUNDATION

Employer identification number

36-6132046

Part I General Information

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

| | | | | |
|---|--|-------|---|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | | 9 | ▲ |
| 3 | Enter total number of other organizations | | 0 | ▲ |

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

Schedule I (Form 990) 2009

JSA

9E1288 2 000

6108AT 1508

V 09-9.3

2549662

PAGE 36

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| DISASTER FUND | 5 | 12,500 | | | |
| SCHOLARSHIPS | 20 | 50,000 | | | |
| MINORITY SCHOLARSHIPS | 18 | 45,000 | | | |
| RELIEF FUND | 28 | 182,318 | | | |
| INTEL SCIENCE AWARD | 3 | 3,500 | | | |
| | | | | | |
| | | | | | |

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

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
ADA FOUNDATION

Employer identification number
36-6132046

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

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.

FORM 990, SCHEDULE J, PART II

DEFERRED COMPENSATION IN COLUMN C INCLUDES, WHERE APPLICABLE, THE 2009

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.

THE EXECUTIVE PARITY PLAN IS A DEFERRED COMPENSATION ARRANGEMENT WHICH

ALLOWS THE COMPENSATION COMMITTEE 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.

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.

NONTAXABLE BENEFITS IN COLUMN D INCLUDES EMPLOYER-PAID HEALTH BENEFIT

PLAN PREMIUMS AND THE VALUE OF EMPLOYER SELF-INSURED DENTAL BENEFITS.

SCHEDULE J, PART I, LINE 4B

NONQUALIFIED PLANS

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED PLAN DURING 2009

AND RECEIVED CONTRIBUTIONS IN THE FOLLOWING AMOUNTS:

KATHLEEN O'LOUGHLIN \$33,913 (ACCRUAL)

R. BARKLEY PAYNE \$588 (ACCRUAL)

IN ADDITION, DURING THE YEAR DR. JOHN FINDLEY RECEIVED A PAYOUT FROM THE

NONQUALIFIED PLAN IN THE AMOUNT OF \$205,564.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
ADA FOUNDATION

Employer identification number
36-6132046

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|-------------------------------|--------------------------------|---|--|
| 1 Art-Works of art | | | | |
| 2 Art-Historical treasures | | | | |
| 3 Art-Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities-Publicly traded | X | 1 | 131,898. | FMV |
| 10 Securities-Closely held stock | | | | |
| 11 Securities-Partnership, LLC, or trust interests | | | | |
| 12 Securities-Miscellaneous | | | | |
| 13 Qualified conservation contribution-Historic structures | | | | |
| 14 Qualified conservation contribution-Other | | | | |
| 15 Real estate-Residential | | | | |
| 16 Real estate-Commercial | | | | |
| 17 Real estate-Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ►() | | | | |
| 26 Other ►() | | | | |
| 27 Other ►() | | | | |
| 28 Other ►() | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

| | Yes | No |
|---|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

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

Schedule M (Form 990) 2009

JSA

9E1298 2 000

6108AT 1508

V 09-9.3

2549662

PAGE 43

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ADA FOUNDATION

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

36-6132046

ATTACHMENT 2

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.

FORM 990, PART VI, LINE 6

MEMBERS OR STOCKHOLDERS

THE AMERICAN DENTAL ASSOCIATION IS THE SOLE MEMBER OF THE ADA FOUNDATION.

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.

FORM 990, PART VI, LINE 11A

FORM 990 REVIEW

THE FORM 990 WAS REVIEWED BY MANAGEMENT PRIOR TO FILING. FINANCIAL

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

Schedule O (Form 990) 2009

JSA
9E1227 2 000

6108AT 1508

V 09-9.3

2549662

PAGE 45

| | |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| ADA FOUNDATION | 36-6132046 |
| ATTACHMENT 2 (CONT'D) | |

INFORMATION WAS COMPARED TO THE ORGANIZATION'S BOOKS AND RECORDS.

RESPONSES TO QUESTIONS AND ADDITIONAL INFORMATION WAS REVIEWED FOR APPROPRIATENESS. ADDITIONALLY, THE FORM 990 WAS PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AS WELL AS TO ALL MEMBERS OF THE BOARD PRIOR TO FILING.

FORM 990, PART VI LINE 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.

FORM 990, 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.

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.

Name of the organization

Employer identification number

ADA FOUNDATION

36-6132046

ATTACHMENT 2 (CONT'D)

FORM 990, SCHEDULE G, PART I, 2B, (V)

PAYMENT OF FUNDRAISING EXPENSES

THE FOUNDATION PAID FOR EXPENSES (TRAVEL, POSTAGE, PHONE, PRINTING) TO
SOME OF THE PROFESSIONAL FUNDRAISERS. THE FUNDRAISERS EITHER BILLED
SEPARATELY FOR THESE EXPENSES, OR IT WAS SEGREGATED ON THE INVOICE.

FOR 2009, THE FOUNDATION REIMBURSED EXPENSES TO THE FOLLOWING
PROFESSIONAL FUNDRAISER:

FLEISHMAN-HILLARD INC 2,708

FORM 990, PART III, LINE 4D

OUR LEGACY-OUR FUTURE (OLOF)

PROGRAM RELATED EXPENSES \$182,090

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.

| | |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| ADA FOUNDATION | 36-6132046 |
| ATTACHMENT 2 (CONT'D) | |

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

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

FORM 990, SCHEDULE G, PART I LINE 2B
FUNDRAISING CONSULTANTS WERE INVOLVED IN THE DEVELOPMENT OF CAMPAIGN
BRANDS, CAMPAIGN MATERIALS, AND LAUNCHING OF THE INNOVATION IN DENTAL
EDUCATION CAMPAIGN WHICH INCLUDED MAIL AND OTHER FORMS OF SOLICITATION.
SPECIFIC RECEIPTS WERE NOT IDENTIFIED WITH INDIVIDUAL FUNDRAISING
ORGANIZATIONS.

SCHEDULE D, PART XIII, LINE 2A
THE FOUNDATION RECEIVES ACCOUNTING, FINANCIAL, AND ADMINISTRATIVE
SERVICES FROM THE AMERICAN DENTAL ASSOCIATION AS MAY BE REQUIRED. IN
2009, THE FOUNDATION PAID \$467,589 FOR SUCH SERVICES. THE VALUE OF THESE
SERVICES WAS ESTIMATED AT \$1,512,346.

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

| | |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| ADA FOUNDATION | 36-6132046 |
| ATTACHMENT 2 (CONT'D) | |

VICE-PRESIDENT.

AMENDMENTS TO FORM 990

AMENDMENTS TO THE 2009 FORM 990 INCLUDED THE FOLLOWING:

CHANGES TO FORM 990, PART IX

RECLASSIFICATION OF EXPENSES AMONG COLUMNS B, C, AND D. THE TOTAL
EXPENSES FOR LINE 25A DID NOT CHANGE.

CHANGES TO SCHEDULE G, PART I

CHANGES TO THE FUNDRAISERS LISTED, ACTIVITIES CONDUCTED, AND AMOUNTS
PAID.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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

ATTACHMENT 4

Name of the organization

Employer identification number

ADA FOUNDATION

36-6132046

ATTACHMENT 4 (CONT'D)FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| KETCHUM/THE PURSUANT GROUP 2600 TECHNOLOGY DRIVE PLANO, TX 75074 | PROF. FUNDRAISERS | 200,000. |
| BANNER & WITCOFF, LTD. 10 S. WACKER DRIVE CHICAGO, IL 60606 | LEGAL | 188,323. |
| WELLNESS INC 4205 WESTBROOK DRIVE AURORA, IL 60504 | MEDICAL SERVICES | 147,642. |
| MARC USA 225 WEST STATION SQ DRIVE PITTSBURGH, PA 15219 | PUBLIC RELATIONS | 126,124. |
| FLEISHMAN-HILLARD INC 4706 PAYSHERE CIRCLE CHICAGO, IL 60674 | PROF. FUNDRAISER | 144,367. |
| TOTAL COMPENSATION | | <u>806,456.</u> |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADA FOUNDATION

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number
36-6132046

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (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 Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (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) Direct controlling entity |
|--|-------------------------|--|----------------------------|---|----------------------------------|
| AMERICAN DENTAL ASSOCIATION 211 E. CHICAGO AVE CHICAGO, IL 60611 36-0724690 | TRADE ASSOC. | IL | 501(C)(6) | NONE | N/A |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |

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

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

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?

| | Yes | No |
|---|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | |
| b Gift, grant, or capital contribution to other organization(s) | | X |
| c Gift, grant, or capital contribution from other organization(s) | | X |
| d Loans or loan guarantees to or for other organization(s) | | X |
| e Loans or loan guarantees by other organization(s) | | X |
| f Sale of assets to other organization(s) | | X |
| g Purchase of assets from other organization(s) | | X |
| h Exchange of assets | | X |
| i Lease of facilities, equipment, or other assets to other organization(s) | | X |
| j Lease of facilities, equipment, or other assets from other organization(s) | | X |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | X |
| l Performance of services or membership or fundraising solicitations by other organization(s) | | X |
| m Sharing of facilities, equipment, mailing lists, or other assets | | X |
| n Sharing of paid employees | | X |
| o Reimbursement paid to other organization for expenses | | X |
| p Reimbursement paid by other organization for expenses | | X |
| q Other transfer of cash or property to other organization(s) | | X |
| r Other transfer of cash or property from other organization(s) | | X |

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 | (b) Transaction type (e-r) | (c) Amount involved |
|------------|-----------------------------------|-------------------------------|------------------------|
| (1) | AMERICAN DENTAL ASSOCIATION | C | 2,918,828. |
| (2) | AMERICAN DENTAL ASSOCIATION | O | 1,186,536. |
| (3) | ADA BUSINESS ENTERPRISES INC. | C | 60,000. |
| (4) | AMERICAN DENTAL ASSOCIATION | R | 380,846. |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2009

