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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
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	C Name of organization ADA Foundation	D Employer identification number 36-6132046
	Doing Business As	E Telephone number (312) 440-3534
	Number and street (or P O box if mail is not delivered to street address) 211 East Chicago Avenue	Room/suite
	G Gross receipts \$ 12,079,580	
	City or town, state or country, and ZIP + 4 Chicago, IL 606112637	
	F Name and address of principal officer EMMETT P MURPHY 211 EAST CHICAGO AVENUE CHICAGO, IL 606112637	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	7b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶736,304
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block					
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.					
Sign Here	***** Signature of officer			2011-11-11 Date	
	EMMETT MURPHY CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LORRAINE A EGGER	Preparer's signature LORRAINE A EGGER	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ KPMG LLP				Firm's EIN ▶
	Firm's address ▶ 303 EAST WACKER DRIVE CHICAGO, IL 606015212				Phone no ▶ (402) 348-1450
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ ☒

1

Briefly describe the 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

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 \$ 4,526,716 including grants of \$ 20,266) (Revenue \$ 1,883,656)

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

4b

(Code) (Expenses \$ 1,563,912 including grants of \$ 770,075) (Revenue \$)

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 \$ 220,442 including grants of \$ 109,306) (Revenue \$)

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 \$ 64,899 including grants of \$ 0) (Revenue \$ 0)






















4e

Total program service expenses \$ 6,375,969

Form **990** (2010)

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	No
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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	No
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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a33		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a43		
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 (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
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		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		No
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 20		
b Enter the number of voting members included in line 1a, above, who are independent	1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Does the organization have members or stockholders?	6	Yes	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

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		No
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		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b 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	Yes	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13 Does the organization have a written whistleblower policy?	13	Yes	
14 Does the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b		No
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		No
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	AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , IL , KS , KY , MD , MA , MI , MN , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , SC , TN , UT , VA , WA , WV , WI
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.	
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 606112637 (312) 440-2516

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

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

Section B. Independent Contractors

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

Form **990** (2010)

Part VIII

Statement of Revenue

			(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	3,400			
	d	Related organizations	1d	3,691,640			
	e	Government grants (contributions)	1e	1,275,169			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	731,948			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		5,702,157			
	Program Service Revenue			Business Code			
2a		RESEARCH CONFERENCES	541900	39,800	39,800		
b		PUBLICATION AND PRODUCT SALES	900099	22,600	22,600		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		62,400			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		428,567		428,567
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties		1,821,256	1,821,256		
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities		(ii) Other			
		3,928,440					
		3,923,638					
		4,802					
	d	Net gain or (loss)		4,802		4,802	
	8a	Gross income from fundraising events (not including \$ 3,400 of contributions reported on line 1c) See Part IV, line 18					
		a		122,300			
		b Less direct expenses		106,283			
	c	Net income or (loss) from fundraising events . .		16,017		16,017	
	9a	Gross income from gaming activities See Part IV, line 19 . .					
b Less direct expenses							
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						
c	Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue		Business Code					
11a	OTHER MISCELLANEOUS INCOME		900099	14,460	6,967	7,493	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		14,460				
12	Total revenue. See Instructions		8,049,659	1,883,656	6,967	456,879	

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	604,341	604,341		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	295,306	295,306		
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	269,088	118,487	95,048	55,553
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	3,337,410	2,162,770	914,948	259,692
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	526,668	358,613	88,285	79,770
9	Other employee benefits	512,324	348,846	85,881	77,597
10	Payroll taxes	203,921	138,852	34,183	30,886
a	Fees for services (non-employees)				
	Management	661,330	509,939	137,785	13,606
b	Legal	346,024	346,024		
c	Accounting	184,243	170,346	13,897	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	116,667			116,667
f	Investment management fees	15,326		15,326	
g	Other	27,000	27,000		
12	Advertising and promotion	64,357	44,766	19,552	39
13	Office expenses	184,138	168,237	7,351	8,550
14	Information technology	0			
15	Royalties	0			
16	Occupancy	263	263		
17	Travel	330,790	226,324	90,205	14,261
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	27,557	26,073	1,359	125
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	160,376	105,396	53,868	1,112
23	Insurance	29,549	29,549		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	INDIRECT COSTS	357,392	357,392		
b	INVENTOR'S SHARE OF ROYALTIES	276,284	276,284		
c	OTHER EXPENSES	123,601	44,861	294	78,446
d	HONORARIA	16,300	16,300		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,670,255	6,375,969	1,557,982	736,304
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			362,958	1	984,272
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			133,705	3	6,604
	4	Accounts receivable, net			903,440	4	896,022
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net			6,000	7	6,000
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			26,313	9	32,957
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,542,827	510,146	10c	557,516
	b	Less: accumulated depreciation	10b	1,985,311			
	11	Investments—publicly traded securities			22,821,475	11	24,672,394
	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				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			24,764,037	16	27,155,765	
Liabilities	17	Accounts payable and accrued expenses			507,129	17	991,194
	18	Grants payable			309,053	18	174,890
	19	Deferred revenue			40,080	19	47,910
	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			1,100,314	25	1,668,151
	26	Total liabilities. Add lines 17 through 25			1,956,576	26	2,882,145
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			11,384,948	27	12,409,999
	28	Temporarily restricted net assets			9,283,976	28	9,724,779
	29	Permanently restricted net assets			2,138,537	29	2,138,842
	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			22,807,461	33	24,273,620
	34	Total liabilities and net assets/fund balances			24,764,037	34	27,155,765

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,049,659
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,670,255
3	Revenue less expenses Subtract line 2 from line 1	3	-620,596
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,807,461
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,086,755
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24,273,620

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated 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?	Yes	
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	Yes	

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

2010

Open to Public Inspection

Name of the organization
ADA Foundation

Employer identification number
36-6132046

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 described in **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)		
11g(ii)		
11g(iii)		

(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	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2009 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,478,317	7,717,109	7,591,699	6,234,930	5,702,157	34,724,212
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	2,441,638	1,372,933	1,831,744	1,842,145	1,883,656	9,372,116
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	9,919,955	9,090,042	9,423,443	8,077,075	7,585,813	44,096,328
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3,202,523	3,435,452	3,233,193	2,918,828	3,691,640	16,481,636
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	3,202,523	3,435,452	3,233,193	2,918,828	3,691,640	16,481,636
8 Public Support (Subtract line 7c from line 6)						27,614,692

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	9,919,955	9,090,042	9,423,443	8,077,075	7,585,813	44,096,328
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	496,173	656,520	569,850	4,440,965	428,567	6,592,075
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	496,173	656,520	569,850	4,440,965	428,567	6,592,075
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.)	39,033	45,545	19,948	64,568	7,493	176,587
13 Total support (Add lines 9, 10c, 11 and 12.)	10,455,161	9,792,107	10,013,241	12,582,608	8,021,873	50,864,990
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 ▶						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	54.290 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	55.656 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	12.960 %	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	12.759 %	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 36-6132046
Name: ADA Foundation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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 0	X						0	0	0
Dr Cecile A Feldman Director	1 0	X						0	0	0
Dr Raul I Garcia Director	1 0	X						0	0	0
Dr Edward Leone Jr Treasurer	3 0	X		X				0	73,238	41,646
Dr Robert C Henderson VICE PRESIDENT	1 0	X		X				0	0	0
Mr Kent W Fletcher Director	1 0	X						0	0	0
Dr Ernest L Garcia Jr Director	1 0	X						0	0	0
Dr Richard A Simms VICE PRESIDENT	1 0	X		X				0	0	0
Ms Sheila Hopkins Director	1 0	X						0	0	0
Mr Timothy J Sullivan Director	1 0	X						0	0	0
Dr Russell I Webb Director	1 0	X						0	64,031	0
Dr Leo E Rouse Director	1 0	X						0	0	0
Dr R Wayne Thompson Director	1 0	X						0	43,017	0
Dr David D Warren Director	1 0	X						0	0	0
Dr Jane S Grover Director	1 0	X						0	0	0
Dr Donald L Seago Director	1 0	X						0	59,661	0
Dr Charles L Smith Director	1 0	X						0	0	0
Dr Lewis C Walker Director	1 0	X						0	0	0
Dr Linda C Niessen Director	1 0	X						0	0	0
MR PAUL D CHIBE DIRECTOR	1 0	X						0	0	0
DR STEVEN GOUNARDES DIRECTOR	1 0	X						0	762	0
DR MICHAEL P RETHMAN VICE PRESIDENT	1 0	X		X				0	0	0
MR RONALD SZARYNSKI VICE PRESIDENT	1 0	X		X				0	0	0
DR CHARLES H NORMAN DIRECTOR	1 0	X						0	62,330	0
MS PAMELA ZARKOWSKI DIRECTOR	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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 Arthur A Dugoni OUTGOING President	5 0			X				0	0	0
Mr Michael R Sudzina vice president	5 0			X				0	0	0
Mr R Barkley Payne Executive Director	38 0			X				222,429	0	46,013
Dr Kathleen O'Loughlin Secretary	3 0			X				0	391,102	114,553
DR DAVID A WHISTON PRESIDENT	5 0			X				0	0	0
MR EMMETT MURPHY CHIEF FINANCIAL OFFICER	40 0			X				69,675	0	0
Mr Gary Schumacher Assoc Dir /chief reas	40 0				X			159,904	0	86,660
Mr RAFAEL BOWEN DIST SCIENTIST	40 0				X			187,468	0	37,052
Mr DWIGHT EDWARDS DIRECTOR DEVELOPMENT	40 0				X			162,284	0	85,957
Mr Daniel Meyer Sr VP, Science/Prof Affair	40 0				X			0	256,588	121,469
Mr LAURENCE CHOW ASSISTANT DIRECTOR	40 0					X		134,359	0	37,552
Mr GERALD VOGEL CHIEF RESEARCH SCIENTIST	40 0					X		140,305	0	20,982
MING S TUNG SR PROJECT LEADER	40 0					X		126,709	0	13,489
SHOZO TAKAGI SR PROJECT LEADER	40 0					X		127,489	0	30,662
ROBERT CZARNECKI DIRECTOR OF ADMINISTRATION	40 0					X		122,697	0	113,931

SCHEDULE D
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ADA Foundation

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 ▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's 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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

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

1b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

2b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the 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	2,108,095	1,910,954	2,885,412	
1b	Contributions	305	-289,289	18,142	
1c	Investment earnings or losses	283,007	487,518	-885,993	
1d	Grants or scholarships				
1e	Other expenditures for facilities and programs			106,607	
1f	Administrative expenses	954	1,088		
1g	End of year balance	2,390,453	2,108,095	1,910,954	

2

Provide the estimated percentage of the year end balance held as

2a

Board designated or quasi-endowment ▶ 0 %

2b

Permanent endowment ▶ 100 000 %

2c

Term endowment ▶ 0 %

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

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

3b

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

☐ Yes

☐ No

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				
1b Buildings				
1c Leasehold improvements				
1d Equipment		2,542,827	1,985,311	557,516
1e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				557,516

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,049,659
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,670,255
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-620,596
4	Net unrealized gains (losses) on investments	4	2,086,755
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,086,755
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,466,159

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	10,242,697
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,086,755
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	2,086,755
3	Subtract line 2e from line 1	3	8,155,942
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	-106,283
c	Add lines 4a and 4b	4c	-106,283
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,049,659

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	8,776,538
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	106,283
e	Add lines 2a through 2d	2e	106,283
3	Subtract line 2e from line 1	3	8,670,255
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 should equal Form 990, Part I, line 18)	5	8,670,255

Part XIVSupplemental 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, 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.

Identifier	Return Reference	Explanation
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 XII, Line 4b	Reclass of Special Event expense	(106,283) Reclass of Fundraising expense
Part XIII, Line 2d	Reclass of Special Event expense	(106,283) 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. ASC Topic 740, Accounting for Uncertainty in Income Taxes, clarifies the accounting for uncertainty in income taxes recognized in the financial statements and established recognition and measurement criteria for tax positions taken in a tax return. The adoption of the provisions of ASC topic 740 did not impact the Foundation's financial position or results of operations. There was no significant unrelated business income in 2010 AND 2009, and therefore, no provision for income taxes has been recorded.
PART XIII, LINE 2A		The Foundation receives accounting, financial, and administrative services from the American Dental Association. As it relates specifically to federal grants, services provided from American Dental Association for indirect overhead was reimbursed in the amount of \$384,392 from the Foundation. Additional services were provided by American Dental Association to the foundation that was not related to the federal grants, which was not reimbursed. In 2010, the value of these services was estimated at \$1,248,050.

1

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

2010

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.

1

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

a

☒

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☒

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. Form 990-EZ filers are not required to complete this table.

(i) Name and address 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 INC nka Pursuant Grou	INNOVATION CAMPAIGN		No	0	116,667	-116,667
Total ▶				0	116,667	-116,667

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, FL, GA, IL, KS, KY, MD, MA, MI, MN, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, 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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		KIDS SMILE GALA (event type)	NONE (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	125,700		125,700
	2	Less Charitable contributions	3,400		3,400
	3	Gross income (line 1 minus line 2)	122,300		122,300
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	53,500		53,500
	8	Entertainment	2,000		2,000
	9	Other direct expenses	50,783		50,783
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			106,283
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			16,017

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

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

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

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

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ 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?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
PART I LINE 2B		Fundraisers were involved in the development of campaign brands, campaign materials, and launching of the Innovation in Dental Education Campaign which included mail and other forms of solicitation. Specific receipts were not identified with individual fundraising organizations.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ADA Foundation

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
36-6132046

Part I

General Information on Grants and Assistance

- 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?

☒ Yes ☐ No
- 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 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. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

24

3

Enter total number of other organizations

1

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use 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
(1) disaster fund	7	17,500			
(2) scholarships	59	102,500			
(3) minority scholarships	25	62,500			
(4) relief fund	22	109,306			
(5) INTEL SCIENCE AWARD	4	3,500			

Part IV

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	MONITORING USE OF GRANTS	GRANTEES MUST SIGN A GRANT TERMS AGREEMENT WHICH SPECIFIES THEIR ACCEPTANCE OF THE GRANT AND OUTLINES GRANT USE REQUIREMENTS. FURTHER, GRANTEES MUST COMPLETE A FINAL REPORT FORM THAT SUMMARIZES THE PROJECT WITH A NARRATIVE DESCRIPTION, LISTS OBJECTIVES ACHIEVED AND HOW THOSE ACHIEVEMENTS WERE MEASURED, ALONG WITH THE ESTIMATED NUMBER OF PEOPLE SERVED, THE ESTIMATED NUMBER OF VOLUNTEERS USED, AND HOW THE GRANT FUNDS WERE EXPENDED.
SCHEDULE I, PART II	AMERICAN DENTAL ASSOCIATION GRANT	ADA/HVO Southeast Asia Dental Public Health Training Program - \$15,059 The ADA/HVO Southeast Asia Dental Public Health Training Program helps train and educate local oral health care providers by creating and implementing diploma and masters courses for dental public health at the University of Health Sciences in Phnom Penh, Cambodia and the University of Health Sciences of Laos (formerly the National University of Laos) in Vientiane, Laos. In both Cambodia and Laos health services and training are very limited due to the lack of socio-economic development and poorly developed infrastructure, and thus funds were granted to support the training of dental public health officers. Oral Health Symposium - \$10,496 The 1.5 day ADA Volunteer Symposium, the Adventure beyond Your Office, was designed to support the success of domestic and international oral health care volunteers who provide access to free oral healthcare services in underserved areas at home and abroad. An overview of global oral health problems, creating sustainable development projects that fulfill needs, understanding cross-cultural communications in diverse communities, and realizing the impact of health promotion were topics that were covered with input from the participants. Cambodia Oral Health Project - \$6,934 A report from the National Oral Health Preventive Program of the Ministry of Health showed that the oral health of children and women living in the rural areas of Cambodia have the highest prevalence of decayed teeth and periodontal diseases. The number of individuals graduating with dental degrees in Cambodia is not sufficient to serve the rural populations that need dental care. The funding is for the Proposal for Oral Health Prevention and Curative Project in Community to improve the basic oral health knowledge of children and women in rural communities so that they become self-reliant in good oral health, nutrition and cleaning habits, provide dental treatment to the children and women who are living in rural villages and have no access to dental care, reduce oral health expenses for the poor, and improve the oral health knowledge and treatment programs (simple teeth extraction and teeth fillings with ART technique) to street children in orphanages.

Software ID:

Software Version:

EIN: 36-6132046

Name: ADA Foundation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC DENTAL ASSOCIATION3085 STETSON DR STE 200 SPRINGFIELD,IL 62703	36-3719494	501(c)(3)	15,000				PUBLIC SUPPORT
ORAL HEALTH AMERICA 410 N MICHIGAN AVE CHICAGO,IL 60611	36-2382334	501(c)(3)	15,000				PUBLIC SUPPORT
NATIONAL DENTAL ASSOCIATION3517 16TH STREET NW WASHINGTON,DC 20010	54-0315311	501(c)(3)	15,000				PUBLIC SUPPORT
AMERICA'S DENTISTS CARE FOUNDATION1289 25TH RD NW LEBO,KS 66856	26-2275291	501(C)(3)	15,000				PUBLIC SUPPORT
AMERICAN ASSOCIATION FOR DENTAL RESEARCH 1619 DUKE STREET ALEXANDRIA,VA 22314	54-1790185	501(C)(3)	6,500				PUBLIC SUPPORT
HOWARD UNIVERSITY2400 SIXTH STREET NW WASHINGTON,DC 20059	53-0204707	501(c)(3)	20,000				PUBLIC SUPPORT
AMERICAN RED CROSS SOUTHEAST VIRGINIA CHAP611 W BRAMBLETON AVENUE NORFOLK,VA 23510	00-0011913	501(C)(3)	25,000				PUBLIC SUPPORT
CALIFORNIA DENTAL ASSOCIATION FOUNDATION1201 K STREET STE 1511 SACRAMENTO,CA 95814	68-0411536	501(C)(3)	35,000				PUBLIC SUPPORT
NEW YORK STATE DENTAL FOUNDATION20 CORP WOODS BLVD ALBANY,NY 12211	13-3051339	501(C)(3)	25,000				PUBLIC SUPPORT
OHIO STATE UNIVERSITY OFFICE OF TESTING COLUMBUS,OH 43210	31-6025986	501(c)(3)	25,000				PUBLIC SUPPORT
UNIVERSITY OF NEBRASKA FOUNDATION1010 LINCOLN MALL STE 300 LINCOLN,NE 68508	47-0379839	501(C)(3)	10,000				PUBLIC SUPPORT
FIDELITY INVESTMENT CHARITABLE GIFT FUND 200 SEAPORT BOULEVARD BOSTON,MA 02210	11-0303001	501(C)(3)	40,000				PUBLIC SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PATRICK CHURCH SOCIETY110 MAIN STREET FARMINGTON,CT 06032	06-0809151	501(C)(3)	10,263				PUBLIC SUPPORT
COLLEGE OF CHARLESTON FOUNDATION66 GEORGE STREET CHARLESTON,SC 29424	23-7069236	501(C)(3)	15,000				PUBLIC SUPPORT
MARINE CORPS HERITAGE FOUNDATION3800 FETTLER PARK DR DUMFRIES,VA 22025	26-0803466	501(C)(3)	20,000				PUBLIC SUPPORT
TRIDENT UNITED WAY INC P O BOX 63305 CHARLESTON,SC 29419	57-0314378	501(C)(3)	10,000				PUBLIC SUPPORT
JEWISH FEDERATION OF GREATER HARTFORD333 BLOOMFIELD AVE WEST HARTFORD,CT 06117	06-0655482	501(C)(3)	10,000				PUBLIC SUPPORT
PATRIOTS POINT NAVAL & MARITIME FOUNDP O BOX 309 MOUNT PLEASANT,SC 29465	51-0195240	501(C)(3)	15,000				PUBLIC SUPPORT
MEDICAL UNIV OF SO CAROLINA FOUNDATION 18 BEE STREET CHARLESTON,SC 29425	57-6028985	501(C)(3)	25,736				PUBLIC SUPPORT
UNIVERSITY OF THE PACIFIC2155 WEBSTER ST SAN FRANCISCO,CA 94115	94-1156266	501(C)(3)	9,000				PUBLIC SUPPORT
SANTA FE GROUP223 N GUADALUPE STE 459 SANTA FE,NM 87501	38-3654702	501(C)(3)	15,190				PUBLIC SUPPORT
ORAL HEALTH AMERICA 410 N MICHIGAN AVE CHICAGO,IL 60611	36-2382334	501(C)(3)	15,000				PUBLIC SUPPORT
TeamSmile GKAS Champion Grant2000 SWIFT ST NORTH KANSAS CITY,MO 64116	75-3250075	501(c)(3)	15,000				PUBLIC SUPPORT
HEALTH VOLUNTEERS OVERSEAS1900 L ST NW STE 310 WASHINGTON,DC 20036	52-1485477	501(C)(3)	18,991				PUBLIC SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DENTAL ASSOCIATION211 EAST CHICAGO AVE CHICAGO, IL 606112678	36-0724690	501(C)(6)	32,489				SEE PART IV

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization ADA Foundation	Employer identification number 36-6132046
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Part I

Questions Regarding Compensation

	Yes	No
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 checked="" type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
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?	Yes	
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"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<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 from the organization or a related organization?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only 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?		No
b Any related organization?		No
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?		No
b Any related organization?		No
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		No
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		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Mr R Barkley Payne	(i) (ii)	109,627 0	2,581 0	110,221 0	39,223 0	6,790 0	268,442 0	0 0
(2) Mr Gary Schumacher	(i) (ii)	147,233 0	10,750 0	1,921 0	84,060 0	2,600 0	246,564 0	0 0
(3) Mr RAFAEL BOWEN	(i) (ii)	179,422 0	0 0	8,046 0	0 0	37,052 0	224,520 0	0 0
(4) Mr DWIGHT EDWARDS	(i) (ii)	89,378 0	0 0	72,906 0	73,221 0	12,736 0	248,241 0	0 0
(5) Mr LAURENCE CHOW	(i) (ii)	130,834 0	0 0	3,525 0	500 0	37,052 0	171,911 0	0 0
(6) Mr GERALD VOGEL	(i) (ii)	136,780 0	0 0	3,525 0	500 0	20,482 0	161,287 0	0 0
(7) Mr Daniel Meyer	(i) (ii)	0 252,208	0 750	0 3,630	0 113,379	0 8,090	0 378,057	0 0
(8) Dr Kathleen O'Loughlin	(i) (ii)	0 380,629	0 0	0 10,473	0 93,427	0 21,126	0 505,655	0 0
(9) SHOZO TAKAGI	(i) (ii)	124,343 0	0 0	3,146 0	19,121 0	11,541 0	158,151 0	0 0
(10) ROBERT CZARNECKI	(i) (ii)	121,010 0	0 0	1,687 0	94,105 0	19,826 0	236,628 0	0 0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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.

Identifier	Return Reference	Explanation
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.
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 4a & 4b	Severance Payments and Nonqualified Plans	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED PLAN DURING 2010 AND RECEIVED CONTRIBUTIONS IN THE FOLLOWING AMOUNTS: KATHLEEN O'LOUGHLIN \$34,624. THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAY DURING 2010: R. BARKLEY PAYNE \$109,885; DWIGHT EDWARDS \$71,738.
SCHEDULE J, PART I, LINE 1b	FIRST CLASS TRAVEL	One individual who was of advanced age and had to travel to Chicago from the West Coast flew first class.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization ADA Foundation	Employer identification number 36-6132046
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Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 1B	INDEPENDENT VOTING MEMBERS	SOME OF THE MEMBERS OF THE ADA FOUNDATION BOARD OF DIRECTORS ARE NOT CONSIDERED INDEPENDENT BECAUSE THEY RECEIVE REIMBURSEMENT FROM THE AMERICAN DENTAL ASSOCIATION OF STATED AMOUNTS ON AN ANNUAL BASIS FOR SUCH GENERAL EXPENSES AS POSTAGE, TELEPHONE AND SECRETARIAL ASSISTANCE. SUBSTANTIATION OF SUCH EXPENSES IS NOT REQUIRED FOR REIMBURSEMENT. THESE AMOUNTS ARE REPORTED AS TAXABLE INCOME TO THE RECIPIENTS. ADDITIONALLY, THERE IS A DIFFERENCE IN VOTING RIGHTS. THE FOUNDATION'S PRESIDENT ONLY VOTES ON AN ISSUE IF THE BOARD MEMBERS' VOTE RESULTS IN A TIE.

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

Identifier	Return Reference	Explanation
FORM 990 , PART VI , LINE 7A	ELECTIONS OF THE GOVERNING BODY	THE MEMBER ELECTS FOUR MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11B	FORM 990 REVIEW	THE FORM 990 WAS REVIEWED BY MANAGEMENT PRIOR TO FILING. FINANCIAL 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 REVIEWED AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. A COPY OF THE FORM 990 WILL BE SENT TO ALL BOARD MEMBERS AFTER FILING.

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15B	PROCESS FOR DETERMINING COMPENSATION	THE EXECUTIVE DIRECTOR OF THE AMERICAN DENTAL ASSOCIATION, WHO WAS 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.

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

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D		OUR LEGACY-OUR FUTURE (OLOF) PROGRAM RELATED EXPENSES \$64,899 GRANTS NONE REVENUE NONE Our Legacy-Our Future (OLOF) is not a fundraising entity or campaign for the ADA Foundation. OLOF is a program of the ADA Foundation whose purpose is to lead a collaborative effort of various partner organizations: dental schools, specialty organizations and other dental organizations to raise awareness of the challenges facing dental education in the U.S. and to promote a culture of philanthropy within dentistry that will address these issues. The OLOF campaign did not and was never intended to raise funds for the ADA Foundation itself. Its goal is to help partner organizations to collectively raise \$500 million to address the issues facing the future of dental education by the end of 2014.

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5		UNREALIZED GAIN ON INVESTMENTS 2,086,755

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 4		The ADA Foundation ("Foundation") Bylaws were amended and restated September 2010. A summary of the relevant provisions is set forth below. The sole member of the Foundation is the American Dental Association acting through its Board of Trustees on behalf of its House of Delegates ("Member"). The Board of Directors of the Foundation is comprised of 20 members. In addition, the President of the Foundation is an ex officio member of the Board without the right to vote, except that the President casts the deciding vote in case of a tie. The Member has the right to elect four directors (the "ADA Directors"). The Board of Directors of the Foundation has the right to elect 16 directors. Previous to amendment, all of the members of the Foundation board were elected by the ADA.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 7B		The Bylaw s of the Foundation provide that the Member has the right to vote on the follow ing Amendment or repeal of the Articles of Incorporation of the Foundation, Any amendment of the Bylaw s that w ould change any of the rights of the Member, including the right to elect the ADA Directors, The election and removal of ADA Directors, the removal of directors as provided in 805 ICLS 105/108 35(d) of the Illinois Not For Profit Corporation Act, Any merger of the Foundation, The dissolution of the Foundation The disposition of all or substantially all of the assets of the Foundation

Identifier	Return Reference	Explanation
FORM 990, PART VII		Dr David Whiston is the president of the organization The president is not a standing voting director of the board of directors The president only votes if there is a tie

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
ADA Foundation

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN DENTAL ASSOCIATION 211 E CHICAGO AVE CHICAGO, IL 60611 36-0724690	TRADE ASSOC	IL	501(C)(6)	NONE	NA		

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ADA BUSINESS ENTERPRISES INC 211 E CHICAGO AVE CHICAGO, IL606112637 36-3679743	FIN SERVICES	IL	ADA	C CORP	0	0	0 %

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

Yes

No

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(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN DENTAL ASSOCIATION	C	3,691,640	
(2) AMERICAN DENTAL ASSOCIATION	O	1,079,221	
(3) AMERICAN DENTAL ASSOCIATION	L, M	1,248,050	
(4) AMERICAN DENTAL ASSOCIATION	Q	384,392	
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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