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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

AMERICAN DENTAL HYGIENIST ASSOCIATION
INSTITUTE FOR ORAL HEALTH

Number and street (or P O box, if mail is not delivered to street address) Room/suite

444 NORTH MICHIGAN AVE No 3400

City or town, state or country, and ZIP + 4

CHICAGO, IL 60611

D Employer identification number

36-3468143

E Telephone number

(312) 440-8900

F Group Exemption Number

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

G Accounting method

Cash

Accrual

Other (specify)

I Website: WWW.ADHA.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one)

501(c)(3)

4947(a)(1)

527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

\$

160,880

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)															
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	149,203						
	2	Program service revenue including government fees and contracts						2							
	3	Membership dues and assessments						3							
	4	Investment income						4							
	5a	Gross amount from sale of assets other than inventory				5a		5c							
	b	Less cost or other basis and sales expenses				5b									
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)													
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here						6c							
	a	Gross revenue (not including \$ 5,090 of contributions reported on line 1)				6a	7,810								
	b	Less direct expenses other than fundraising expenses				6b	2,993								
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							4,817						
	7a	Gross sales of inventory, less returns and allowances				7a		7c							
	b	Less cost of goods sold				7b									
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)													
	8	Other revenue (describe)						8	3,867						
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	157,887						
	10	Grants and similar amounts paid (attach schedule)						10	138,597						
	11	Benefits paid to or for members						11							
	12	Salaries, other compensation, and employee benefits						12	53,478						
	13	Professional fees and other payments to independent contractors						13	10,970						
Net Assets	14	Occupancy, rent, utilities, and maintenance						14							
	15	Printing, publications, postage, and shipping						15	40,554						
	16	Other expenses (describe)						16	14,222						
	17	Total expenses. Add lines 10 through 16						17	257,821						
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-99,934						
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	817,565						
	20	Other changes in net assets or fund balances (attach explanation)						20							
	21	Net assets or fund balances at end of year. Combine lines 18 through 20						21	717,631						
Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ															
(See the instructions for Part II)															
22 Cash, savings, and investments						(A) Beginning of year		(B) End of year							
						887,620		22	799,894						
23 Land and buildings								23							
						23,883		24	23,000						
24 Other assets (describe)						911,503		25	822,894						
						93,938		26	105,263						
25 Total assets						817,565		27	717,631						
26 Total liabilities (describe)															
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .															

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

Cat No 10642I

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? TO PROMOTE THE PROFESSION OF DENTAL HYGIENE THROUGH SCHOLARSHIPS, RESEARCH AND COMMUNITY SERVICE GRANTS THAT ARE OFFERED TO LICENSED DENTAL HYGIENISTS AND DENTAL HYGIENE STUDENTS		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 The ADHA Institute Scholarship Program exists primarily to help students in their second year or above of dental hygiene school to meet their financial needs. Annual scholarships with a limit of \$2,000 are distributed in the fall of each year to an average of 60-80 students (dependent on funding). (Grants \$ 57,500) If this amount includes foreign grants, check here . . . ☐	28a	559
29 ADHA Institute research offer financial assistance to individual conducting research in the specific field of dental hygiene. ADHA Institute sponsored research grants to provide opportunities to those with vision and discipline to discover expanded and improved means of serving the health needs of the public. (Grants \$ 64,867) If this amount includes foreign grants, check here . . . ☐	29a	1,261
30 ADHA Institute community service grants are awarded to individuals who are involved in specific community health or research projects that provide much needed oral health care and improve access to care for underinsured populations. (Grants \$ 19,000) If this amount includes foreign grants, check here . . . ☐	30a	0
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	1,820

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ IL		
42a	The organization's books are in care of ▶ ISAAC CARPENTER Telephone no ▶ (312) 440-8935 444 N MICHIGAN AVENUE Located at ▶ CHICAGO, IL ZIP + 4 ▶ 60611		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Preparer's Use Only	ANN BATTRELL EXECUTIVE DIRECTOR			
	Type or print name and title			
	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no
May the IRS discuss this return with the preparer shown above? See instructions				

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization AMERICAN DENTAL HYGIENIST ASSOCIATION INSTITUTE FOR ORAL HEALTH	Employer identification number 36-3468143
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
AMERICAN DENTAL HYGIENTISTS' ASSOCIATION	362372371	501(c)(3)	Yes		Yes		Yes		15,050
Total									15,050

Part II

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

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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here**

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 for 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

b

33 1/3% support test—2008. If the organization did not check the 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

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

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

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

Part IIISupport Schedule for Organizations Described in IRC 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

☐

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

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

☐

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. 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

Additional Data

Software ID:

Software Version:

EIN: 36-3468143

Name: AMERICAN DENTAL HYGIENIST ASSOCIATION
INSTITUTE FOR ORAL HEALTH

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DIANN BOMKAMP RDH BSDH 444 NORTH MICHIGAN AVE SUITE 3400 CHICAGO,IL 60611	CHAIR OF THE BOARD 10 00	0	0	0
LYNN RAMER RDH 444 NORTH MICHIGAN AVE SUITE 3400 CHICAGO,IL 60611	CHAIR-ELECT OF THE BOARD 2 00	0	0	0
CARYN SOLIE RDH 444 NORTH MICHIGAN AVE SUITE 3400 CHICAGO,IL 60611	DIRECTOR OF THE BOARD 2 00	0	0	0
HOPE GARZA RDH 444 NORTH MICHIGAN AVE SUITE 3400 CHICAGO,IL 60611	TREASURER OF THE BOARD 2 00	0	0	0
PAMELA QUIONES RDH BS 444 NORTH MICHIGAN AVE SUITE 3400 CHICAGO,IL 60611	DIRECTOR OF THE BOARD 2 00	0	0	0
ANN BATTRELL 444 NORTH MICHIGAN AVE SUITE 3400 CHICAGO,IL 60611	EXEC DIR /SECRETARY OF THE B 5 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule

Name: AMERICAN DENTAL HYGIENIST ASSOCIATION
INSTITUTE FOR ORAL HEALTH

EIN: 36-3468143

Item No.	1
Class of Activity	RESEARCH GRANT
Donee's Name	AMERICAN DENTAL HYGIENISTS' ASSOCIATION
Donee's Address	444 NORTH MICHIGAN AVE SUITE 3400 CHICAGO, IL 60611
Amount (FMV)	15,050
Purpose of Payment to Affiliate	
Relationship	RELATED ORGANIZATION
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	2
Class of Activity	Scholarship
Donee's Name	
Donee's Address	
Amount (FMV)	57,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	3
Class of Activity	Community Service Grant
Donee's Name	
Donee's Address	
Amount (FMV)	12,729
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	4
Class of Activity	Community Service Grant
Donee's Name	National Children's Oral Health Foundation
Donee's Address	4108 Park Road Suite 300 CharlottE, NC 28209
Amount (FMV)	3,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	5
Class of Activity	Research Grant
Donee's Name	Univeristy of the PacificPaul Glassman DDS MA MBA
Donee's Address	2155 Webster Street San Francisco, CA 94115
Amount (FMV)	15,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	6
Class of Activity	Research Grant
Donee's Name	Old Dominion Research Foundation
Donee's Address	PO Box 6369 Norfolk, VA 23508
Amount (FMV)	3,810
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	7
Class of Activity	Research Grant
Donee's Name	Old Dominion Research Foundation
Donee's Address	PO Box 6369 Norfolk, VA 23508
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	8
Class of Activity	Research Grant
Donee's Name	Maryland Children's Oral Health Institute
Donee's Address	PO Box 1901 Baltimore, MD 21203
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	9
Class of Activity	Research Grant
Donee's Name	University of North Carolina-Chapel Hill
Donee's Address	3210 Old Dental Building CB 7450 Chapel Hill, NC 27599
Amount (FMV)	4,053
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	10
Class of Activity	Research Grant
Donee's Name	Univeristy of Massachusetts
Donee's Address	100 Morrissey Boulevard Boston, MA 02125
Amount (FMV)	1,520
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	11
Class of Activity	Research Grant
Donee's Name	Idaho State University
Donee's Address	921 S 8th Avenue Stop 8046 Pocatello, ID 83209
Amount (FMV)	8,896
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	12
Class of Activity	Research Grant
Donee's Name	University of Southern California - Ostrow School of Dentistry
Donee's Address	925 West 34th Street Room 4338 Los Angeles, CA 90089
Amount (FMV)	6,539
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

TY 2009 Other Assets Schedule

Name: AMERICAN DENTAL HYGIENIST ASSOCIATION
INSTITUTE FOR ORAL HEALTH

EIN: 36-3468143

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	14,785	1,070
DUE FROM ASSOCIATION	1,780	17,414
Other Depreciable Assets	7,318	4,516

TY 2009 Other Expenses Schedule

Name: AMERICAN DENTAL HYGIENIST ASSOCIATION
INSTITUTE FOR ORAL HEALTH

EIN: 36-3468143

Description	Amount
MISCELLANEOUS	1,610
DUES/SUBSCRIPTIONS	2,111
Travel	4,556
Conferences, Conventions, Meetings	3,143
DEPRECIATION	2,802

TY 2009 Other Liabilities Schedule

Name: AMERICAN DENTAL HYGIENIST ASSOCIATION
INSTITUTE FOR ORAL HEALTH

EIN: 36-3468143

Description	Beginning of Year Amount	End of Year Amount
DUE TO ASSOCIATION	83,387	59,574
Accounts Payable and Accrued Expenses	10,551	45,689

TY 2009 Other Revenues Schedule

Name: AMERICAN DENTAL HYGIENIST ASSOCIATION
INSTITUTE FOR ORAL HEALTH
EIN: 36-3468143

Description	Amount
Interest Income	3,867

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: AMERICAN DENTAL HYGIENIST ASSOCIATION
INSTITUTE FOR ORAL HEALTH

EIN: 36-3468143

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.