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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
AMERICAN DENTAL ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
211 East Chicago Avenue

City or town, state or country, and ZIP + 4
Chicago, IL 606112678

D Employer identification number
36-0724690

E Telephone number
(312)440-2500

G Gross receipts $ 149,479,311

F Name and address of principal officer
KATHLEEN O'LOUGHLIN
211 East Chicago Avenue
Chicago,IL 606112678

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website: ▶** WWW ADA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1859

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROFESSIONAL ASSOCIATION OF DENTISTS THAT FOSTERS THE SUCCESS OF A DIVERSE MEMBERSHIP AND ADVANCES THE ORAL HEALTH OF THE PUBLIC

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	2
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	478
6	Total number of volunteers (estimate if necessary)	6	325
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,645,839
b	Net unrelated business taxable income from Form 990-T, line 34	7b	2,529,946

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	58,421,551	56,588,710
	9	Program service revenue (Part VIII, line 2g)	34,937,914	39,156,917
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,495,993	286,917
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,373,612	16,537,208
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,229,070	112,569,752
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,151,758	4,510,447
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	59,758,922	55,874,447
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	47,604,690	52,916,241
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	113,515,370	113,301,135
	19	Revenue less expenses Subtract line 18 from line 12	-5,286,300	-731,383

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	136,725,968	146,186,572
	21	Total liabilities (Part X, line 26)	87,998,510	96,315,601
	22	Net assets or fund balances Subtract line 21 from line 20	48,727,458	49,870,971

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

****** | 2013-05-01
Signature of officer | Date

PAUL SHOLTY CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Geralyn Hurd				P00933422
Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶	
Firm's address ▶ 70 West Madison Street Suite 700 Chicago, IL 606024903			Phone no (312) 899-7000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ 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

THE ADA IS THE PROFESSIONAL ASSOCIATION OF DENTISTS COMMITTED TO THE PUBLIC'S ORAL HEALTH, ETHICS, SCIENCE, AND PROFESSIONAL ADVANCEMENT, LEADING A UNIFIED PROFESSION THROUGH INITIATIVES IN ADVOCACY, EDUCATION, RESEARCH, AND THE DEVELOPMENT OF STANDARDS

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ including grants of $) (Revenue $)

BUILD A COMMUNITY FOR A PROFESSIONAL ASSOCIATION OF OVER 156,000 DENTISTS BY DEVELOPING AND PROMOTING MEMBER VALUE, RECRUITING AND RETAINING MEMBERS, FOSTERING COLLABORATIVE TRIPARTITE NETWORK (NATIONAL, STATE, LOCAL) PROVIDE LEADERSHIP DEVELOPMENT, ADVANCE DIVERSITY AND INCLUSION, AND POSITION ADA AS AMERICA'S LEADING ADVOCATE FOR ORAL HEALTH

4b (Code) (Expenses $ including grants of $) (Revenue $)

PROMOTING HIGH QUALITY AND EFFECTIVE PROCESSES FOR DENTAL EDUCATION, DENTAL LICENSURE AND CREDENTIALING THIS IS ACCOMPLISHED THROUGH MONITORING AND DISSEMINATING INFORMATION ON DENTAL EDUCATION AND LICENSURE ISSUES AND CONDUCTING STUDIES THERE ARE ALSO ONGOING LIAISON ACTIVITIES WITH RELATED ORGANIZATIONS WHICH ALSO SERVE DENTAL EDUCATION AND LICENSURE INCLUDING THE RECOGNIZED DENTAL SPECIALTY CERTIFYING BOARDS, SPONSORING ORGANIZATIONS, AND ALLIED DENTAL ORGANIZATIONS ADA SEEKS TO IMPROVE THE QUALITY OF CONTINUING EDUCATION AVAILABLE FOR DENTISTS THE ADA ACCREDITED 1,441 EDUCATION PROGRAMS AND NEARLY 39,000 INDIVIDUALS SAT FOR CERTIFYING EXAMS

4c (Code) (Expenses $ including grants of $) (Revenue $)

DEVELOP AND PRODUCE ADA'S ANNUAL SESSION WHICH INCLUDES SCIENTIFIC PROGRAMS, GENERAL AUDIENCE PROGRAMS, AND HANDS-ON WORKSHOPS FOR DENTISTS AND THEIR STAFF THERE ARE ALSO SPECIAL EVENTS SUCH AS THE DISTINGUISHED SPEAKER SERIES AND KEYNOTE ADDRESS FOR ATTENDEES OF THE ANNUAL SESSION THERE IS A TECHNICAL EXHIBITION (ADA WORLD MARKETPLACE) FOR ATTENDEES TO EXPERIENCE AND TEST DENTAL PRODUCTS AND SERVICES FOR USE IN THEIR DENTAL PRACTICES IN 2012, THERE WERE OVER 35,000 ATTENDEES, ALMOST 56,800 CONTINUING EDUCATION PARTICIPANTS, AND 1,943 BOOTHS IN THE ADA WORLD MARKETPLACE ALSO INCLUDED, IS ADA AS THE PREMIER DENTAL EDUCATION PROVIDER BY PROVIDING A CONTINUING EDUCATION PROGRAM THROUGHOUT THE YEAR THAT IS COMPREHENSIVE AND INTEGRATED

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV **Checklist of Required Schedules** *(continued)*

		Line	Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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	**1a**	554			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	478			
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**	Yes	
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 as charitable contributions?			**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**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		
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**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		
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	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent . . .	1b	2		
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			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders? . . .	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	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	Did the organization have local chapters, branches, or affiliates? . . .	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . .			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . .	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . .	12c	Yes	
13	Did the organization have a written whistleblower policy? . . .	13	Yes	
14	Did 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	Yes	
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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▶

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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶Paul Sholty 211 E Chicago Ave Chicago, IL (312) 440-2516

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-Total . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . ▶								5,525,461	0	947,441

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶101

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

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PROMETRIC 1501 N CLINTON STREET BALTIMORE MD 21224	TESTING SERVICES	3,599,838
RR DONNELLEY COMPANY PO BOX 730216 DALLAS TX 75373	PRINTING	2,230,859
NCS PEARSON 5601 GREEN VALLEY DRIVE BLOOMINGTON MN 55437	TESTING SERVICES	1,464,471
FREEMAN AUDIO VISUAL SOLUTIONS INC 600 W CHICAGO AVENUE CHICAGO IL 60654	CONSULTING & MEDIA	1,146,411
S&S MEDIA SOLUTIONS LLC 1554 SURREY BROOK COURT YARDLEY PA 19067	OUTSIDE SALE REP	1,068,645

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶86

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . ☐

				(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 54,551,655				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d 464,213				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,572,842				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		56,588,710			
Program Service Revenue			Business Code				
	2a	MEETINGS & SEMINARS	541900	11,314,893	11,314,893		
	b	PUBLICATIONS	900004	8,866,629	1,237,599	7,629,030	
	c	TESTING SERVICE REVENUE	900004	18,854,667	17,803,056	1,051,611	
	d	RENTAL INCOME	900002	120,728	31,392	89,336	
	e			0			
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . ▶		39,156,917			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		1,388,349			1,388,349
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . ▶		6,609,435			6,609,435
			(i) Real / (ii) Personal				
	6a	Gross rents	5,264,057 /				
	b	Less rental expenses	3,889,182 /				
	c	Rental income or (loss)	1,374,875 / 0				
	d	Net rental income or (loss) . . . . ▶		1,374,874			1,374,874
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	30,605,763 / 7,204				
	b	Less cost or other basis and sales expenses	31,714,399 /				
	c	Gain or (loss)	-1,108,636 / 7,204				
	d	Net gain or (loss) . . . . ▶		-1,101,432			-1,101,432
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances .	a 6,210,785				
	b	Less cost of goods sold . .	b 1,305,977				
	c	Net income or (loss) from sales of inventory . . ▶		4,904,808			4,904,808
		Miscellaneous Revenue	Business Code				
	11a	ADVERTISING REVENUE	900099	527,273		453,073	74,200
	b	OVERHEAD INCOME	900099	340,740			340,740
	c	PRGM MAINTENANCE	900004	647,534		103,446	544,088
	d	All other revenue		2,132,544	0	1,319,343	813,201
	e	**Total.** Add lines 11a–11d . . . . . . ▶		3,648,091			
	12	**Total revenue.** See Instructions . . . . . ▶		112,569,752	30,386,940	10,645,839	14,948,263

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)

Check if Schedule O contains a response to any question in this Part IX . . . . ☐

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 United States See Part IV, line 21	4,488,447			
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	22,000			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,826,517			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	36,059,711			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,409,019			
9 Other employee benefits	3,843,431			
10 Payroll taxes	2,735,769			
11 Fees for services (non-employees)				
a Management				
b Legal	646,601			
c Accounting	425,282			
d Lobbying				
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	59,924			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,269,965			
12 Advertising and promotion	2,383,552			
13 Office expenses	11,067,993			
14 Information technology				
15 Royalties . .	659,550			
16 Occupancy	3,040,162			
17 Travel	5,668,521			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,054,443			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,553,109			
23 Insurance	402,473			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a TEST ADMINISTRATION FEES	4,859,210			
b OUTSIDE SERVICES	4,776,230			
c STIPENDS/HONORARIA	1,989,552			
d INCOME & SALES TAX EXPENSE	1,109,450			
e All other expenses	1,950,224			
25 **Total functional expenses.** Add lines 1 through 24e	113,301,135	0	0	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

Check if Schedule O contains a response to any question in this Part X . . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			85,741	1	128,559
	2	Savings and temporary cash investments			6,178,943	2	6,557,111
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,039,054	4	6,190,911
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	0
	6	Loans and other 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) Complete Part II of Schedule L				6	0
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			600,045	8	590,180
	9	Prepaid expenses and deferred charges			1,891,604	9	2,084,650
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	145,222,652			
	b	Less accumulated depreciation	10b	105,140,454	43,220,786	10c	40,082,198
	11	Investments—publicly traded securities			70,739,182	11	83,324,602
	12	Investments—other securities See Part IV, line 11			2,871,924	12	2,726,316
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			5,098,689	15	4,502,044
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			136,725,968	16	146,186,572
Liabilities	17	Accounts payable and accrued expenses			60,461,911	17	68,489,701
	18	Grants payable				18	
	19	Deferred revenue			12,581,764	19	11,763,437
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	0
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			14,954,835	25	16,062,463
	26	**Total liabilities.** Add lines 17 through 25			87,998,510	26	96,315,601
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			48,727,459	27	49,870,971
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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			48,727,459	33	49,870,971
	34	Total liabilities and net assets/fund balances			136,725,969	34	146,186,572

Part XI **Reconcilliation 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	112,569,752
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,301,135
3	Revenue less expenses Subtract line 2 from line 1	3	-731,383
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,727,459
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,874,895
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,870,971

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 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 12000266
Software Version: v2012.1.0
EIN: 36-0724690
Name: AMERICAN DENTAL ASSOCIATION

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 (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DR BRIAN E SCOTT SECOND VICE PRESIDENT (2012-2013)	10 00	X		X				837	0	0
DR CHARLES H NORMAN III PRESIDENT-ELECT (2012-2013)	10 00	X		X				63,794	0	0
DR GLEN D HALL SPEAKER OF THE HOUSE (2012-2013)	10 00	X		X				600	0	0
DR J THOMAS SOLIDAY SPEAKER OF THE HOUSE (2011-2012)	10 00	X		X				48,638	0	0
DR KENNETH J VERSMAN FIRST VP (2012-2013)	10 00	X		X				51,193	0	0
DR PATRICIA L BLANTON FIRST VP (2011-2012)	10 00	X		X				44,527	0	0
DR RONALD P LEMMO TREASURER (2012-2013)	10 00	X		X				838	0	0
DR WILLIAM R CALNON PRESIDENT (TERM 2011-2012)	40 00	X		X				365,800	0	30,725
DR CAROL G SUMMERHAYS TRUSTEE	10 00	X						43,136	0	0
DR CHARLES L STEFFEL TRUSTEE (2011-2012)	10 00	X						60,995	0	0
DR CHARLES R WEBER TRUSTEE	10 00	X						62,520	0	0
DR DENNIS W ENGEL TRUSTEE	10 00	X						58,199	0	0
DR DONALD L SEAGO TRUSTEE	10 00	X						66,630	0	0
DR EDWARD J VIGNA TRUSTEE (2011-2012)	10 00	X						45,753	0	0
DR GARY L ROBERTS TRUSTEE	10 00	X						48,478	0	0
DR GARY S YONEMOTO TRUSTEE	10 00	X						50,447	0	0
DR HILTON ISRAELSON TRUSTEE	10 00	X						60,808	0	0
DR J HAL FAIR TRUSTEE (2012-2013)	10 00	X						1,637	0	0
DR JAMES K ZENK TRUSTEE (2012-2013)	10 00	X						1,302	0	0
DR JEFFREY D DOW TRUSTEE	10 00	X						61,735	0	0
DR JOSEPH F HAGENBRUCH TRUSTEE	10 00	X						59,352	0	0
DR JOSEPH P CROWLEY TRUSTEE (2012-2013)	10 00	X						0	0	0
DR MARK R ZUST TRUSTEE (2012-2013)	10 00	X						2,655	0	0
DR MAXINE FEINBERG TRUSTEE	10 00	X						47,233	0	0
DR ROGER L KIESLING TRUSTEE	10 00	X						48,318	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 (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DR SAMUEL B LOW TRUSTEE (2011-2012)	10 00	X						61,840	0	0
DR STEVEN GOUNARDES TRUSTEE	10 00	X						64,119	0	0
DR TERRY L BUCKENHEIMER TRUSTEE (2012-2013)	10 00	X						0	0	0
DR W KEN RICH TRUSTEE (2011-2012)	10 00	X						45,762	0	0
DR EDWARD LEONE JR TREASURER	40 00			X				208,790	0	31,187
DR KATHLEEN T O'LOUGHLIN EXEC DIRECTOR/COO	40 00			X				451,843	0	118,376
DR ROBERT A FAIELLA PRESIDENT-ELECT	40 00			X				208,701	0	26,130
PAUL SHOLTY CHIEF FINANCIAL OFFICER	40 00			X				238,707	0	59,194
DR ANTHONY ZIEBERT SR VP,EDUC/PROF AFFAIRS	40 00				X			233,392	0	37,276
JAMES GOODMAN MANAGING VP CONF SERV	40 00				X			217,674	0	45,077
JOHN CRAIG BUSEY GENERAL COUNSEL	40 00				X			261,167	0	48,363
MICHAEL SPRINGER SR VP BUSINESS&PUBLISH	40 00				X			240,668	0	50,601
SABRINA KING CHIEF OF PEOPLE MGMENT	40 00				X			232,998	0	36,700
TONI MARK CHIEF TECHNICAL OFFICER	40 00				X			216,470	0	54,316
WENDY TOYAMA SR VP MEMB TRIPARTITE	40 00				X			249,743	0	61,273
CLAYTON MICKEL MGING VP CORP REL	40 00					X		253,152	0	153,206
DR DANIEL MEYER SR VP SCIENCE	40 00					X		261,196	0	102,671
DR JOSEPH MCMANUS SR CONSULT DENTAL PRACT	40 00					X		267,037	0	2,600
DR MARKO VUJICIC MANAGING VP,HLTH POLICY	40 00					X		258,799	0	26,775
KENNETH OHR CHIEF COMMUNICAT OFF	40 00					X		257,979	0	62,971

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047
2012
Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
AMERICAN DENTAL ASSOCIATION

Employer identification number
36-0724690

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2009	**(b)** 2010	**(c)** 2011	**(d)** 2012	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	Yes	

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	54,551,655
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	4,546,888
b	Carryover from last year	2b	-1,505,988
c	Total	2c	3,040,900
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	4,800,546
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART III-B	TO STAY ON TOP OF FEDERAL ISSUES THAT AFFECT DENTISTRY AND THE PUBLIC'S ORAL HEALTH, THE ADA MAINTAINS A STAFF OF LEGISLATIVE AND POLICY EXPERTS CLOSE TO CAPITOL HILL PROXIMITY, EXPERIENCE AND REPRESENTATION OF THE VAST MAJORITY OF DENTISTS MAKE THE ADA UNIQUELY EFFECTIVE IN LOBBYING FOR THE DENTAL PROFESSION MANY OTHER CRITICAL ISSUES ARE DECIDED BY LEGISLATORS AND REGULATORS AT THE STATE LEVEL ALTHOUGH THE ADA DOES NOT LOBBY AT THE STATE LEVEL, WE DO PROVIDE EXPERTISE AND RESOURCES TO HELP STATE DENTAL SOCIETIES CREATE AND EFFECTIVELY PURSUE THEIR OWN POLICY AGENDAS AT BOTH THE FEDERAL AND STATE LEVELS OF GOVERNMENT, WE CONSTANTLY MONITOR LEGISLATION AND, WHEN APPROPRIATE, ENGAGE IN THE DEBATE, FIGHTING FOR LAWS AND REGULATIONS THAT MATTER TO DENTISTS AND THE PATIENTS THEY SERVE

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization
AMERICAN DENTAL ASSOCIATION

Employer identification number
36-0724690

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶______________

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______________

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

b Assets included in Form 990, Part X ▶ $ ______________

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

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

a ☐ Public exhibition
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 XIII

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

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

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

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,742,113		3,742,113
b Buildings		21,983,364	17,988,684	3,994,680
c Leasehold improvements		76,646,268	50,110,619	26,535,649
d Equipment		42,850,907	37,041,151	5,809,756
e Other				0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				40,082,198

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
TENANT SECURITY DEPOSITS	83,458
LIABILITY FOR DEFERRED COMP	5,445,955
POST-RETIREMENT BENEFIT	10,533,050
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	16,062,463

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

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

1	Total expenses and losses per audited financial statements			1	
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
AMERICAN DENTAL ASSOCIATION

Employer identification number
36-0724690

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

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

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

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
	SUB SAHARAN AFRICA	0	0	GRANTMAKING		12,000
	EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		10,000
3a	Sub-total					
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	0	0			22,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	LAOS DENTAL PUBLIC HEALTH PROJECT EXPENSES	10,000				
		SUB SAHARAN AFRICA	ORAL HEALTH OUTREACH PROGRAM	12,000				

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 . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . ▶ 2

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
Procedures for monitoring use of grant funds	Schedule F, Part I, Line 2	THE ASSOCIATION AWARDS GRANTS BASED ON A CASE BY CASE REVIEW OF EACH REQUEST A REPORT FROM THE GRANTEE IS RECEIVED AND REVIEWED THAT OUTLINES THE WORK THAT WAS ACCOMPLISHED IN ACCORDANCE WITH THE REQUEST
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	SUB SAHARAN AFRICA ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	SUB SAHARAN AFRICA ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization
AMERICAN DENTAL ASSOCIATION

Employer identification number
36-0724690

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. Part II can be duplicated if additional space is needed.

(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 listed in the line 1 table . . . ▶ 3

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 45

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. Part III can be duplicated 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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	**Return Reference**	**Explanation**

Additional Data

Return to Form

Software ID: 12000266
Software Version: v2012.1.0
EIN: 36-0724690
Name: AMERICAN DENTAL ASSOCIATION

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
ALLIANCE OF THE ADA211 E CHICAGO AVE CHICAGO,IL 60611	36-6126119	501(C)(3)	22,500				PUBLIC SUPPORT
ARIZONA DENTAL ASSOCIATION3193 N DRINKWATER BLVD SCOTTSDALE,AZ 85251	86-0103604	501(C)(6)	100,000				PUBLIC SUPPORT
CALIFORNIA DENTAL ASSOCIATION1201 K STREET MALL SACRAMENTO,CA 95814	95-2822367	501(C)(6)	141,655				PUBLIC SUPPORT
COLORADO DENTAL ASSOCIATIONP0 BOX 4518 ENGLEWOOD,CO 80155	84-0890863	501(C)(6)	22,250				PUBLIC SUPPORT
CONNECTICUT STATE DENTAL ASSOCIATION835 WEST QUEEN STREET SOUTHINGTON,CT 06489	06-0605831	501(C)(6)	66,000				PUBLIC SUPPORT
DALLAS COUNTY DENTAL SOCIETY13633 OMEGA ROAD DALLAS,TX 75244	75-6023172	501(C)(6)	15,625				PUBLIC SUPPORT
DENTAL LIFELINE NETWORK1800 15TH STREET SUITE 100 DENVER,CO 80202	84-6129064	501(C)(3)	50,000				SUPPORT
FLORIDA DENTAL ASSOCIATION1111 E TENNESSEE STREET TALLAHASSE,FL 323086914	59-0615479	501(C)(6)	25,000				PUBLIC SUPPORT
GEORGIA DENTAL ASSOCIATION7000 PEACHTREE DUN WOODY ROAD ATLANTA,GA 303281655	58-0626520	501(C)(6)	108,325				PUBLIC SUPPORT
GREATER HOUSTON DENTAL SOCIETYONE EAST GREENWAY PLAZA SUITE 110 HOUSTON,TX 77046	74-1168188	501(C)(6)	5,950				PUBLIC SUPPORT
GREATER ST LOUIS DENTAL SOCIETY11457 OLDE CABIN ROAD SUITE 300 SAINT LOUIS,MO 63141	43-0494640	501(C)(6)	6,000				PUBLIC SUPPORT
IDAHO STATE DENTAL ASSOCIATION1220 W HAYS STREET BOISE,ID 83702	82-6007766	501(C)(6)	62,000				PUBLIC SUPPORT
ILLINOIS STATE DENTAL SOCIETY1010 S SECOND STREET SPRINGFIELD,IL 62705	37-0682986	501(C)(6)	69,890				PUBLIC SUPPORT
INDIANA DENTAL ASSOCIATIONPO BOX 2467 INDIANAPOLIS,IN 46206	35-0411620	501(C)(6)	26,200				PUBLIC SUPPORT
KANSAS DENTAL ASSOCIATION5200 SW HUNTOON STREET TOPEKA,KS 666042398	48-0803779	501(C)(6)	99,000				PUBLIC SUPPORT
KENTUCKY DENTAL ASSOCIATION1920 NELSON MILLER PARKWAY LOUISVILLE,KY 402232164	61-0426190	501(C)(6)	14,000				PUBLIC SUPPORT
LANE COUNTY DISTRICT DENTAL SOCIETY2300 OAKMONT WAY 110 EUGENE,OR 97404	93-0636923	501(C)(6)	15,000				PUBLIC SUPPORT
MAINE DENTAL ASSOCIATIONPO BOX 215 MANCHESTER MANCHESTER,ME 04351	01-6019308	501(C)(6)	157,500				PUBLIC SUPPORT
MASSACHUSETTS DENTAL SOCIETY2 WILLOW STREET SUITE 200 SOUTHBOROUGH,MA 017451027	04-1590155	501(C)(6)	10,000				PUBLIC SUPPORT
METROPOLITAN DENVER DENTAL SOCIETY3690 S YOSEMITE STREET 200 DENVER,CO 80237	84-0362950	501(C)(6)	7,500				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
MICHIGAN DENTAL ASSOCIATION3657 OKEMOS ROAD STE 100 OKEMOS,MI 48864	38-1300483	501(C)(6)	41,250				PUBLIC SUPPORT
MISSOURI DENTAL ASSOCIATION3340 AMERICAN AVENUE JEFFERSON CITY,MO 65110	44-0535233	501(C)(6)	82,000				PUBLIC SUPPORT
MONTANA DENTAL ASSOCIATIONPO BOX 1154 HELENA,MT 59624	81-0169605	501(C)(6)	33,731				PUBLIC SUPPORT
NATIONAL NETWORK FOR ORAL HEALTH ACCESS 3700 QUEBEC STREET DENVER,CO 802071639	84-1186592	501(C)(3)	10,250				SUPPORT
NEW HAMPSHIRE DENTAL SOCIETY23 S STATE STREET CONCORD,NH 03301	02-0230365	501(C)(6)	77,000				PUBLIC SUPPORT
NEW JERSEY DENTAL ASSOCIATIONONE DENTAL PLAZA PO BOX 6020 NORTH BRUNSWICK,NJ 089026020	21-0606618	501(C)(6)	15,000				PUBLIC SUPPORT
NEW MEXICO DENTAL ASSOCIATION9201 MONTGOMERY BLVD NESUITE 601 ALBUQUERQUE,NM 87111	85-0122362	501(C)(6)	153,180				PUBLIC SUPPORT
NEW YORK STATE DENTAL ASSOCIATION20 CORPORATE WOODS BLVD 602 ALBANY,NY 12211	14-1434154	501(C)(6)	20,000				PUBLIC SUPPORT
NORTH CAROLINA DENTAL SOCIETY1600 EVANS ROAD CARY,NC 27513	56-0608781	501(C)(6)	133,100				PUBLIC SUPPORT
NORTH DAKOTA DENTAL ASSOCIATIONPO BOX 1332 BISMARCK,ND 58502	45-6014875	501(C)(6)	61,437				PUBLIC SUPPORT
OREGON DENTAL ASSOCIATIONPO BOX 3710 WILSONVILLE,OR 970703710	93-0243383	501(C)(6)	60,750				PUBLIC SUPPORT
PENNSYLVANIA DENTAL ASSOCIATION3501 N FRONT STREET HARRISBURG,PA 17105	23-0961120	501(C)(6)	61,710				PUBLIC SUPPORT
QUEENS COUNTY DENTAL SOCIETY86-90 188TH STREET JAMAICA,NY 11423	11-2014838	501(C)(6)	24,000				PUBLIC SUPPORT
SACRAMENTO DISTRICT DENTAL SOCIETY915-28TH STREET SACRAMENTO,CA 95816	94-1543470	501(C)(6)	6,000				PUBLIC SUPPORT
SAN ANTONIO DISTRICT DENTAL SOCIETY3355 CHERRY RIDGESUITE 214 SAN ANTONIO,TX 78230	74-6051690	501(C)(6)	10,000				PUBLIC SUPPORT
SAN FERNANDO VALLEY DENTAL SOC9205 ALABAMA AVENUE UNIT B CHATWORTH,CA 91311	95-2004498	501(C)(6)	23,125				PUBLIC SUPPORT
SAN GABRIEL VALLEY DENTAL SOCIETY312 E LAS TUNAS DRIVE SAN GABRIEL,GA 917761502	95-2471021	501(C)(6)	14,000				PUBLIC SUPPORT
SEATTLE-KING COUNTY DENTAL SOCIETY2201 6TH AVENUESUITE 1210 SEATTLE,WA 98121	91-0520407	501(C)(6)	5,200				PUBLIC SUPPORT
SOUTH DAKOTA DENTAL ASSOCIATION804 N EUCLID STE 103 PIERRE,SD 575011194	46-0363251	501(C)(6)	54,386				PUBLIC SUPPORT
SOUTH FLORIDA DISTRICT DENTAL ASSN420 S DIXIE HIGHWAY 2E CORAL GABLES,FL 33146	59-0806565	501(C)(6)	5,200				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
SUFFOLK COUNTY DENTAL SOCIETY1727 VETERANS MEMORIAL HWY 200 ISLANDIA,NY 117491520	11-2606777	501(C)(6)	7,500				PUBLIC SUPPORT
TRI-COUNTY DENTAL SOCIETY3993 JURUPA AVENUE SUITE 104 RIVERSIDE,CA 92506	95-2134652	501(C)(6)	5,500				PUBLIC SUPPORT
VALLEY FORGE DENTAL ASSOCIATION4781 STEEPLECHASE DRIVE MACUNGIE,PA 18062	23-6461726	501(C)(6)	10,000				PUBLIC SUPPORT
VERMONT STATE DENTAL SOCIETY100 DORSET STREET SUITE 18 SOUTH BURLINGTON,VT 05403	22-2514423	501(C)(6)	55,000				PUBLIC SUPPORT
WASHINGTON STATE DENTAL ASSOCIATION126 NW CANAL STREET SEATTLE,WA 98107	91-0750294	501(C)(6)	71,500				PUBLIC SUPPORT
WISCONSIN DENTAL ASSOCIATION6737 W WASHINGTON STREET WEST ALLIS,WI 53214	39-0716117	501(C)(6)	77,163				PUBLIC SUPPORT
WYOMING DENTAL ASSOCIATION259 S CENTER STREET CASPER,WY 82601	83-6003181	501(C)(6)	39,000				PUBLIC SUPPORT
ADA FOUNDATION211 E CHICAGO AVE CHICAGO,IL 60611	36-6132046	501(C)(3)	2,206,533				SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
AMERICAN DENTAL ASSOCIATION

Employer identification number
36-0724690

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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	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?	**5a**		
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		
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	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		**(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 as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
Travel for companions	Schedule J, Part I, Line 1a	OFFICERS AND MEMBERS OF THE BOARD OF TRUSTEES RECEIVE PAYMENTS MEANT TO COMPENSATE THEM FOR THE ESTIMATED AMOUNT OF TAX THEY INCURRED FOR SPOUSE TRAVEL THAT WAS INCLUDED IN THEIR TAXABLE INCOME REPORTED ON FORM 1099 OR W-2 SIMILAR PAYMENTS ARE NOT MADE TO ANY OTHERS IN ADDITION, AS PART OF THE EXECUTIVE DIRECTOR'S EMPLOYMENT CONTRACT, THE EXECUTIVE DIRECTOR WAS REIMBURSED FOR MEMBERSHIP IN AN ATHLETIC CLUB
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	SEE EXPLANATION FOR LINE 1A AS NOTED ABOVE
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	SEE EXPLANATION FOR LINE 1A AS NOTED ABOVE
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	DEFERRED COMPENSATION IN COLUMN C INCLUDES, WHERE APPLICABLE, THE 2012 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 BOARD OF TRUSTEES TO SET ASIDE SPECIFIED 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 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 NONQUALIFIED PLANS THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED PLAN DURING 2012 AND RECEIVED CONTRIBUTIONS IN THE FOLLOWING AMOUNTS KATHLEEN O'LOUGHLIN $35,492 (ACCRUAL) EDWARD LEONE $16,833 (ACCRUAL) $130,539 (PAYOUT) WENDY JO TOYAMA $632 (ACCRUAL) PAUL SHOLTY $54 (ACCRUAL) DANIEL MEYER $2,791 (ACCRUAL) $2,791(PAYOUT) WILLIAM CALNON $30,725 (ACCRUAL) $78,769 (PAYOUT) J CRAIG BUSEY $797 (ACCRUAL) MARKO VUJICIC $739 (ACCRUAL) GENE WURTH $10,601 (ACCRUAL) ROBERT FAIELLA $17,936 (ACCRUAL)

Additional Data

Return to Form

Software ID: 12000266
Software Version: v2012.1.0
EIN: 36-0724690
Name: AMERICAN DENTAL ASSOCIATION

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
DR KATHLEEN T O'LOUGHLIN	(i)	439,977	0	11,866	93,310	25,066	570,219	0
	(ii)	0	0	0	0	0	0	0
DR WILLIAM R CALNON	(i)	268,036	0	97,764	30,725	0	396,525	48,044
	(ii)	0	0	0	0	0	0	0
PAUL SHOLTY	(i)	236,569	0	2,138	32,828	26,366	297,901	0
	(ii)	0	0	0	0	0	0	0
DR EDWARD LEONE JR	(i)	76,740	0	132,050	16,833	14,354	239,977	113,706
	(ii)	0	0	0	0	0	0	0
DR ROBERT A FAIELLA	(i)	205,026	0	3,675	26,130	0	234,831	0
	(ii)	0	0	0	0	0	0	0
JOHN CRAIG BUSEY	(i)	253,218	0	7,949	40,133	8,230	309,530	0
	(ii)	0	0	0	0	0	0	0
WENDY TOYAMA	(i)	247,546	0	2,197	42,317	18,956	311,016	0
	(ii)	0	0	0	0	0	0	0
MICHAEL SPRINGER	(i)	237,304	0	3,364	36,804	13,797	291,270	0
	(ii)	0	0	0	0	0	0	0
DR ANTHONY ZIEBERT	(i)	231,983	0	1,409	30,346	6,930	270,668	0
	(ii)	0	0	0	0	0	0	0
SABRINA KING	(i)	225,790	5,176	2,032	29,770	6,930	269,698	0
	(ii)	0	0	0	0	0	0	0
JAMES GOODMAN	(i)	216,339	0	1,336	20,011	25,066	262,751	0
	(ii)	0	0	0	0	0	0	0
TONI MARK	(i)	214,443	0	2,027	27,950	26,366	270,786	0
	(ii)	0	0	0	0	0	0	0
DR JOSEPH MCMANUS	(i)	260,336	3,806	2,895	0	2,600	269,637	0
	(ii)	0	0	0	0	0	0	0
DR DANIEL MEYER	(i)	253,834	0	7,362	94,441	8,230	363,867	0
	(ii)	0	0	0	0	0	0	0
DR MARKO VUJICIC	(i)	258,294	0	505	21,575	5,200	285,574	0
	(ii)	0	0	0	0	0	0	0
KENNETH OHR	(i)	243,501	10,000	4,478	46,614	16,356	320,950	0
	(ii)	0	0	0	0	0	0	0
CLAYTON MICKEL	(i)	240,514	4,952	7,685	137,412	15,794	406,358	0
	(ii)	0	0	0	0	0	0	0

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

2012

Open to Public Inspection

Name of the organization
AMERICAN DENTAL ASSOCIATION

Employer identification number
36-0724690

Identifier	Return Reference	Explanation
INDEPENDENT VOTING MEMBERS	FORM 990, PART VI, LINE 1B	MEMBERS OF THE ADA BOARD OF TRUSTEES ARE NOT CONSIDERED INDEPENDENT BECAUSE THEY RECEIVE REIMBURSEMENT OF STATED AMOUNTS ON AN ANNUAL BASIS FOR SUCH GENERAL EXPENSES AS POSTAGE, TELEPHONE, PER DIEM EXPENSES, AND SECRETARIAL ASSISTANCE. SUBSTANTIATION OF SUCH EXPENSES IS NOT REQUIRED FOR REIMBURSEMENT THESE AMOUNTS ARE REPORTED AS TAXABLE INCOME TO THE RECIPIENTS IN ADDITION TO THE NUMBER OF VOTING MEMBERS REPORTED ON LINE 1A, THE ADA'S PRESIDENT VOTES ON AN ISSUE ONLY IF THE BOARD MEMBERS' VOTE RESULTS IN A TIE.
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	ALL ADA MEMBERS HAVE THE RIGHT TO VOTE AND ELECT REPRESENTATIVES TO THE ADA HOUSE OF DELEGATES ("HOD") THROUGH THEIR LOCAL AND/OR STATE DENTAL ASSOCIATION IN A NATIONAL TRIPARTITE GOVERNANCE STRUCTURE. THE UNITED STATES AND ITS TERRITORIES ARE DIVIDIED INTO 17 DISTRICTS EACH DISTRICT ELECTS A TRUSTEE TO THE BOARD WHO SERVES A 4 YEAR TERM THE ADA HOD IS THE PRIMARY LEGISLATIVE BODY OF THE ADA WHICH MEETS ANNUALLY AND ELECTS THE OFFICERS OF THE BOARD OF TRUSTEES
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE NATURE OF THE VOTING RIGHTS OF MEMBERS IS DESCRIBED ABOVE FOR PART VI, LINE 6 ELECTIONS ARE HELD ON AN ANNUAL BASIS FOR EACH LEVEL OF GOVERNANCE.
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	THE "HOUSE OF DELEGATES" IS SEPARATE FROM THE GOVERNING BOARD OF DIRECTORS AND MUST APPROVE BOTH THE BUDGET AND ANY CHANGES TO THE ORGANIZATION'S BYLAWS
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	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 PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AS WELL AS ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	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 COLLECTS AND REVIEWS 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
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES AND REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR, OFFICERS AND MEMBERS OF THE BOARD OF TRUSTEES THE EXECUTIVE DIRECTOR DETERMINES AND REVIEWS THE COMPENSATION OF KEY EMPLOYEES EMPLOYEE'S SALARIES ARE MADE AVAILABLE TO THE BOARD OF TRUSTEES FOR EXAMINATION THE HUMAN RESOURCES DEPARTMENT REVIEWS COMPARABILITY DATA ON ANNUAL SALARY INCREASES AND MONITORS A COMPREHENSIVE COMPENSATION PROGRAM
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	SEE NOTE FOR PART VI, LINE 15A
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE AMERICAN DENTAL ASSOCIATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
Other changes in net assets or fund balances	Form 990 , Part XI, Line 9	UNREALIZED GAIN ON INVESTMENTS - 7724858, DEFERRED COMPENSATION DEPRECIATION - 548415, EQUITY EARNINGS IN SUBSIDIARY - -145608, RELATED CHANGES OTHER THAN NET PERIODIC COSTS - -6252770,

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

2012

Open to Public Inspection

Name of the organization
AMERICAN DENTAL ASSOCIATION

Employer identification number
36-0724690

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

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	No
(1) ADA FOUNDATION 211 E CHICAGO AVE CHICAGO, IL 60611	GRANT MAKING	IL	501(C)(3)	9	NA		No
(2) ADPAC EDUCATION FUND 1111 14TH ST NW WASHINGTON, DC 20005	SEG FUND	DC	527	N/A	NA		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) ADA BUSINESS ENTERPRISES INC 211 E CHICAGO AVE CHICAGO, IL 606112637	FINANCIAL SERVICES	IL	NA	C CORPORATION	2,408,368	3,451,784	100 00 %		No
(2) AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE 1111 14TH STREET NW SUITE 1100 WASHINGTON, DC 20005	ENCOURAGE PARTICIPATION IN GOVERNMENT AFFAIRS	DC	NA	C CORPORATION	0	0	100 %	Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization 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 or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		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-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) ADA BUSINESS ENTERPRISES INC	A	99,336	BOOK
(2) ADA BUSINESS ENTERPRISES INC	P	274,089	BOOK

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID: 12000266
Software Version: v2012.1.0
EIN: 36-0724690
Name: AMERICAN DENTAL ASSOCIATION

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